EFN Report on

Education, Workforce and Quality & Safety, including Digitalization

Analysis EFN Tour de Table, April 2022

Executive Summary

According to a SWOT analysis study on the nursing profession in Europe (Manzano-García & Ayala-Calvo, 2014), nurses are suffering a crisis, in which the profession is witnessing several threats such as 'shortage of staff, job insecurity, devalued nursing image in society and lack of recognition of emotional and psychological dimensions of care'. At the same time, European Union (EU) member states can leverage on cross-country expertise and to the very well developed European Higher Education Area which has the strength of offering and delivering a well-trained nursing workforce in line with the European Directive on Mutual Recognition of Professional Qualifications (Directive 2013/55/EU). In the context of relaxing restrictions from the COVID-19 pandemic, it is paramount to have an understanding of the looming crisis that the nursing profession is still dragging since the start of the economic crisis in 2009, followed by the COVID-19 pandemic in 2020 and it is necessary to understand that policy solutions for resilient healthcare workforce in the EU are urgently needed. Testimonies from nursing associations of European member states can provide an inside perspective of what has been done so far in their respective countries and what progress is yet needed to reach an optimal nursing workforce and respond to its urgent needs.

Testimonies from nursing associations of European member states have revealed consistent findings with what emerges from academic research literature and policy developments: the nursing workforce is losing resilience and there is insufficient government commitment in supporting a strategic plan to bring nurses back at the centre of the healthcare system. However, several activities are ongoing, suggesting that the COVID-19 pandemic has awaken not only frustrations but also the willingness from different parties to begin of process of amelioration in terms of nurses' rights, working conditions and long-term planning for education and professional development opportunities.

Three major areas of interventions have emerged: the national, sectoral and organisational level of intervention, across different areas that span from a greater need of funding to a greater need of regulations and workers' conditions.

Abbreviations

APN	Advance Practice Nurses
EFN	European Federation of Nurses Associations
EU	European Union
SDMN	Global Strategic Directions for Nursing and Midwifery
HHR	Health Human Resources
ICNP	International Classification for Nursing Practice
ILO	International Labor Organization
NHS	National Health Service
OECD	Organization for Economic Co-operation and Development
TI	Telematics Infrastructures
UK	United Kingdom
WHO	World Health Organization

EU and International Frameworks

The International Context

The International Council of Nurses published a report in January 2022 on the impact of the COVID-19 pandemic on the nursing workforce: the adoption of "emergency" measures, such as redeploying nursing staff from other clinical areas, bringing non-practising nurses back into the workforce as temporary staff, deploying student nurses to "front line" work, using temporary staff or "fast track" integration of international nurses; these exceptional policy responses have in common the problem of an inadequate supply of nurses already existing prior to the pandemic, and only exacerbated with the coronavirus crisis (Buchan et al., 2022, p. 15). A report of 2021 from Cornell University's Industrial and Labor Relations Worker Institute has shown that, in 2021, half of all strikes in the United States were done by healthcare workers (Kallas, 2021). This alarming increase in industrial action by nurses, according to the International Council of Nurses, is a symptom of a deepening global crisis in healthcare systems that is reaching its limits (ICN, 2022). The International Labor Organization in 2021 examined four instruments related to decent work for care economy workers, with the objective to address neglected needs, including health workers, in a time in which nurses' contribution has been so significant. The priority of securing decent work for nursing personnel and domestic workers emerged from the 110th International Labor Conference of 2022 as an urgent call to reform working conditions in favour of nurses around the world (ILO, 2022). Dedicated policy attention towards the nursing profession has increased in the past two years. The State of the World's nursing 2020 report (World Health Organization, 2021) is one of the first examples of comprehensive analysis of policies applicable to improving the nursing workforce worldwide.

The European Context

In the context of European health policy, Health workforce governance and Health Human Resource (HHR) planning have been responsibility of the single national countries, and only in the last years it moved higher on the agenda of European policymaking. As a consequence, much of the problems concerning the planning and management of the health workforce needs to be attributed also to this governance transition that has not fully matured.

In Europe, there is high variation in healthcare and welfare systems, recruitment policy of foreign trained professionals is highly diverse and imbalances of health professions also echo growing geographic inequalities due to migration flows in the open European Labor market (Kuhlmann et al., 2015). Within-country imbalances and economic inequalities between states increase the cross-country migration of

health workers. Data from Kuhlmann et al., (2015), suggest that health workforce shortages in Europe is caused by imbalances in the workforce and in poor investment in training health professions, along with distributing skilled health workforce. Poor HHR governance is a contributing factor to shortage as well, meaning that it is, at least partially, within the control of policymakers.

The COVID-19 pandemic had a positive contribution in bringing a renewed attention towards the current critical condition of healthcare governance and health workers.

Health 2020 is the most recent and comprehensive policy framework dedicated to advance cross-cutting priorities in healthcare, including the nursing workforce; it recognizes the vital role of developing human resources in healthcare in the process of revitalizing public health and transform service delivery. When calling for a better alignment between educational and health system priorities, the policy framework indicates the need to improve the performance and conditions of the existing health workforce (WHO, 2013).

It is no surprise that human resources and the workforce are essential components of any functional system. International and European policy frameworks reiterate the theoretical need for a better workforce, but to tackle the numerous detailed challenges of human resources in healthcare systems, we need concrete policy initiatives and examples of what works. According to a report on European healthcare systems, elements to be considered when searching for ways to improve sectoral resilience include education and training, recruitment and retention strategies, continuous professional development and the strengthening of overall health-system governance. This report seeks to go a step further from general frameworks in analysing specific challenges and activities that pertain to the development of human resources within the healthcare sector, with the objective of offering concrete options in support to the implementation of European and International frameworks. We tap into prior research in HHR policy, by adding an informed understanding of new priorities as outcome of the post-pandemic recovery, supported by the direct testimonies of European Nursing Associations.

Method

Facilitating the exchange of knowledge, experiences and developments among the EFN membership is a very much valued function of the EFN bi-annual General Assembly meetings. A key policy support mechanism to achieve this is the EFN *Tour de Table*. At each General Assembly of the EFN the Tour de Table provides the opportunity for the EFN Members to share information and best practices on a specific topic of EFN concern that should be put higher on the EU political agenda, as well as key issues and developments of national importance.

EFN Members value the opportunity to share their experiences with their colleagues from across Europe, learn from each other's ongoing developments at national level, and communicating this evidence with the European Commission aiming at upscaling these best practices throughout the EU and Europe. At the April 2022 EFN General Assembly held online due to the ongoing Covid-19 pandemic, the EFN Members were invited to share best practices from their countries relating to EFN policy topics: education, workforce and quality & safety, including digitalisation.

The State of the World's nursing 2020 report is calling for the education and recruitment of 6 million more nurses. *'Nurses are the backbone of any health system'* as recently stated Dr Tedros Adhanom Ghebreyesus, WHO Director General. Even if the European Union presents better level of nursing personnel per inhabitants, the report shows that 'many wealthy countries are not producing enough nurses to meet their own healthcare needs, and are therefore reliant on migration, exacerbating shortages in poorer countries', which is the case for several European countries. **The EU must educate more nurses to cover its own domestic needs and support other countries in the world to do the same**.

The EFN Members were asked to report on:

1. **Education challenges/activities**;
2. **Workforce challenges/activities**, **including** an update on how/if the **Biological Agent Directive** has been transposed in your country and if the laws, etc., have been changed - Has this made any difference? and **any other innovation that would be interesting to hear about** such as in Germany where nurses will have the right to retire earlier or to bank time based on for example if you are short staffed, the person that is on duty gets time added to their portfolio so that it is assumed that this person is working for 2 people building for more holidays or time for pension;
3. **Quality & Safety, including Digitalisation challenges/activities**.

Submitted information was subject to a standard process of thematic categorisation and narrative synthesis and are presented in the present Report under key areas of political and HHR policy relevance.

Results

This survey presents input from **21** National Nurses' Associations across Europe, representing a response rate of **40%** of EFN Members. The EFN Members' input was presented in the EFN Tour de Table, an agenda points in the EFN General Assembly, where members orally brief the entire General Assembly on the developments related to the topic in their country. These oral briefing are a supplement to the written input received by the EFN Members, prior the General Assembly.

Table 1 provides an overview of the main categories identified from the testimonies, while Table 2 illustrate a set of policy consequences worth considering, as emerged from research literature.

Table 1 – Summary of Thematic Areas identified in the Tour de Table: Activities and Challenges

Activities	Challenges
Allocation of Funds	Staffing Shortage
Taskforce Implementation	Retaining Staff
Regulatory Support	Working Conditions
Enrollment Quota	Educational Enrollment
Professional Development	Lack of Academic Instructors
Expanding Nursing Role	Inadequate Training Capital
Scientific Research	Ukraine Refugees Integration
Professional Flexibility	Regulations
Work Conditions	Professional Recognition
Quality Compliance	
Digital Integration	

Table 2 – Summary of Thematic Policy Consequences in Connection with Thematic Areas

Consequences	Explanation
Market Value Mismatch & Employment Status	The return on investment in terms of career prospects, compensation & benefits, societal perception does not match the effort required to become a nursing professional.
Regional Absorption Capacity	Local and regional entities are uncapable to fully utilize and capitalize on the existing nursing workforce, both in terms of trainee and specialized nurses.
Ineffective Transfer of Training (Virtual)	The training of nurses is heavily affected by the changes brought by distance learning and hybrid work environments.
COVID Overwork	The COVID pandemic has exacerbated the personal resources of workers, leading them to question their professional prospects in the healthcare sector.
Legislative Pressure	Government is enforcing legislation that restrain nurses' rights to protest and voice discontent, in order to minimize repercussions on patient's quality care.
Workforce Replacement	Hospitals and healthcare organizations are relying on older and retired workers and alternative measures to compensate for the insufficient inflow of new graduates in the profession.
Clinical Placement (mismatch)	The insufficient availability of training resources to enable students to combine study with learning. The inadequate support from public entities in creating the mechanisms to facilitate new nurses into the workforce and maintain attractiveness of the profession.
Advanced Education	Proposing new advanced programs to meet specific demand of nurses qualified in handling more complex emergency situations in niche domains.
New Professional Figure	Creating a new professional profile with hybrid skills that can complement and substitute some responsibilities of nurses, allowing a quicker inflow of nurse supply in the workforce.

Challenges

Staffing Shortage

Summary: *staff shortage is among the leading challenges of health workforce. The causes have both external and internal sources that contribute to the problem. The external circumstances involve macroeconomic shifts in society and the recurrence of unforeseen crisis events. The internal circumstances involve human resource development policies and are in control of policymakers' decision.*

According to WHO data (WHO, 2022), nurses make up nearly 50% of the global health workforce. Nurses are also the most numerous category of health and social care workers in the countries belonging to the Organization for Economic Co-operation and Development (OECD), accounting 25% of all workers (Maftei et al., 2021, p. 210). Therefore, a shortage in nurses and midwives is a problem affecting half of the entire health workforce, globally.

The root causes of shortage are multi-folded. On the one hand, **external circumstances**. First, the broad set of **macroeconomic shifts** in demographics and occurrence of chronic diseases. The progressive ageing of population, population growth and lower caregiving capacity of families (i.e., low birth rate, increasing migration, single-person households) are among the factors that increase the need for structural changes in healthcare systems. These global changes have affected the supply of nurses as well, influenced by new healthcare priorities and the need for new competencies (Marć et al., 2019, p. 10). These long-term evolving macroeconomic changes are, to a certain extent, outside the immediate control of policymakers and require long-term strategic planning.

Second, the series of **unforeseen crisis events**, such as the COVID-19 pandemic and the war in Ukraine. Events of this magnitude exert pressure on existing healthcare systems, testing their resilience and capacity to adapt to crisis scenarios. The working conditions of nurses during the pandemic climate deteriorated significantly, with longer shifts and increasing pressure and workplace risks (De Raeve et al., 2021). The negative repercussions of the pandemic on health workforce reflects inadequate management of human resources in healthcare systems. The manner in which countries respond to these unforeseen events are fully within the short and mid-term control of policymakers.

On the other hand, **internal policies**, which also affect the staffing shortage. The root of staffing shortage is to be found more closely at the sectoral level, the organizational level and the job level. In general, the nursing profession has a poor social reputation, often resulting in a discredited profession (MacIntosh, 2003). Within organisations, unsupportive human resources practices make the work of

nurses harder, often designed to grant little work schedule flexibility, work autonomy and inadequate access to career development (Rondeau & Wagar, 2001). Lastly, at the individual level, the perceived opportunity for financial rewards and professional support is in contrast with the physical and emotional intensity of the work demanded in the profession. This dissonance can easily lead many aspiring nurses to feel discouraged from entering the profession or staying in their nursing role (Drennan & Ross, 2019). This problem remains an underlying issue that several countries are facing and tackling in their own ways.

A multi-centre and cross-sectional study were carried out in 2010 across European countries, on the subject of nurse shortage. The aim was to show how the supply of nurses depends on several indicators of quality human resource management, such as nursing work environment, nurse skill mix, nurse-to-patient ratio, remuneration (Marć et al., 2019). "*The world was not prepared for the pandemic and nursing workforce suffered the costs, showing how it has already aggravated existing problems of nursing attrition and their mental health*" (Kovner, 2022; Turale & Nantsupawat, 2021).

During the Tour the Table, several representatives of nursing associations highlighted how staff shortage is posing serious threat to the functioning of healthcare systems in the future and confirmed the existing literature on the causes of nursing shortage. Portuguese representatives mentioned that if this policy concern is not taken seriously, "*we may be facing a potential short- and medium-term catastrophe in the Portuguese Health System*." Representatives from the United Kingdom (UK) highlighted how the nursing staff shortages across the country was still unresolved prior to the Covid-19 pandemic. With over 45,000 National Health Service (NHS) nursing workforce vacancies across the UK, the rising vacancy rates have a profound impact on the NHS and its ability to deliver safe and effective care. Staffing shortage is currently delved through agency and bank staff, but it remains a temporary and short-term arrangement, resulting in unstable staffing, affecting quality care and increasing the costs beyond what would be the cost of employing actual salaried nurses.

Retaining Staff

Summary: *staff shortage increases workload pressure and intensifies the strenuous work on the remaining nurses. The additional pressure increases the likelihood of nurses leaving the profession, leading to a vicious circle. Differences in healthcare conditions across neighbouring EU countries encourage cross-border recruitment of nurses and migration.*

A direct implication of the undersupply of nurses is the capacity to retain the employed ones. Countries in Western Europe, such as the UK and Switzerland, have relied heavily on overseas recruitment from non-European low-income countries like India, Philippines, and Pakistan. Overseas recruitment also

occurs between European countries, with countries such as Portugal, Italy and Poland reporting an outflow of nurses emigrating in other European countries where they are offered better working conditions. The recent pandemic has exacerbated the existing supply of nurses, overloading the healthcare infrastructures and, consequently, exasperating both physical and emotional resources of nurses (Turale & Nantsupawat, 2021).

The Federation of European Social Employers launched a survey in early January 2022 to assess staff shortages and retention rates among social services organizations in the European Union. In comparison with 2021, over 70% of respondents reported increase of staff shortage. Nurse is the job position most affected, with 66% of respondents considering the shortage worrisome for the sustainability of their respective social services. The three most commonly reported reasons for leaving the profession are: low compensation, exhaustion due to overwork from the pandemic period and absence of flexibility in their working schedule (Otero, 2022, p. 5). There are several implications of understaffing and ability to hire and retain nurses. On the one side, understaffing automatically leads to overwork for the employed nurses, which in turn increases the likelihood of nurses leaving, because of this increased work-related stress, caused from staffing shortage: it is a vicious circle. On the other side, many nursing association representatives have reported understaffing to affect negatively the quality of care.

Danish representatives mentioned how it has "*become increasingly difficult to recruit and retain experienced nurses to the acute/emergency units at hospitals*". A survey conducted in 2021 in Denmark reported that "*among nurses employed in medical wards and in intensive care units in Danish hospitals shows that 9 out of 10 of the nurses (91%) answered that within the past month they have experienced that they were too few at work in relation to the work tasks*." In the same survey "*more than 4 out of 10 of the nurses (46%) answer that within the past year there have been situations where business or understaffing - in the nurses' assessment - has been a contributing factor to a patient's condition worsened.*"

Representatives from Estonia claimed that a recent national survey (2021) showed that "*more than half of the nurses are constantly tired and do not want continue to work in health care anymore.*" In Poland, "*the annual number of graduates is still below the numbers of nurses going for retirement. The health care system is fully dependent on nurses having at least 2 jobs or already retired (around 70 thousand retired nurses are still working).*"

Working Conditions

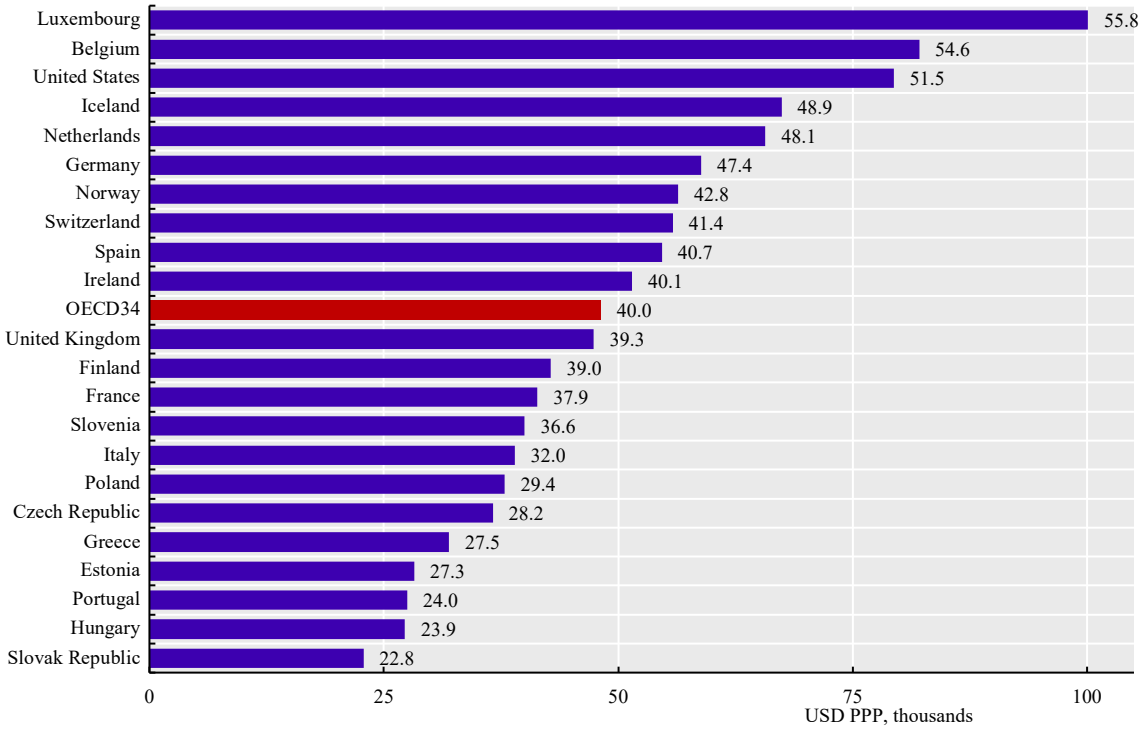
Summary: *the work environment exerts one of the strongest influences on nurses' perceived well-being and job satisfaction. Currently, many European countries are lagging behind in one of the most basic forms of decent work conditions: a competitive and fair level of compensation.*

There is indisputable evidence showing how the pandemic has exacerbated many aspects of the work environment, making it harder for nurses to perform their work within a healthy and sustainable context (Havaei, 2021; Özkan Şat et al., 2021). The European Observatory on Health Systems and Policies has recognized healthcare working conditions as a key determinant for improving healthcare quality in Europe (Rechel et al., 2006).

Representatives from Finland shared that their Ministry of Health has launched a programme to tackle the nurse shortage. Wage is not included in that programme, though. Representatives from several other countries (i.e., Portugal, Spain, Iceland, Sweden, Denmark) raised the concern of low wages, which do not commensurate with nurses' workload. Fair compensation is a component of working condition shown to influence job satisfaction and affect retention (Askildsen et al., 2002; Steinmetz et al., 2014; Bimpong et al., 2020).

The remuneration of nurses in the United States is higher compared to most European countries, which explains also why the United States attracts nurses from other countries and has a less severe staffing shortage (OECD, 2021, p. 222). Some European countries such as France and United Kingdom provided "bonus" to nurses in recognition of their important contribution facing COVID-19. However, these policies are reactive rather than proactive attempts to valorise the nursing profession. European countries should not wait until the next pandemic as a reason to raise wages; raising wages to at least the national average should be part of a comprehensive framework to increase the qualifying value of the nursing profession.

Figure 1 - Comparative wage growth of nurses across OECD countries (2021)



Source: *OECD Health Statistics 2021*

Educational Enrollment

Summary: *aspiring nurses are often deterred from pursuing or concluding their nursing education because of the inadequate support provided throughout their early professional development and/or because of the expected working conditions awaiting upon graduation. Investments in training resources and programmes aimed at re-framing the narrative of the nursing profession can go a long way in making the profession attractive for young adults choosing a career in healthcare.*

Aspiring nurses need to complete several years of education combined with clinical training prior to begin practicing the profession. **Many young adults are opting for alternative professions other than nursing**, because the demanding education and its requirement do not payoff, for many, in terms of remuneration, career development and work-life balance. Representatives from Cyprus argue that "*the EU must re-evaluate and support nursing studies within the EU as nursing education programmes are very demanding and the end result of all these efforts by the nursing students is not reflected by the employing status and payment of newly employed nursing graduates in the EU.*" Finland members reported a decreasing number of applicants in nurse education in the past year. Denmark also reported

a decrease in applicants, with a 36% percent decline in 2022, but mostly due to reasons such as covid rather than linked to the reputation of the nursing profession. In fact, over the years since 2013, the number of Danish students in nursing education have increased.

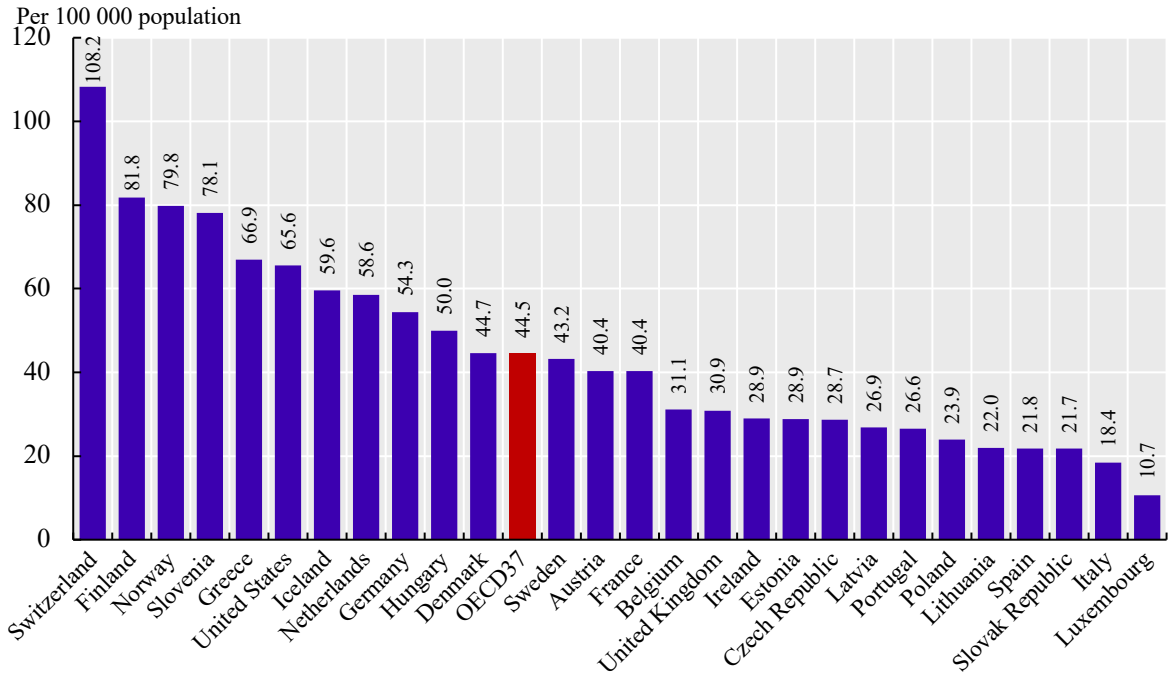
Members from Germany also reported high percentage of nursing students dropping out (20-50%). However, part of the root cause to declining enrollment in nursing education is the **unattractive conditions created by inadequate investments in academic nursing education**. Factors such as lack of training salary for students that go through the compulsory practical training component of their nursing education, the lack of nursing teachers and "academically qualified practical instructions". Germany has been taking positive steps to resolve this problem: the new *Nursing Professions Act* came into force in January 2020, with the objective to regulate vocational school and academic nursing education. However, we should not underestimate how a multitude of other factors, such as the public perception of nursing employment and the design of educational programs can influence the choice of many young adults in pursuing nursing education (Roberts & Glod, 2013). A study in Spain showed that the perception of precariousness of the employment and poor working conditions has influenced emerging nurses to look for jobs in other fields or migrate to another country, which contributes to the shortage of nursing professionals (Acea-López et al., 2022). At the same time, a study conducted in six European countries on newly graduated nurses showed how the quality of a nursing student's practical training (clinical practicum) goes a long way in both facilitating transition into the workplace but also in predicting commitment to the nursing profession and high retention (Kaihlanen et al., 2021). This longitudinal evidence suggests that investment in quality training can affect not only the supply of nurses but also the likelihood that nurses will decide to commit to the profession in the long term. Members from Cyprus shared why student nurses are leaving their studies; many aspiring nurses have been thinking the following lately: "*why we should study for 4 years to get bad salary? Work in an environment that is dangerous, and with the pandemic, things are turning over. So, why not choose another sector, something simpler, with better and safer conditions, better salary, be healthy*". When we look at what motivates students to pursue a nursing education, a qualitative study conducted in Germany on nurses' intention to leave or stay in the profession summarized the multiplicity of factors into two major categories: push and pull factors (Roth et al., 2022). A comprehensive investigation on what motivates studies to enrol in a nursing education identified four themes that complement the push-pull factors study. The four motivators were: 1) a sense of purpose through altruism and caring, 2) the pursuit of a satisfying career, 3) nursing as an attractive and fast root for career change given the short timeframe from educational Enrollment to employment, and 4) the low financial burden associated with becoming a nurse (Macdiarmid et al., 2021).

Table 3 - Push and Pull Factors Framework, concerning motivations to leave the nursing profession

Themes	Definition	Subthemes
Push Factors	What pushes nurses away from their profession and leads them to consider alternative professional paths?	• **Limited Career Prospects**, opportunities for professional advancement. • **Generational Barriers**, diverging values between younger and older generation of nurses and limited chance to influence workplace. • **Poor Public Image**, perception of low-skilled profession and therefore degraded public perception also through stereotypical media. • **Workplace Pressure**, unsupportive environment when dealing with the consequences of problems in the nursing profession, such as inadequate staffing, workload and time pressure.
Pull Factors	What keeps nurses in their profession and factors that nurses wished for in order to stay in nursing?	• **Professional Pride**, sense of altruism and meaningful contribution to society. • **Improved Remuneration**, higher compensation would raise the status of the profession • **Recognition of Nursing**, promoting the role of nurses within healthcare professionals and reassess the social standing through stronger representation. • **Professionalization**, advancing the profession with stronger university qualification, shifting away from the image of auxiliary role in healthcare.

Source: *readapted from Roth et al., 2022, p.5*

Figure 2 - Rate of Nursing graduates during in pre-pandemic period (2019)



Source: *OECD Health Statistics 2021*

Lack of Academic Instructors

Summary: *the availability of teaching staff willing to pursue an academic career is scarce, mostly because of the unattractive career opportunities offered to them compared to the clinical option. The challenge to find qualified staff and also their willingness to remain in academia affects the quality and ability of nursing education to develop new nurses capable of facing new healthcare challenges with confidence.*

The reasons why qualified nursing practitioners stay away from academia are low pay and unattractive work arrangements, not much different from what pushes nurses to leave their profession (McDermid et al., 2012).

Some of the most important factors contributing to faculty shortages across Western countries is the combination between increasing expectations towards faculty staff and inadequate work arrangements to accommodate the needs of an ageing workforce (Nardi & Gyurko, 2013). The increasing demand for well-prepared nurses implies that many faculty staff have PhDs and several years of clinical work experience. At the same time, institutions that require high skills and work experience should provide opportunities for careers advancement, competitive salaries and job security. Yet, these parameters are compromised by the lack of a coherent long-term faculty strategies, which also depends on the fluctuation of enrollments (Benton et al., 2013). Since many clinical practitioners have alternative employment opportunities, institutions need to offer competitive benefit packages to attract and retain faculty staff, but that also requires the institution to allocate substantial investments to increase the attractiveness of their faculties and investments associated with faculty training. McDermid et al., (2012) points out the most pressing issues motivating the shortage of teaching staff. These crucial points involve education requirements (such as advance degree), considerations on ageing factors, degrees of compensation and the different roles between clinical and academic environments. More specifically:

• **The need for advanced degrees**: the field of nursing has suffered from a shortage of doctorate graduates (Edwardson, 2004). Even though the number of nursing doctoral programmes has increased in the past decade, the quality of doctoral programmes is dependent on the available resources of the respective institutions, meaning that not all nursing doctorate education delivers the same expected outcomes (Kim et al., 2015).

• **Ageing academic faculty**: the shortage of nurse academics is increasing also because teaching staff are approaching retirement and there are fewer replacements with younger cohorts of academics.

The average age of nurse academics is higher than clinical nurses, since academic careers have higher entry requirements which pushes the time to accrue them further on.

• **Financial gap between clinical and academic roles**: academic salaries are not competitive with those available to nurses in clinical practices. When considering the opportunity costs of obtaining an advanced degree, there is greater return of investment being employed in clinical setting than opting for an academic career.

• **Different roles between clinical and academic environments**: nursing education is inherently nested in the clinical setting; with evolving needs, it flourished also into traditional academic settings. Many nurse academics work between academics and clinical settings. Often, this division increases their workload and puts them into a peculiar position that leads to differentiated treatment compared to their full-time academic colleagues. One example is clinically-related experience not recognized for tenure roles, which contribute to decline in job satisfaction and turnover (Roberts & Glod, 2013). The nature of tasks and responsibilities between the clinical and academic environment are very different – practically oriented, on the one side and theoretically, driven on the other side. One major consideration to account is the contrast between roles and the degree of adaptation required when transitioning from working in the field to dealing with academic responsibilities surrounding research. The larger the contrast the lower the likelihood that nurses with advanced degree will compromise and be willing to re-learn a set of skills at a lower wage. (McDermid et al., 2012).

The investment in nursing education must recognise the central and leading role of having an adequate supply of qualified teaching staff. Norway is one of the European countries with the higher nurse-to-population ratio. Representatives from Norway claimed that, in recent years, there has been a significant increase in number of master's degree programs educating nurses. At the same time, Norwegian authorities are having a hard time finding qualified faculty and teaching staff with PhD-level qualification, able to supervise and teach at master's degree level. The risk is that insufficient qualified teaching staff may either slow down the supply of qualified nurses or either affect the development of important competencies and cutting-edge medical expertise needed for nurses to operate in growing complex healthcare environments and to be prepared to face new health crisis, such as the COVID-19 pandemic. "*A survey from 2018 shows that 42 % of the nurses are 46 years or older when being a PhD-student, and only 30% want to work in education. 60% of our faculty are more than 60 years old and 50% of professors resign the next 5-6 years. Recruitment of faculty is crucial*." This evidence resonates beyond the borders of Norway: similar testimonies echo also in Germany and Spain.

In Germany, as mentioned previously, members reported "*a lack of academically qualified practical instructions, […] a lack of suitable nursing teachers […], a lack of training capacities for nursing*

teachers (study programs)." In Spain, they are "*concerned about the teaching staff. Fewer and fewer nurses want to dedicate themselves to teaching since working exclusively for the university is not attractive and the salary is lower than in clinical practice*."

Inadequate Training Capital

Summary: *availability and investment in infrastructures dedicated to training is an essential step to prepare nurses for their profession. Not only it is a guarantee for a well-prepared health workforce, but it is also a crucial component to create a pipeline system that complements the education institutions in graduating a consistent number of nurses to society.*

In the context of this report, training capital refers to the set of tangible and intangible infrastructures aimed at supporting school-work transition for emerging nurses, aimed at providing professional development opportunities for salaried nurses, and aimed at ensuring that nursing program curricula are designed to meet the emerging challenges of healthcare in the modern society. In connection to the shortage of faculty staff, the level of investment on training capital is also determinant in both the supply of competent nurses and the quality of care.

An example of training capital is the **availability of clinical placements**, meaning clinical training for nursing students that allows them to acquire practical experience in clinical setting alongside their studies. The problem of clinical placement emerged as a common concern among representatives from Scandinavian countries. As mentioned by representatives from Norway: "*lack of capacity in clinical studies is a bottleneck for educating more nurses. […] The universities need time to recruit more faculty, and together with the health services, (need time to) develop robust placement for clinical studies*." The Ministry of education in Finland "*has increased the number of places for starting nurse education programmes. […] There is already a lack of clinical placements and increasing lack of nurses – how to have even more students in clinical education?*"

Representatives from Germany mentioned that "*nursing students do not receive a training salary. During the times when students can work (e.g., during the semester break), the nursing students have to do practical training.*" It is predictable that if nursing students are not supported in what is considered the minimum requirements for the attainment of their education, the likelihood they will dropout increases. Testimonies from Cyprus highlight the need to re-adapt the nursing curricula to keep up with changing times: "*changes in health care should lead in changes in nursing curricula but not by adding new demands on nursing basic education but either replacing other 'modules' or by including them in nursing or health care masters' programmes.*"

However, as mentioned by representatives from Portugal: training nurses is only part of the solution, because strengthening training capital has to go hand-to-hand with policies that aim to retain nurses: "*the issue of training more nurses cannot and should not be analysed in isolation. For some countries, the answer is undeniably: yes, it is necessary to train more nurses. In others, like Portugal, rather than focusing on increasing the number of nurses who finish their training each year, it is necessary to focus on and implement policies that effectively and unequivocally promote the retention of nurses*." From an institutional perspective, increasing training matched with policies aimed at retaining nurses can favour a better return of investment from the training provided in the first place.

Ukraine Refugees Integration

Summary: *the recent war in Ukraine is exerting pressure on certain EU neighbouring countries, experiencing a large migration flow of refugees which puts pressure on their healthcare system. A complementary challenge is to integrate Ukraine nurses in the new country. An adequate integration for Ukraine nurses to work will involve comprehensive support in learning the local language, conforming qualification to European accreditation system and much more.*

The recent war in Ukraine has affected the nursing profession as well. Ukraine civilians displaced due to the conflict have fled their country, leading to large migration flows heading towards neighbouring countries and across the EU. The policy challenge is two folded: providing medical assistance to civilians, and integrating Ukraine nurses in the Labor market.

Representatives from Poland and Estonia have raised concerns that the sudden flow of refugees will further stress their healthcare systems, which still remains rather weakened by the recent COVID-19 infection waves that is slowly decreasing in the past six months. Poland argued that one of the *"challenge for our system is, how to assimilate (Ukraine civilians) to our Labor market, big number of Ukrainian nurses, who are refugees. We are making all the possible efforts to give them opportunity to achieve relevant educational support and as a result to have full chance to work as registered nurse."*

Estonian representatives mentioned that *"we will see in the future to what extent the war in Ukraine has also affected our nursing practice. Nearly half of a thousand war refugees have arrived in Estonia, who have received their nursing education in Ukraine."*

While medical assistance to civilians remains a temporary problem, integrating incoming Ukraine nurses and aspiring nurses in the Labor market of the host country is a great policy challenge. Polish members explain the challenges on the ground: "*last month, the population of Poland has grown about 10% due*

to the war. Which means that in big cities as Warsaw this increase is even bigger (up to 15%). This is a new challenge for the healthcare sector. Especially, with the refugees themselves, children, women and older people. They do not have medical district, they are in the shock post-trauma, with language difficulties, which means that nurses and all healthcare professionals have to deal with this. We are working and seeing with the colleagues how to develop and find innovative solutions, and how to organize and provide in different way healthcare services, especially on vaccination standards that are different in Ukraine."

Estonian members foresee a big challenge in integrating incoming Ukraine nurses because their level of education does not meet EU requirements. Furthermore, they do not speak Estonian, which is paramount in the care giving settings, given the need to communicate and understand patients' needs.

Polish members face a similar challenge and mentioned that they are *"making all the possible efforts to give them opportunity to achieve relevant educational support and as a result to have full chance to work as registered nurse".* Czech Republic is facing the same issue of employing current incoming nurses while providing means to overcome language and cultural barriers that will allow a sustainable integration in their new hosting country.

Regulations

Summary: *in response to the growing nursing shortage, policymakers often enact policies that aggravate the problem and that are not coherent with their objective of alleviating the problem. Some European countries have taken measures that risk to heighten the tension and deepen the crisis.*

In the face of complex challenges, policymakers are sometimes tempted to implement policies that appear to solve the problem at hand, but which consequences may aggravate the configuration of the problem itself in the long-term.

A very significant example is the "patient safety law"- so called force law - implemented in Finland in response to a general strike by health and social care professionals' unions against low salaries and poor working conditions. The new law forces nurses to work also during a strike, as a way to guarantee patient's safety and quality care. Yet, the act of striking is the right of any worker to exert their bargaining power on important issues. Feeling unheard from the government, such legislation can aggravate the situation of nursing workforce, increasing the likelihood of mass resignations, which in turns further aggravate the staffing shortage, decreasing the quality of care.

In Austria, "*there are still legal provisions that are not implemented, such as the possibility for nurses to continue prescribing medical devices*." The government of Denmark has recently launched a new healthcare reform moving in the opposite direction: granting more independence scope of practice to nurses, "*meaning that (they) can perform some specific tasks like blood sample, vaccination, suture of minor wounds, without asking the doctor*". The discrepancy between EU countries is evident with this example and the need for coherent policy implementation is a concern that deserves separate attention. Norway representatives claimed that specific requirements in an EU directive prevents the chance to develop and innovate the delivery of clinical placements, through simulation, outpatient clinics and ay treatment: *"simulation can replace skills and procedure training on patients and thus make the practical studies more effective, and thus reduce the bottleneck."*

Professional Recognition

Summary: *the nursing profession is not regarded as an attractive career and, therefore, suffers from implicit stigmatization. This assumption is what has prevented nurses from gaining wider autonomy in their job in many countries and has led instead to the decision to introduce a new professional with lower qualifications to complement the job of nurses and tackle problems of staffing shortage and retention.*

Part of the challenges that nursing professionals face is amplified by the degraded public perception of nursing seen as low-skilled profession. For example, this implicit stigmatisation has led several governments to propose the introduction of a new healthcare professional that would complement part of a nurses' job responsibilities as a quick strategy to reduce staffing shortage.

According to Spanish representatives, their *"government is trying to promote "low cost" nurses. These are non-university professional training technicians to lower the cost, but to the detriment of the quality of care. We are recently experiencing this fact with the creation of new technicians for the socio-health field. This can be a great challenge at European level."* The new healthcare professional requires less education and would allow to accelerate the transition from school to work, providing a quick flow of professional capable to partially cover the staff shortage witnessed among nurses. Italy has also considered assigning nursing functions to health care assistants, reducing the workload burden of nurses but also risking lowering too much the entry barriers to the profession, compromising both the integrity and professionalism require to maintain quality care.

In the face of severe nursing shortage, Slovakian government decided to rename healthcare assistant to practical nurse-assistant. Though, this procedure conflicts with Directive 2013/55/EU, as the Slovak government made 'non-qualified workers' nurses. According to the representatives, *"the government*

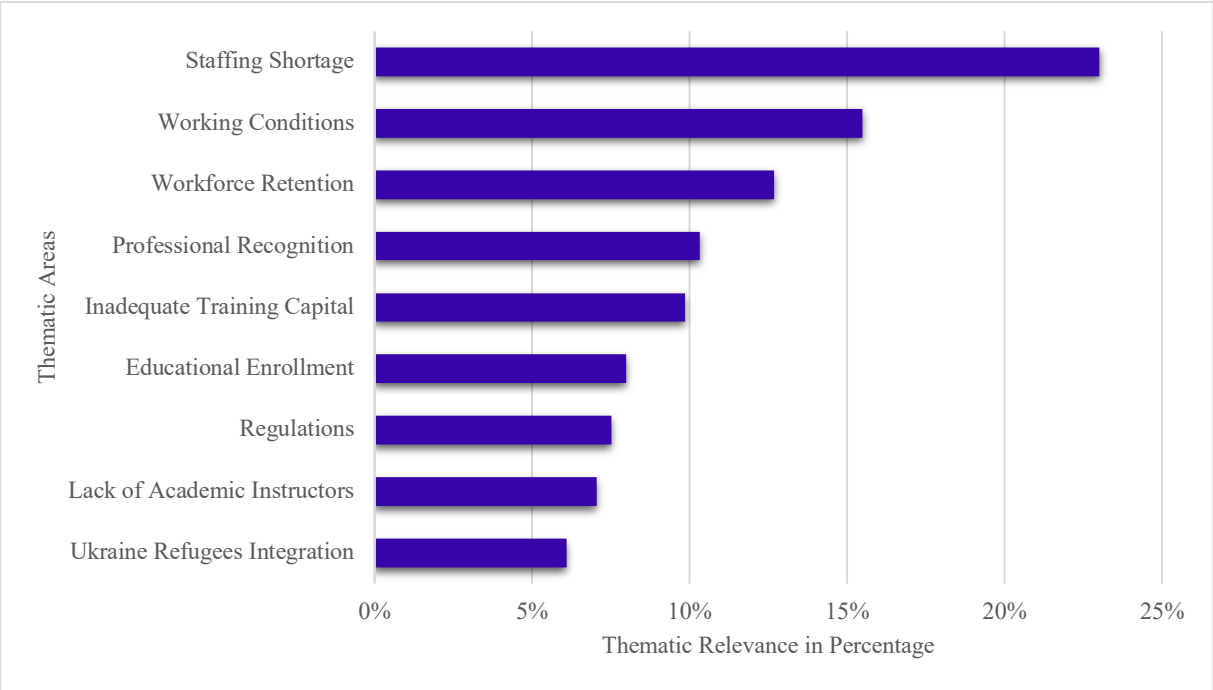
has decided to go the easiest way and to rename healthcare assistant as practical nurse-assistant, without professional debate with those concerned." Iceland has been going on a similar direction – discussing about creating a new profession ("sub-level of nursing") to remediate the challenges that staffing shortage is creating. In the case of Czech Republic, *"some politicians and employers also are still trying to find a way how to make it much easier and faster for students who finish their vocational training to become general nurses without going through the whole process of education"*. The tendency to create a fast-track option to have quick supply of nurses can end up eroding even further the quality of care, the retention rate of current nurses and impact negatively the public perception of nurses, besides doing a disfavour to aspiring young adults that wish to work in healthcare but do not receive the adequate, often stressful yet necessary, education to become a full rounded professional capable of acquiring independence in their career. Czech members expressed the concern that *"if we allow those very short bridges or even letting practical nursing to become general nurses that we might go back to 20 years ago, and someone will say that if this can be done then we do not need Batchelor degree nurses."*

Another form of professional recognition is the need to expand the area of competencies granted to nurses, such as favouring greater work autonomy in Austria, or recognizing the nursing as a hazardous profession which deserves supplementary safety guarantees and work rights. According to the testimonies of Portuguese representatives: *"(we) have systematically come out in public to denounce the need to consider nursing as a hazardous profession, not only in its physical nature but also at a biological, chemical and psychosocial level."*

Table 4 - Highlight Challenges in the Tour the Table

Challenges	Explanation
Staffing Shortage	Insufficient number of nurses available to work.
Retaining Staff	The challenge to retain new nurses from seeking opportunities abroad or exiting from the profession entirely, due to poor working conditions and low employment consideration.
Working Conditions	Compensation, workweek hours, benefits, work pressure and work-life balance.
Educational Enrolment	Drop out from nursing education and inability to keep nurses in the job, with growing tendency to leave the profession after a few years.
Lack of Academic Instructors	Insufficient number of teaching staff and qualified professionals willing to remain in the academic world (discouraged by lower pay as well).
Inadequate Training Capital	Insufficient support for school-work transition, access to professional development opportunities and nursing program curricula misaligned to new challenges and professional needs.
Ukraine Refugees Integration	Setting up the adequate cultural and programmatic infrastructures to integrate Ukraine nurses in the profession of the hosting country.
Regulations	Existing regulations that negatively affect nursing workforce development. Compliance to new regulations on hazardous material and/or upholding new quality and safety standards (i.e., workplace accident)
Professional Recognition	Actions and initiatives that decrease the professional quality of nurses

Figure 3 - Challenges identified in the Tour de Table: Significance of Thematic Areas



Activities

Allocation of Funds

Summary: *funding through targeted investment has always been one of the cornerstones of successfully policy implementation. Despite the promising EU4Health programme, only few EU Member States seem to be allocating substantial resources to directly ameliorate the nursing profession*

The theme for this year's International Nurses' Day, held on the 12th May 2022, was on making 'real investment' in the nursing workforce. Financial investment in initiatives has always been an effective tool to enhance engagement and resolve policy challenges. Austria has allocated € 50,000,000 per year for three years on a training offensive, aimed at empowering nurses. Italy has allocated a large amount of resource from the Italian Plan of Recovery and Resilience to healthcare, including nursing development. At the European level, the EU4Health programme has been the new investment plan for the period 2021-2027 aimed at innovative healthcare in the European Union.

EU4Health programme, as a response to the COVID-19 pandemic, aims to strengthen national health systems. In the words of Stella Kyriakides, Commissioner for Health and Food Safety: "*more than a reaction to the pandemic. With the EU4Health programme, we have the tools at hand to make long-lasting changes"* (De Raeve, 2021).

Taskforce Implementation

Summary: *taskforces are widely used by governments when implementing programmes and resolving matter-specific challenges. Several EU countries have adopted this concentrated form of governance to implement initiatives in favour of the nursing workforce. For instance, the UK in reforming the Professional Qualification Bill for skilled-migrants, including nurses; Ireland in launching a pilot project to reduce costs and enhance patient quality care; Scandinavian countries in framing a strategic plan for the retention of nurses.*

Several country representatives mentioned the role of a dedicated committee focused on elaborating and implementing policies with a specific target. For instance, an inter-cabinet group in Belgium set up a taskforce with two working groups: "*it consisted of representatives from the health, education and administration cabinets*" of the different regional communities. The steering committee directed the activities of the two working groups and drafted a model of functions for future nursing. While the first

working group developed a function model for future nursing, the second group developed the same for specialized care. Similarly, in the United Kingdom, as a consequence of Brexit, the regulatory system managing immigration of international professionals was redesigned through the use of a taskforce. The Department for Health and Social Care advanced a reform of healthcare regulators, which has been involving also several consultations with interest groups, among which the Nursing and Midwifery Council (NMC) who are the regulator of all nurses. Other nursing associates have been engaged to provide suggested changes following the EU exit. The Professional Qualification Bill is an example of legislation change that requires coordinated effort from multiple parties and interest groups working together through continuous and iterative social dialogue. In 2018, Ireland adopted the Taskforce on Safe Nurse Staffing and Skills Mix, a pilot project founded on evidence-based methods aimed at determining optimal nurse staffing. The preliminary outcomes served to inform draft legislations aimed at achieving care excellence, improving cost savings in the health service, and bed occupancy retention. In this case, the work of the taskforce was the baseline to create a five-year strategy for the retention of nurses.

Scandinavian countries, for the most part, have been making use of taskforce mechanisms as well. Norwegian Directorate of Health published an Action plan on quality and patient safety, Sweden initiated a two-year collective agreement between employers, municipalities, regions and municipal companies. The Ministry of Health in Iceland initiated an investigation on the incidents of severe accidents and systematic failures in the health care system. The Danish Health Authority launched in 2022 a strategy for research in the primary health care system. Lastly, In the Netherlands created a national taskforce, called "*Optimale ondersteuning inzet zorgverleners*" (Optimal support for the deployment of healthcare providers) which outcome ended in a report, containing concrete measures to implement in the short-term and that *"contribute to supporting healthcare professionals and their employability in the context of the covid crisis"*.

Overall, the use of taskforce is widespread; often deployed and involved in the implementation of several policy initiatives. Taskforces underpin the success of several initiatives and the decision to insert them in the report as a separate section aims to highlight the effective role of strategically directed governance, regardless of the context of application.

Regulatory Support

Summary: *countries such as Switzerland, Sweden and Norway have established new legislations that profoundly support a favourable regulatory environment for the nursing profession. Their country-specific initiative can serve as example for several other EU countries lagging behind in*

Regulatory support indicates explicit government actions that aim to ameliorate the nursing profession in its various forms. Switzerland pushed forward one of the most ambitious regulatory support mechanisms currently established: it decided to add a new article in their constitution, specifically about strengthening the nursing profession (Article 117b): this is the most advanced example of institutional commitment and regulatory support towards the nursing profession; it has no equal among other EU countries. The regulatory support needs to be translated into actual policies which will be of local and regional competence to implement. The provisions are two folded: the first, concerning investment in education and training, aimed at increasing the attractiveness of initial, continuing and advanced training in nursing; the second, concerning improvement of working conditions, with the implementation of family-friendly HR policies, expansion of professional development opportunities, adjustments in remuneration and adequate nurse-patient ratio.

Other positive examples of regulatory support can be found in Scandinavian countries. Sweden has put in place a new legal framework for the quality of care and the national commission for quality of health care has 3 nurses as representatives. Norwegian nursing associations are pressuring the government to raise the issue about how some EU directives are preventing the use of simulation, outpatient clinics and day treatment. The United Kingdom is supporting a change in regulatory system for international professionals. The Professional Qualifications Bill will provide a new framework for the recognition of overseas professional qualifications, along with accommodating the mutual recognition with the EU of healthcare professionals, allowing them cross-country mobility between UK and EU.

Overall, regulatory support is an essential precondition for enabling any large-scale policies, from drafting a new legislation, to implementing ratified laws. Without the institutional preparedness, many efforts can remain unfulfilled.

Enrollment Quota

Summary: *increasing educational enrollment works when there is more investment directed to institutions and nursing education is rendered more attractive to young adults. Some EU countries have taken steps towards either one of the two fronts, but more effort is needed, especially to coordinate multiple streams of policy interventions towards a common goal.*

A common response to decreasing enrollment in nursing education is to adopt policies aimed at increasing the attractiveness of nursing education. Estonia set up an agreement to increase nursing education spots by 3% in 2023. Employers' representatives have supported the initiative agreeing to accept more trainees to their institutions. Another common approach is to increase placement for specific nursing education trajectories. Additional postgraduate training programs can further ensure the retention of graduates, enhancing career progression. Post-graduation initiatives strengthen existing competencies by offering the opportunity to adapt to new challenges by staying competitive and prepared in their profession. Ireland government increased postgraduate placements also in respond to a real demand increase for critical care and long-term care. University capacity has increased also in Italy, while in Spain enrollment quota are being discussed by the Spanish General Council of Nursing.

Professional Development

Summary: *professional development remains a component of education while employed in the workforce and it is particularly important in the healthcare environment, given the fast-paced work responsibilities and requirement for persistent upgrade of competencies to keep the pace with new diseases, technologies and changes in healthcare practices.*

The development of competencies does not stop with nursing basic education, it is cultivated and developed throughout an employee's career. The objective of professional development is to allow nurses to update their skills periodically and to enhance their employability beyond formal education.
In Denmark, a working group set up by the Danish Health Authority has advanced a proposal to introduce new education specialization programs, in order to meet the growing need for nurses prepared to emergency and acute care, in the case of infection hygiene. Although similar to the previous point of enrollment quota, professional development initiative aims to strengthen the ability for nurses to acquire specialized and tailored training while already in the workplace. It is expected that new master degree programmes such as the special education in infection hygiene promoted in Denmark may be designed

to accommodate also working nurses. This would be a positive shift towards an integrated education system that would make nurses more resilient to new challenges and would also empower them in their profession. Landspitali, is a university hospital, the biggest workplace for nurses in Iceland. They have established a one-year career development year for recent graduates, which provide continuous skills development in the context of acquiring effective nursing abilities and learning patient safety protocols. Slovenian nursing associations prepared together with the Ministry of Health a training programme directed to health workers that are deployed in long-term care: the training has prequalification properties, therefore qualifying health workers to better career opportunities within healthcare.
It is unrealistic to expect that nurses have sufficient skills once graduated: they need to be supported throughout their career with adequate opportunities to update, upgrade and enhance their skills, especially in the healthcare environment where the fast-paced work requires continuous update.

Expanding Nursing Role

Summary: *innovations in the healthcare environment also entail expanding the current job responsibilities of nurses and adding new domains of expertise and requests for specialization. Expanding the nursing role can take the form of establishing new qualifications for specialized practices or new professional figures that complement nurses' job or integrate their current role with more specific competencies that are subject specific, either related to healthcare or not.*

Several countries have begun to consider expanding the job responsibilities of nurses and even creating new professional figures. In Denmark, the first cohort of Advance Practice Nurses (APNs) has graduated in 2021. These new professionals will be deployed in elderly care infrastructures in the municipalities, with the ability to handle complex nursing care. Even though many municipalities have reported to be unprepared on how to make use of their specialized competencies and how to insert them in their workplace given the peculiar profile, it is definitely a positive advancement for better care and nursing. Sweden also has worked towards implementing APNs, already piloting studies in few municipalities.
The idea of expanding job responsibilities of nurses has also taken a different route, via creating a new professional that holds less competencies than a regular nurse which main duties are to assist nursing functions in long-term care health groups. This idea has taken significant traction in Italy, Spain and Slovakia, to mention few. Even though creating new professional figures with lower qualification can negatively affect not only the reputation of the nursing profession but also the quality of care, on the other hand it can be a policy instrument that, if married with other policy initiatives, can reduce work

related burden of nurses and expand the capacity of the nursing workforce to face new rising emergencies, as we witnessed with the COVID-19 pandemic.

Scientific Research

Summary: *scientific research can be used in the form of sponsoring a policy evaluation, conducting a systematic investigation or commissioning a study on a specific topic of particular concern. Scientific research is a powerful instrument that can be used throughout all phases of policy implementation, and does not have to remain relegated in research institutions.*

There is no better investment than sponsoring an investigation on a crucial problem or commissioning a study to third parties to evaluate the effectiveness and efficiency of specific policies.

In Ireland, following the nurse strike of 2019, the department of health initiated an expert review on the nursing profession, "*recognising the need to reform the scope and provision of nursing education and professional development to meet the populations' current and future healthcare needs*". Similarly in the UK, nurses trade unions commissioned a research consulting firm to model the cost of new policies and their effect on the nursing workforce. The study demonstrated the effects on delivery of quality care and nurses' retention. This also helped to inform policymakers on how funding nursing tuition fees increases educational Enrollment, with positive spill over effects on nursing retention.

Danish Nurses' Organisation has placed research in nursing as an important point in their agenda, and they launched a research paper focused on expanding and strengthening the position of nursing in the overall health science research with a clear focus on the municipalities. Since health care services have developed towards more specialized nursing care, many treatments have moved to the municipalities and there is the need to support the growing and expanding field with evidence-based knowledge.

The Norwegian Directorate for Health is also an iconic example of how evidence-based research can sustain policy implementation efforts. The Directorate for Health supported the development of health care quality indicators. The system of indicators comprises 188 indicators divided in 16 different areas of services, and many of the indicators refer directly to the nursing workforce. Although the choice of indicators has drawn quite some criticism, highlighting how there is still a lack of nursing focus, despite nurses is at the centre of most health care services, yet it is a remarkable example of advancement towards securing an evidence-based approach applied also to developing the nursing profession.

Professional Flexibility

Summary: *expanding the job responsibilities of nurses goes along with professional development, but acts in the informal setting of widening the spectrum of opportunities for nurses to exercise their profession in a self-directed manner.*

Not different from expanding the job responsibilities of nurses, greater flexibility to nurses role is a point that emerged across several testimonies from nurses' representatives of different EU countries.
Austrian Nurses Association is favouring very much self-employment status of nurses to the extent that they can exert certain job functions and prescribe medications without prior approval from doctors. Denmark has already did step forward in recognizing freedom to prescribe without subversion. Italy has been moving towards recognizing nursing as a stressful job with the possibility to retire earlier; this allows a more flexible approach to career decision, granting nurses the freedom to assess whether to make use of this anticipated retirement option or not. Germany has implemented an exemplary policy that best represents flexibility, by introducing bank time based on staff shortage, by which the person in duty gets time added to their portfolio so that it is assumed that this person is working for two people, building for more holidays or time for pension.
Overall, professional flexibility entails widening the spectrum of opportunities for nurses to exercise their profession in a self-directed manner, entrusting them of their competency and ability to provide quality care through the use of innovative approaches and empowered confidence.

Work Conditions

Summary: *workplace conditions are a key determining factor affecting almost all other aspects of work, from safety, to productivity, to perceived support, and many other dimensions of employment. Some EU countries have taken active steps to introduce improvements to nurses' working conditions, as an indirect way to decrease other challenges mentioned above, mainly staffing shortage and retention.*

The environmental conditions of the workplace are a key determining factor affecting almost all other aspects of work, from safety, to productivity, to perceived support, and many other dimensions of employment. The COVID-19 pandemic has become the catalysing event to advance workplace changes in favour of nurses' safety and empowerment.

In Ireland, the nurses' associations have requested specific workplace schemes to further guarantee nurses with occupational injury protection and leave, in case of being infected with COVID-19.
In Italy and Spain, a specific new compensation/bonus was set up for all nurses. Concurrently, unions and the government have been discussing new national nurses' contracts to better recognize specialist competencies of nurses. Iceland has been investigating unexpected accidents concerning patients' lives looking comprehensively at the working conditions of nurses as contributing factor to the decline of patient care.
A European study on HHR policies recognized working conditions as paramount to a sustainable work environment and employees' performance (Dubois et al., 2006). Not only working conditions have been shown to be a primary reason for nurses to be leaving the job (Hasselhorn et al., 2003) but also an extensive literature confirms how a selected combination of HR practices can truly make the difference, such as employee development and training, participation and empowerment, information sharing and appropriate compensation systems (Dubois et al., 2006, p. 168).

Quality Compliance

Summary: *compliance to the Biological Agent Directive has been integrated at the national level of several EU countries at a different rate of implementation. This Directive would grant nurses special protection against life-threatening diseases, such as COVID-19, enhancing the regulatory framework for workplace safety for nurses. Furthermore, higher standards of work quality allow nurses to protect themselves against threatening circumstances induced by their job.*

In the context of this report, quality compliance refers exclusively to EU members' compliance to the Biological Agent Directive and whether progress have been made at the national level to conform with the most recent changes also induced by the COVID-19 pandemic.
Compliance with the Biological Agent Directive would imply granting special protection to nurses given their exposure to life-threatening diseases, such as COVID-19. For instance, in Estonia, COVID-19 has been added to the Occupational Health and Safety Act in 2021 as a biological risk factor in the work environment. The British government announced its "Living with COVID" plan, removing the last legal restrictions in February 2022. In this case, nursing associations keep advocating for access to free testing and personal protective equipment for nursing staff, even after restrictions have been lifted, given the likelihood of potential resurgences of infection waves. Germany reports a very advanced implementation of the Biological Agent Directive, which has been transposed in July 2021. The effect of provisions regarding occupational health and safety still needs to be evaluated. In the case of Norway,

employers are required to undertake a documented biological agent's risk assessment in the case there is risk of injury or infection from a biological agent and are required to put in place control measures. Given the newness of the Directive, a gap remains between what the regulation expects and what occurs on the ground regarding the protection of staff. Representatives from Ireland highlighted how there is need for *"specific funding to be provided for environmental upgrades to fulfil the health and safety requirements regarding standards for airflow, ventilation, and safe working settings."* Portuguese nursing associations have been advocating to re-classify nursing as a hazardous profession, *"not only in its physical nature but also at a biological, chemical and psychosocial level".* Some EU members are working towards implementing the Biological Agent Directive (i.e., Spain, Slovenia, Norway), while other countries have transposed it in legislations and are operating under a new integrated legal framework, that will hopefully give more safety guarantees to nurses (i.e., Switzerland, Netherlands, Iceland).

Digital Integration

Summary: *the digital transformation in healthcare is a stepping stone for future advancements in the sector. Several EU countries have begun embracing digital innovations in their healthcare system through the use of IT infrastructures, but with different levels of implementation level. Germany, Portugal and Estonia have demonstrated to be leading examples in digital integration, according to the testimonies of nurses' associations.*

Digital integration implies the introduction of digitally innovative methods in healthcare practices and services which can be embraced easily by nurses while delivering significant value.

Several EU member states need to first upgrade their information technology infrastructures. For instance, Estonia expects the upgrade of their health information systems to facilitate the processing, comparison of their data, and modernize patient portal. However, many of the IT upgrades come along with progress in other areas, such as the insurance policies with patients. For this reason, nursing associations are waiting for the Patient Insurance Act to come into force in 2024 to see significant progress in the area of digital transition. In the UK, the recent Health and Care Bill will encourage further integration of health and social care services through the mediating effect of digitally integrated care systems. As a prerequisite for the success, further investment in digital infrastructure will be needed, in order for data to be shared effectively across the different parts of the national healthcare system. Also in Poland, the process of digitalization of the health care system goes hands-to-hands with the solidity of the information infrastructure, because weaknesses may lead to severe threats, such as cybersecurity breaches, malware attacks or system failures. Germany is a leading example in this policy

area. With the Digital Care Act (DVG) the government has laid the foundations for connecting care facilities to the telematics infrastructures (TI), which developed in the past three years.

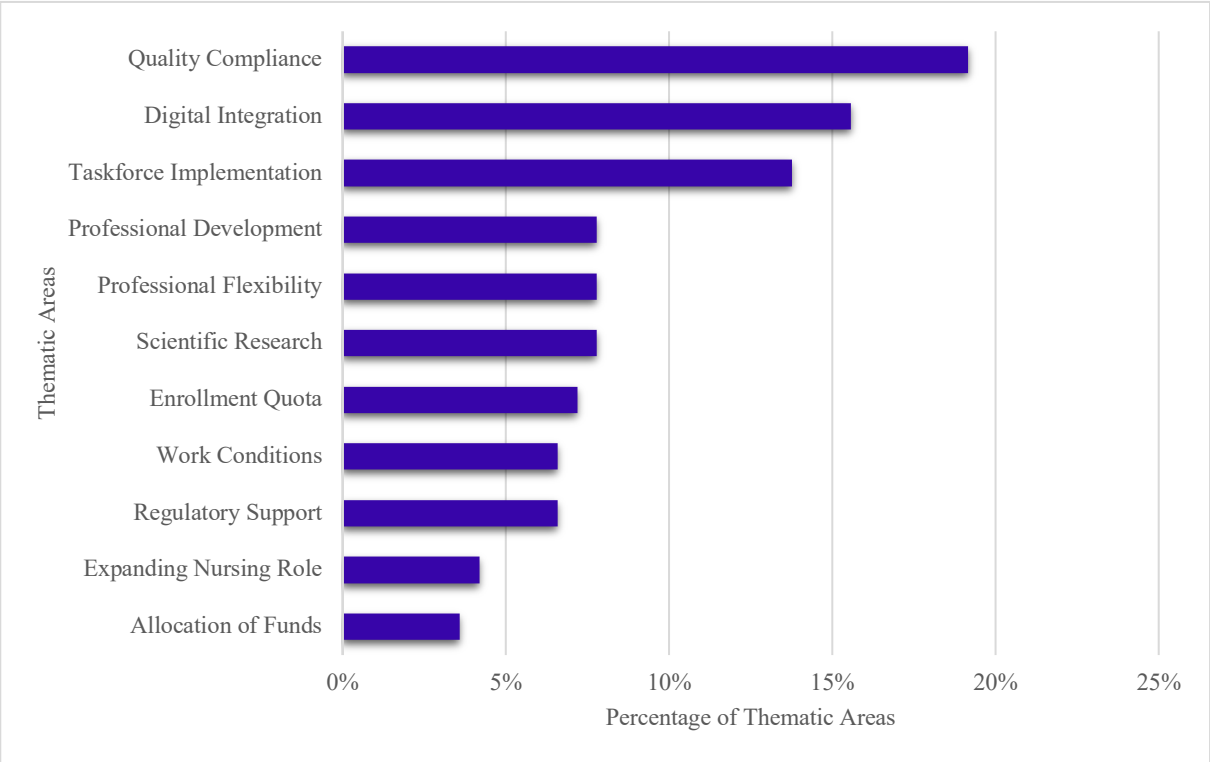
Based on the testimonies of German nursing associations, "*within the telematics infrastructure, different applications are conceivable in the future, (e.g., sending and providing e-prescriptions, e-medication plans, e-transfer forms, e-regulations, etc.)*." However, the integration of care into the TI is only theoretical, because in addition to the infrastructures, health professionals need to be equipped with complementary digital resources to make these innovation work. Portugal has also reported an advance implementation of digital transformations, by embracing the International Classification for Nursing Practice (ICNP) in all clinical settings and sectors. Portuguese nursing associations have mentioned the use of Nursing Ontology, which is said to allow improvement in the reliability of indicators and reduction in the time spent by nurses in preparing records. Testimonies reported that *"the Nursing Ontology is based on an organizing model of the autonomous dimension of nurses' professional practice and on principles guiding both the inclusion of information items and the option for an adequate descriptive granularity of the collected data. The Nursing Ontology represents the nurses' disciplinary knowledge and should therefore be part of the core contents to operate in the backend of the Nursing modules of health information systems, ensuring semantic interoperability at national level."*

Italian nursing associations reported the increased investment in digitalization and how the government, along with the regions, are developing technical guidelines for electronic health records. Nurses will acquire greater responsibility, becoming crucial figures in managing the community operational centres and being involved in strategic roles for the adoption of national provisions to local contexts.

Table 5 - Highlight Activities in the Tour the Table

Activities	Explanation
Allocation of Funds	Allocating funds for the implementation of specific targeted policies and initiatives.
Taskforce Implementation	Creation of new units aimed at implementing specific policies or programmatic plans.
Regulatory Support	Demonstrated governmental commitment to ameliorating the nursing profession, through decisive laws.
Enrollment Quota	Increasing the number of students admitted in nursing programs through more admissions (Spain, Italy, Croatia, Estonia), funding incentives and attractiveness (UK).
Professional Development	Enhancing the employability of nurses after their formal education (i.e., leadership programs, specialized training and exposure, etc.)
Expanding Nursing Role	Transferring part of nurses' work responsibilities to new professional figures, either created from scratch, or assigned to non-technical assistant figures.
Scientific Research	Sponsorship of research aimed at testing the effectiveness of innovative practices.
Professional Flexibility	Including foreign workforce requirement to fill the shortage.
Work Conditions	Implementing changes in human resources and workforce policies, such as retirement benefits, etc.
Quality Compliance	Meeting new standards of safety and regulatory compliance to legislative innovations, especially with regards to occupational injury and health in the context of emerging infectious diseases.
Digital Integration	Extending education about digitalization trends. Introducing legislations and ethical guidelines for introducing digital services in healthcare. • Comprehensive legislations for implementing digital services in healthcare; • Responding to the cyber threats ahead and adapting; • Implementing cutting edge digital innovations.

Figure 4 - Activities identified in the Tour de Table: Significance of Thematic Areas



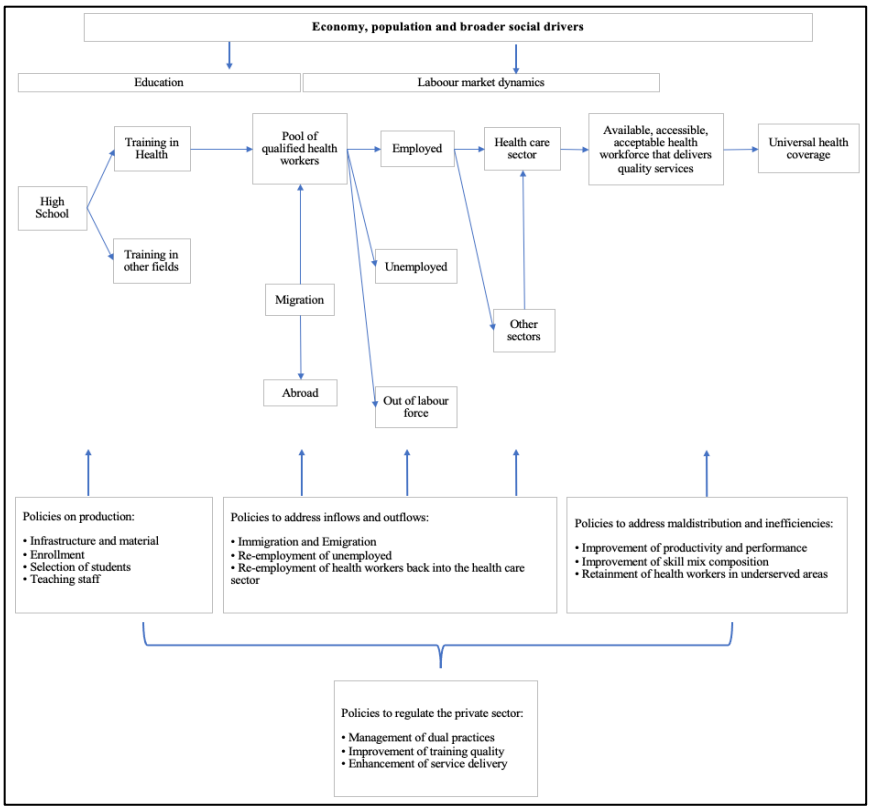
Policy Recommendations

We can summarise policy recommendations into three major areas of interventions: the national, sectoral and organizational level of intervention, across different areas that span from a greater need of funding to a greater need of regulations and improved workers' conditions.

National Level Change

The **national level** of change mainly involves the commitment from the government to implement significant legislations that signal a systemic shift. For instance, Switzerland has included in their constitution an explicit commitment towards the development of an improved nursing workforce, an exceptional example of legislative support. Despite the difference across countries, we can start drawing communalities by highlighting how the labor market for health professionals requires us to consider the strict interconnections between different societal drivers and dimensions, such as education, Labor market and firm-specific performance, to mention few.

Figure 5 - Health Labor Market Framework



Source: *readapted from Vujicic & Zurn, (2006), Sousa et al. (2013) and WHO, (2021)*

As we have noticed from the testimonies of nurses' associations, EU countries are at different stages of implementing policies relevant to the nursing workforce, rendering it difficult to propose generalized recommendations applicable to all EU countries indistinctively. However, we can rely on the new emerging frameworks developed by leading institutions to remark general guidelines that remain valid, regardless of the level of health workforce development and degree of national healthcare maturity of each EU country.

One of the cornerstones of a renewed vision for healthcare workers, and especially the future of the nursing workforce, is the "Global Strategic Directions for Nursing and Midwifery (SDMN) – 2021-2025, published recently by the WHO. The SDMN comprises four policy priorities: **education, jobs, leadership,** and **service delivery.**

Table 6 - Policy Priorities from the SDMN (2021)

Education	Educating enough midwives and nurses with competencies to meet population health needs.
Equip nurse graduates with skills and competencies that match and surpass health system demand, to meet national health priorities	**Skills Matching:** Align the education level of nursing with adequate roles within the health and academic systems
	Supply and Demand Matching: Ensure an optimal level of domestic nursing graduates to meet and surpass health system demand
	Quality and Competitive Education: Design education programmes that meet quality standards, are competency-based and apply cutting-edge learning methods to equip graduates with competitive abilities
	Training the Faculty: Ensure that faculty are trained in the best pedagogical methods and technologies to support optimal training of graduates
Jobs	Creating jobs, managing migration, and recruiting and retaining midwives and nurses where they are most needed.
Increase the availability of health workers and nursing jobs, while effectively recruiting and retaining workers and fairly managing international mobility	**Regulation of Health Labour Market:** Ensure adequate demand of jobs with respect to health service delivery priorities
	Compliance with International Standards: Reinforce and maintain the implementation of international standards and Code of Practice
	Workforce Management: Attract, recruit and retain nurses where they are most needed
	Workforce Planning and Forecasting: Condut nursing workforce planning and forecasting to predict changes in health labour market
Leadership	Strengthening nursing and midwifery leadership throughout health and academic systems.
Increase the number of nurses in leadership positions and in roles with authority to shape and drive the development of future generations of nurses	**Strengthen Leadership Opportunities:** Strengthen senior leadership positions for nursing in workforce governance and management roles to allow input into health policy
	Enhance Leadership Skills Development Priorities: Create opportunities to enhance leadership skills development for nurses
Service Delivery	Ensuring midwives and nurses are supported, respected, protected, motivated and equipped to safely and optimally contribute in their service delivery settings.
Ensuring that nurses can work in the full extent of their education and training within safe and supportive service delivery environments	**Improve Regulatory Systems for Safe Workplaces:** Strengthen professional regulatory systems to create environments favourable to a safe workplace for nurses
	Adapt Workplace Environments: Adapt workplaces to enable nurses to maximize their contribution to service delivery in interdisciplinary health care teams

Source: *readapted from SDMN, (2021, p.6)*

The WHO European Region Member States should consider the following considerations when interpreting the global policy directions from the SDNM report.

Education.

One example concerning education that EU Member States should consider is to ensure that nursing education aligns with the European Professional Qualification Directive 2013/55/EU (European Union, 2013), while midwifery education with the International Confederation of Midwives Global Standards for Midwifery Education (International Confederation of Midwives, 2021). Furthermore, it is important to establish clear educational pathways for nursing and midwifery to support the orientation in understanding distinct professional roles. Besides expanding bachelor-level programmes, it is paramount to also design educational programmes that facilitate the transition of non-degree educated nurses into the profession. For those young adults that wish to pursue more advanced studies, it is essential to increase the quality standards of master's and PhD-level programmes, dedicated to preparing nurses for more specialized expertise but also to enter academic and policy roles, so to push forward innovative practices in the sector.

Jobs.

One example concerning jobs that EU Member States should consider is to work towards securing and protecting nursing scopes of practice in line with their education as a way to ensure job satisfaction and increasing attractiveness of the profession. Furthermore, greater attention and coordination should be directed towards collecting data to monitor in real time staffing shortage and support effective services, along with migration flows and tracking the progress of policy implementation concerning key areas of employment regarding nurses.

Leadership.

One example concerning leadership that EU Member States should consider is to establish a senior nursing policy advisor to advise the ministers of health while supporting the development of national health policies that meet national healthcare needs. Support to leadership entails also developing more opportunity channels and career pathways for nurses to aim at non-clinical leadership positions, keeping in mind the persistent discrepancies in leadership representation of nurses and midwives.

Service Delivery.

One example concerning service delivery that EU Member States should consider is reviewing and aligning regulatory provisions to better ensure coherence between the education, practice and health policy goals, since nurses are involved throughout the entire process. Other areas in need of regulatory support involve digital integration: aligning evidence based clinical guidelines and protocols with

electronic patient records and develop digital support for nurses to have greater ownership of documenting and monitoring the service provision based on their practical and day-to-day perspective.

Sectoral Level Change

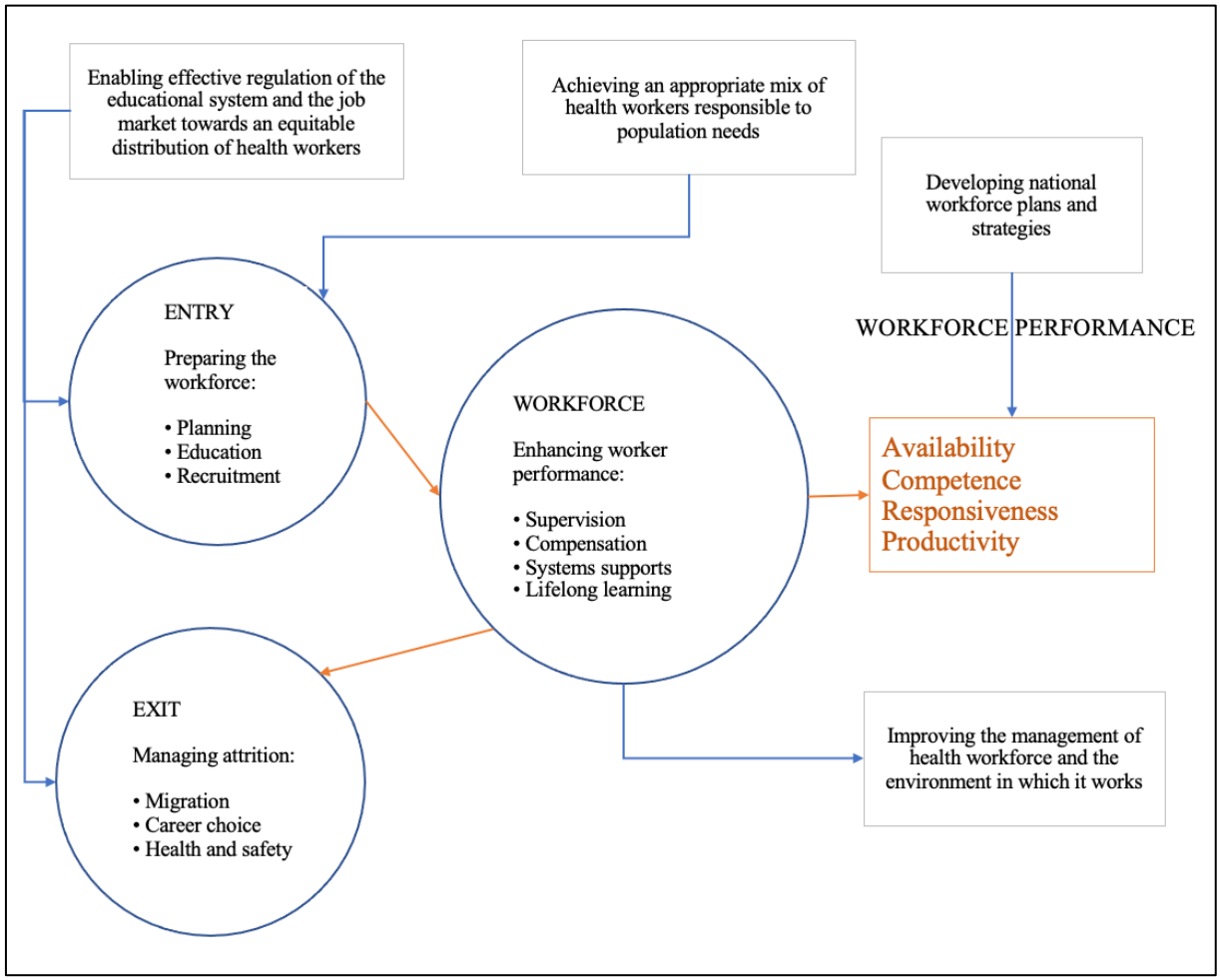
The **sectoral level** of change entails policies that affect how the nursing profession is socially perceived and the degree of recognition within the healthcare sector. For instance, granting greater work autonomy to nurses in their ability to prescribe medications without the approval of doctors implies that nurses receive greater responsibilities and stronger bargaining power, meaning that their voice and leadership is recognized and, therefore, encouraged.

The WHO developed a framework to represent the dynamics of human resources within the healthcare system, providing an overview of common elements to consider and that are common across nations.

The mode illustrates the different stages of health-workforce development, mainly depicted in three main elements: entry, workforce and exit.

The **entry element** indicate the stage when preparing workforce (i.e., planning, education and recruitment) – it entails effective regulations of the educational system and Labor market with the intent to provide an equitable distribution of health workers, to meet the current and predicted health needs of the population (WHO, 2017) . The **workforce element** is about improving the performance of the health workforce, through provisions such as competitive compensation, system support and lifelong learning, as well as working environment (WHO, 2017). The **exit element** consists of retaining the existing workforce from leaving the profession, along with providing the right conditions for other forms of exit, such as career change or retirement. The aim overlaps with the entry element (WHO, 2017). Overall, the three elements of workforce development aim to "*diminish the vulnerability of the human-resources and improve the resilience and sustainability of health systems*" (WHO, 2017, p. 45).

Figure 6 - Health Workforce Development Framework



Source: Readaptation from WHO 2017 (p.44)

Organizational Level Change

The **organisational level** of change is confined to the dimension of single healthcare entities and institutions, such as clinics and hospitals, namely the actual workplace environment of nurses.

This level of intervention entails human resources practices that can be implemented following standard best practices, but which design is also at discretion of the respective management team of the single organizations. This level is probably the most effective in managing the shortcoming of the two higher levels of analysis, namely the sectoral and national level, but in order to be sustainable in the long term, it requires complementarity with the establishment of, at least, regulations at the sectoral level and, legislations and funding at the national level.

Improving the working conditions entail interventions from different perspectives: from the desirability and quality of the physical environment, to the more intangible interpersonal climate, such as psychosocial environment, social connectedness of colleagues and leadership staff in the organization, to the communication level of teamwork and individual sense of autonomy and empowerment (Dubois et al., 2006).

According to Sainfort et al. (2001), to cultivate and maintain a sustainable workforce and workplace environment, the organization must minimize hazards to personal expression and autonomy, employ ergonomic design in the physical work environment and provide working conditions that enhance job satisfaction and wellbeing.

Workplace environment is not the only aspect that can revitalize health workforce. According to a study by Deloitte on hospital workforce in Europe (2017), the top five factors contributing to positive satisfaction largely focused on interpersonal and professional factors, such as professional recognition, ability to use skills, support from the immediate team and level of responsibility.

The top factors contributing to a lack of satisfaction largely focused around the organization of work, such as the amount of time to engage with patients, work-life balance, compensation and support from the organization (Deloitte, 2017, p. 23). It is clear then that reforming human resource practices can go a long way in reducing workplace stress, perceived lack of support and job satisfaction, given that the costs of nurses leaving their jobs is far greater than the cost of initiating systemic changes in the way in which clinics and hospitals decide to manage their employees and invest in their human resources.

Table 7 - List of factors that contribute to a positive working environment among health professionals

Factors supporting positive attributes in health professionals	
Job Satisfaction	Support from superiors
	Communication with peers
	Autonomy
Avoidance of burnout	Support from colleagues
	Adequate demands
	Autonomy
	Control over practice
Reduced intention to leave	Job commitment
	Supportive climate at work
	Strong senior management
	Teamwork
	Control over practice
	Access to resources
Manageable work pressure	Balanced demand and control at work
	Social support at work
	Flexible hours
	Influence over own work schedule
Management of people and conditions for quality	
Support form superior	Create listening posts
	Open communication
	Articulate shared goals
	Build coalitions
	Deliver confidence
	Enable staff to participate in decision-making
Job design	Adequate workload
	Control over work
	Ability to use skills
	Appropriate decision in latitude
	Interaction with others
Teamworking	Shared goals
	Leadership
	Clear structure
	Shared information
	Mutual respect
	Trust
Personal development plans	Adequate career development
	Access to continued education
	Access to training programmes
	Access to formal and informal education
Work context and conditions for quality	
Organizational climate	Motivating climate
	Service climate
	Safety climate
	Cross-disciplinary collaboration
	Organizational trust
Senior management leadership	Powerful
	Visionary
	Supportive
	Value-drive
	Builds trust, collaboration, commitment and open communication
Working hours	Adequate periods of rest
	Maximum limit for working hours
	Limited duration for periods of night work
	Appropriate protection for shift workers
Work-life balance	Family friendliness
	Possibility to work flexible hours
	Options to vary own work schedule
	Balance in demand and control at work

Source: *readapted from Dubois et al., (2006)*

Conclusion

The nursing profession is suffering from two major challenges induced by the increased stress triggered by the COVID pandemic: the **shortage of nurses** and the **poor working conditions**, namely **low pay commensurate with high workload, overwhelming pressure** and **elevated risks to personal safety of nurses.** The direct consequence of staff shortage and poor working conditions is that many current nurses are leaving the profession or considering to do so in the near future; many young adults decide to pursue professions other than nursing, even when expressing interest in becoming a nurse. As a consequence, the inability to **attract and retain nurses** is challenging the sustainability of national healthcare systems, at large. From a broad perspective, the nursing profession is in crisis also due to a **set of specific policy challenges** that are mostly common among almost all European countries. **Inadequate investment in training capacity** and **outdated regulations** do not keep up with the pace of society's developments. A further generalized layer is the set of **unexpected events**, such as COVID-19 and Ukraine war, that further destabilize progress in policy and exacerbate the difficulties already present in the nursing profession. A recurrent theme that emerged from the Tour de Table was the **difficulty to recruit qualified teaching professionals and the unwillingness of those available to remain within academia**. Being a teaching professional in nursing education is not seen lucrative enough and many prefer to remain in clinical practice. Closely related to the availability of teaching professionals, many countries reported **how the existing educational programs do not provide the support needed for nursing students to combine study and practice**. In Scandinavian countries, clinical placements are scarce; those that exist do not provide an adequate stipend to students. In addition to these structural investment gaps, several of the latest policy responses initiated by government to mitigate the shortage of nurses is exacerbating further the problems of nurses. For instance, several countries have begun to consider the **introduction of a new professional figure which has less responsibilities than a nurse but that can cover most of its job activities**. The new healthcare professional requires less education and would allow to accelerate the transition from school to work, providing a quick flow of professional capable to partially cover the staff shortage witnessed among nurses. However, several nursing associations warn that this will significantly decrease quality care, further discredit the professional attractiveness of becoming a nurse and therefore drive even further shortage of nurses. For instance, in Finland the government banned nurses right to strike under a new provision that restricts professionals working in critical sectors to exert rights that may pose risks to patient's health.

Despite the numerous challenges, international organizations and the EU institutions have worked towards publishing several reports and policy strategies that provide the framework with which to tackle each component of the large problem affecting the nursing profession in Europe.

To intervene in a comprehensive manner in improving human resource strategies in the European healthcare systems, we need policy change at three different levels of intervention. First, at the national level, of each distinct country, given that EU Member States still differ in the provision of care in several aspects. At this macro-level, several international organizations have been already providing frameworks and guidelines about the minimum requirements for sustaining improvement in the management and development of healthcare human resources. The most recent major guidelines can be deduced from two comprehensive frameworks: the Global Strategic Directions for Nursing and Midwifery elaborated by the WHO, and selected remarks from the ILO on consideration regarding nursing personnel and domestic workers in occasion of the International Labor Conference 110th Session, 2022. Second, at the sectoral level it is when the regional focus becomes more relevant to the specific needs of the EU Member States. The EU's progressive work towards integrating key sectors across Member States is in favor progress at this meso-level of analysis, but it is not sufficient. Sectoral change requires coordinated policy change in the areas of nursing education, migration policies concerning nursing workforce and policies to address inefficiencies in the provision of quality care.

Lastly, at the organizational level, pilot projects and scientific research have shown what are the key aspects that most influence work performance and satisfaction within organizations. At this micro-level of analysis, organizations need to adopt new approaches to the management and development of their human resources or be pressured or supported to do so through the role of sectoral coalitions and lobbying associations that keep individual organizations accountable of their progress.

It is understandable that often single organizations do not have full autonomy to implement systemic changes in their human resource departments, especially when we are referring to public organizations, either because they depend from external funding or because of regulatory reasons. Decreasing the barriers to organizational change is part of the broader picture that brings us to recognize how significant change can be achieved more effectively only when orchestrated at different levels of governance, from the national, sectoral to the organizational levels, all together.

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EFN Members input country per country

ALBANIA

1. **Report on Education challenges/activities.**

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2. **Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference? and any other innovation that would be interesting to hear about**

……

3. **Report on Quality & Safety, including Digitalisation challenges/activities.**

……

AUSTRIA

1. **Report on Education challenges/activities.**

In Austria, a training offensive has been launched, which is financed with € 50,000,000 per year for three years and in which the Austrian Nurses Association is involved. This is only a small excerpt of our activities.

2. **Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about**

Staff shortages are still the greatest challenge facing nursing care in Austria. Staffing bases are to be developed, but one of the major difficulties is that the interests of the provider organizations in their role

as employers and care providers are often in the foreground. There are still legal provisions that are not implemented, such as the possibility for nurses to continue prescribing medical devices. The Austrian Nurses Association is very much in favor of self-employed nurses being able to bill their services directly to the statutory health insurance funds. Unfortunately, this has been unsuccessful so far. This is only a small excerpt of our activities.

3. Report on Quality & Safety, including Digitalisation challenges/activities.

Due to continued understaffing, overload notifications are increasing. This means that dangerous or hazardous situations are increasingly occurring because there are too few staff in both acute care and long-term care. This is only one example of our challenges.

BELGIUM

1. Report on Education challenges/activities.

In Belgium, there are still 3 levels of training:

- the 4-year euro-conforming baccalaureate training (CEC level 6),
- the 3.5-year "brevetés" (Euro-conforming) in the French- and German-speaking communities
- HBO5 (CEC level 5), which are not euro-conforming and last 3 years in the Flemish community.

The federal government's agreement of 30 September 2020 specifies for care providers: "The procedures will be entrusted to health care providers who can perform them in the most efficient and qualitative way possible. We will maintain the training of care students as it currently exists, with a profile specific to level 5 professional higher education. Together with the federated entities, we will examine how to integrate the contractual internship into the nursing training for access to the nursing profession. This is a crucial element to increase the attractiveness of the training".

In 2021, an inter-cabinet group set up a Taskforce with two working groups. This Taskforce was coordinated by the Federal Minister of Public Health, and consisted of representatives from the health, education, and administration cabinets of the three Communities. A steering committee directed the activities of two working groups to draft a model of functions for future nursing based on the following findings:

- The historical demand of the professional associations for a single training pathway for the nurse responsible for general care and the revaluation of the different nursing functions

- The fear of the employers' federations of the cost of ensuring nursing duty if the training of the qualified nurse/HBO5 were to be abolished

  The historical will of the trade unions to have an identical scale for baccalaureate nurses and HBO5 nurses (*which is not supported by the AUVB*)
- The fact that the HBO5 training in Flanders would not correspond to the European Directive / and to the Belgian legislation in terms of the number of hours required to qualify as a nurse responsible for general care.
- The patent training in the Walloon-Brussels Federation and in the German-speaking community complies with the European Directive / Belgian legislation (number of hours) but in fact:
- Requirement of a bridging course to become a bachelor
- The patents/HBO5 do not have access to specialisation training
- Patents/HBO5s do not have access to master's level training
- HBO5-certificates do not have access to the positions of head nurse, head nurse and director of the nursing department in hospitals

The objective of the first working group was to develop a function model for future nursing as a basis (level 4, 5 and 6) for the implementation of an implementation plan.

The second working group had the task of developing a function model for specialised care (level 6, 7 and 8).

The basis of this plan is a scale of functions for care providers at levels 4, 5 and 6 with at least the following categories and functions

- General care
  - o Level 4: Care assistant
  - o Level 5: HBO-5/brevet with separate profile
  - o Level 6: Nurse in charge of general care
- Specialised care
  - o Level 6: Specialist nurse (based on generic areas of specialisation)
- Advanced practice care
  - o Level 7: Advanced Practice Nurse
  - o Level 8: Clinical research nurse

Both working groups have completed their tasks. We are waiting for the political decisions following the opinion of these two working groups.

This work was carried out taking into consideration 3 pillars:

1. Differentiation of tasks and functions: for each function, a clear training and competence profile is developed/validated
2. Transition possibilities and bridges: transitional measures and unambiguous bridging courses are planned to allow a smooth transition between functions;
3. Accompanying measures: concrete proposals are included to increase the overall attractiveness of the nursing profession

2. Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference? and any other innovation that would be interesting to hear about

1/ The Union Générale des Infirmiers de Belgique (AUVB-UGIB-AKVB) took an active part in the European Biosafety Network (EBN) round table meeting held in the Belgian Federal Parliament on 25 March 2022.

The EBN is an organisation that has been campaigning for healthcare worker safety in Europe for many years. They have been actively involved for some time with the European trade unions, European healthcare professionals and the European Parliament in proposing legislative amendments which were passed in 2020 to include and prevent occupational exposure to hazardous drugs (or hazardous medicinal products – HMPs) and reprotoxins. The European Parliament approved the final wording of the updated legislation agreed with the European Council and the Commission. Some of the key changes are:

- **Inclusion of reprotoxic substances** in the scope of the new Carcinogens, Mutagens and Reprotoxins Directive (CMRD). For 12 of these substances, a binding occupational maximum exposure level limit value will be introduced in Annex III of the Directive.

  Inclusion of hazardous medicinal products (HMPs) in two key clauses in the new Directive, whereby the European Commission is required to:

  - prepare guidelines for handling HMPs, particularly in hospitals, no later than 31 December 2022.
  - develop a definition and establish an indicative list of HMPs, no later than one year after the transposition of the Directive.

- Workers who deal with HMPs will receive sufficient and appropriate training, to better protect workers in the healthcare sector.

- In addition, a recital and a joint declaration in the Official Journal of the EU will provide clarification that the **HMPs containing carcinogenic, mutagenic and reprotoxic substances fall under the scope of the Directive**.

The European Commission consulted with EU member states and the healthcare sector in 2020 about how best to prevent exposure to these drugs and reprotoxins which cause cancer and miscarriages in healthcare workers and the Belgian Ministry of Labor proactively submitted evidence that supported the need to include HMPs in the CMD legislation, not just guidance. The European Commission has already agreed to consult during 2022 and publish guidance on the handling of HMPs by the end of 2022 and will shortly appoint a consultancy to undertake this work. The French government's health and safety agency (ANSES) published last year recommendations to the Ministry of Labor to amend French national legislation to include HMPs and to publish guidance. The French government currently holds the EU Presidency, and a fifth revision of the Directive is expected to start sometime in the next few months or so.

In the context of applying the EU directives for nurses, the AUVB has formulated a number of proposals including

- **A compulsory training for all care providers ECTS certified**
  - **Uniform training**
  - **Product specified**
  - **Discipline specified**
  - **Co-organised by the educational institutions**
- **In consultation with the various specialised professional associations**
  - **Via evidence-based principles**

2/ Since 2019 a White Coat Fund (Fonds Blouses Blanches - FBB) was granted to improve the employment and support of nursing practitioners and the attractiveness of these professions. This Fund is granted to hospitals and the home care sector to finance the net creation of jobs for nursing staff, the improvement of working conditions for nursing staff, training and support for mentoring projects. They also include expenditure on support staff who relieve care workers and who are in direct contact with them to enable them to increase their effective time for patient care with priority for bedside care. As every year since its allocation, the UGIB participated in the parliamentary hearing to give its opinion on the use of this fund

3/ A draft law on mandatory vaccination of health care professionals against SARS-CoV-2 (COVID-19) is currently being discussed in the federal parliament. This draft law provides for vaccination against COVID-19 as a condition for obtaining and maintaining a visa or registration (licence to practice). The AUVB advocates a vaccination obligation for all. And a proportionality of sanctions since other professionals at the bedside of patients will not be affected by this law but will not be deprived of their right to practice.

4/ A new law allows pharmacists to prescribe and vaccinate against COVID-19 in their pharmacies.

3. Report on Quality & Safety, including Digitalisation challenges/activities.

The E-Health project previously presented at the EFN GA April 2019 is still being developed and improved.

BULGARIA

1. Report on Education challenges/activities.

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2. Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference? and any other innovation that would be interesting to hear about

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3. Report on Quality & Safety, including Digitalisation challenges/activities.

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CROATIA

1. Report on Education challenges/activities.

Initiative and proposal of Croatian Nurses Association to increase the enrollment quota in schools for nurses.

2. Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference? and any other innovation that would be interesting to hear about

Due to the lack of nurses in Croatia our nurses are paid for overtime work.

3. Report on Quality & Safety, including Digitalisation challenges/activities.

In all health facilities nurses work in quality units that focus on patient and employee safety. The Croatian Nurses Association will hold education on digitalization as part of our largest Congress in June 2022.

CYPRUS

1. Report on Education challenges/activities.

The EU must re-evaluate and support Nursing studies within the EU as Nursing education programmes are very demanding and the end result of all these efforts by the nursing students is not reflected by the employing status and payment of newly employed nursing graduates in the EU. Changes in health care should lead in changes in Nursing curricula but not by adding new demands on Nursing basic education but either replacing other "modules" or by including them in Nursing or Health Care Masters programmes.

2. **Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference? and any other innovation that would be interesting to hear about**

In Cyprus Biological Agent Directive is taken under consideration by the Ministry of Labor and during the previous months the Legislation of Health Care Personnel dealing with Chemotherapeutic agents is being revised taking under consideration CYNMAs' and CYNMAs' Oncology Branch suggestions on the issue.

3. **Report on Quality & Safety, including Digitalisation challenges/activities.**

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CZECH REPUBLIC

1. **Report on Education challenges/activities.**

As there is a great shortage of nurses the Czech nurse's association is working on maintaining the Matrix 3+1 model. There have been some attempts to shorten the currently required time of nursing education so the practical nurses can become registered faster. The CAN activities are aimed at showing that a tertiary level of education is necessary to provide safe and professional nursing care.

Parallel to this is the issue of employing the currently incoming nurses from Ukraine and helping them to overcome language and cultural barriers. Integration of these nurses through the professional qualification and Czech language courses are also important

2. **Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference? and any other innovation that would be interesting to hear about**

SARS-COV-2 virus has been added to the list of the biological agents that have the potential to cause a serious disease, pose a threat to an employee's health and life, and a danger of being spread outside of the working environment

3. **Report on Quality & Safety, including Digitalisation challenges/activities.**

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DENMARK

1. Report on Education challenges/activities.

The nursing education in Denmark – decrease in applicants

Since 2013, the dimensioning for the number of students in nursing education has increased by approx. 1200. In 2021 there were approx. 4400 study places on the program. Over the years, there have been more than 1,500 applicants than there are study places. In 2022 there will be a decrease in the number of applicants - from 2021 to 2022, the number of applicants has decreased by 36 percent. There can be several reasons for the large drop in the number of applicants. On the one hand, there are declining youth cohorts in Denmark, and on the other hand, many young people have probably chosen to postpone their start of studies as the covid situation this year provides a better opportunity to travel the world. In addition, there was a major conflict in Denmark in the summer of 2021, where the nurses went on strike for 10 weeks due to salary conditions and poor working conditions, which can also affect the young people's choice of education. DNO is working with The Danish Trade Union Confederation and other relevant organizations on a proposal that a national action plan is made for the recruitment to welfare educations (nurse, teacher, pedagogue, and social worker).

APN

In August 2019, the first students started the APN program at Aarhus University, and since then approx. 75 nurses started APN education. In the summer of 2021, the first APN nurses graduated. The education is organized so that it is mainly targeted at elderly care in the municipalities and some of the largest municipalities in Denmark have now hired APN-nurses, who handle the complex nursing care for the sickest citizens in the municipality in close collaboration with doctors. It is still a challenge in Denmark to get the municipalities to see how they can use the APN's competencies. DNO is still focusing on lobbying for more advanced nurses and also on implementing the international recommendations in a Danish context.

New specialization for nurses in acute/emergency units

In the emergency departments of the Danish hospitals, there is increasing complexity in the diseases patients are admitted with. It has become increasingly difficult to recruit and retain experienced nurses

to the acute/emergency units at hospitals. For the last ten years, there has been a desire in Denmark to establish education for nurses in the acute/emergency units at the Hospitals. A working group set by the Danish Health Authority has prepared a proposal for an education. the Minister of Health will decide later in the spring whether the education should be established. It is expected that the education can begin in 2023.

A need for further competencies in infection hygiene

Due to the COVID-19 pandemic, it has become clear that there is a great need for more competencies within infection hygiene both in hospitals and in municipalities. In Denmark, there has previously been special training for hygiene nurses, but it has not been offered since 2012 due to a lack of applicants. Since 2019, a joint Nordic interdisciplinary master's program in infection hygiene has been offered. However, the capacity of the Nordic master's program is not sufficient to cover the need for specialized competencies in the Danish healthcare system. Therefore, DNO is working to re-establish a Danish special education in infection hygiene for nurses. DNO is discussing this with both politicians and the health authorities.

2. Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference? and any other innovation that would be interesting to hear about

The government has launched new health care reform

The government has launched new health care reform that includes several interesting proposals:

1. Independent scope of practice for nurses:

- ✓ The proposal is a breakthrough in DNO's lobbying. The proposal must first be approved by the Folketing, and it requires an amendment to the Authorization Act. But a political majority is emerging.
- ✓ An independent scope of practice for nurses means in Denmark, that nurses may perform a number of tasks without obtaining permission from a doctor. It can e.g. be taking blood samples, giving certain vaccinations, applying PVC to give IV fluid by dehydration, and suturing small wounds. These are tasks that to a large extent are already performed today by nurses but on delegation from a doctor. In many cases, however, nurses have the necessary professionalism and competencies to assess and decide independently – to the benefit for the patients.
- ✓ There is strong opposition to the proposal from the medical association (doctors), which believes it is unnecessary and a danger to patient safety.

2. National quality plan:

- ✓ which must ensure high uniform quality when several tasks are moved from hospitals to municipalities

3. Establishment of Robustness Commission

- ✓ The purpose is to ensure sufficient staff and enough time for patients. Here the focus is on both lack of health care workers, working environment, interdisciplinarity, flexibility, etc.

DNO would like the reform to include more ambitious initiatives in relation to the shortage of nurses (RN, specialists and APNs) as well as a clearer focus on the importance of nursing management, including a CNO in the Danish Health Authority in line with the WHO recommendation.

Lack of nurses in Denmark

Lack of nurses is a major and recognized problem in the Danish healthcare system. And the consequences are many for both nurses and patients. Some data and analyses from DNO *(links in Danish)*:

- ✓ In June 2021, DNO Analysis estimated the number of vacancies at approx. 4,700. This is shown by a survey among municipal and regional nursing managers. This must be seen in relation to the fact that a total of almost 60,000 nurses are employed in the Danish public health service.
- ✓ According to STAR, two out of five recruitments (43%) of nurses failed in the period March to August 2021. This corresponds to approx. 4,500 recruitments (latest report estimates 4,510 failed recruitments in the period March to August 2021).
- ✓ In a survey by DNO from November 2021, 61% of managers stated that they lacked nurses in their ward. Half of them stated that they did not have a sufficient number of nurses employed to handle the current nursing tasks in a professionally sound manner. 62% of the managers stated that the shortage has serious consequences for the quality of the services for citizens/patients.
- ✓ An analysis from December 2021 shows that 85% of the nurses within the past month have experienced that there were too few nurses at work in relation to the work tasks. Of these, 34% experience that necessary nursing tasks are not solved. And within the past week, 36% have experienced having to make priorities that are at the expense of professional soundness.

Another member survey from 2021 among nurses employed in medical wards and in intensive care units in Danish hospitals shows that 9 out of 10 of the nurses (91%) answered that within the past month they have experienced that they were too few at work in relation to the work tasks. Of these, nearly all (95%)

answer that they experience that the quality of nursing is negatively affected. And more than 4 out of 10 of the nurses (46%) answer that within the past year there have been situations where busyness or understaffing - in the nurses' assessment - has been a contributing factor to a patient's condition worsened. Survey on consequences of understaffing

In spring 2022 DNO launches a political paper "*Recommendations to ensure a sufficient number of nurses to the future health care service*". The paper will include around 11-12 statements with some background and some specific recommendations to improve the current situation in Denmark.

Wage Structure Committee

The collective bargaining in Denmark in 2021 resulted in the establishment of a Wage Structure Committee. The wage structure committee began in October 2021. The purpose of the Wage Structure Committee is to analyse the wage structures and wage development in the public Labor market and examine any imbalances. The analysis must include the wage formation for the female-dominated professions in a historical perspective. The committee must present its conclusions by the end of 2022 at the latest. The intention is that the conclusions form a common basis for understanding a possible modernization of wage structures. No political commitment has been made on financial resources to change wage structures following the Committee's conclusions. However, there is broad political support for Denmark having a challenge in relation to equal pay. The President of the Danish Nurses' Organization, Grete Christensen, has a seat on the committee together with other representatives from the trade union movement. In addition, the seats on the committee are filled by representatives of the employers, the government, and a number of independent experts.

Biological Agent Directive

In Denmark the amendments to the directive on biological agents have been implemented in the Danish Working Environment Authority's executive order on biological agents and working environment, which entered into force on 19 November 2020 Biologiske agenser og arbejdsmiljø - Arbejdstilsynet (at.dk). The most important change in the executive order is that SARS-CoV-2 has been added to the list of infectious viruses. The virus is located in risk group 3 in connection with diagnostic work. In addition, some adjustments have been made to the appendices to the Executive Order, which are a result of the new scientific knowledge in the field. The draft executive order has been considered by a rules committee set up under the Working Environment Council (Arbejdsmiljørådet), where the employee and employer organizations are represented. So far, we do not have data on what changes the implementation of the directive has brought about, but the Danish Working Environment Authority continuously monitors whether the rules are complied with in the workplaces.

3. Report on Quality & Safety, including Digitalisation challenges/activities.

DNO launches new research paper (ready Mid May – if interested, DNO can share this with EFN)
Research in nursing is an important agenda for the Danish Nurses' Organization. DNO has been working on a revision of our research paper, which will be launched in May. The paper focuses on expanding and strengthening the position of nursing in the overall health science research with a clear focus on the municipalities. Developments in the health care service in recent years have meant that more specialized nursing and treatment have moved to the municipalities, and there is a need for this field to be supported by evidence-based knowledge.

The paper is built around 4 themes:

- **Research in the healthcare service** - research in nursing must take place in all sectors and DNO will work to oblige municipalities to do research, at present, it is only a requirement for the regions (hospitals).
- **Management must promote research** - research in nursing presupposes solid management support. They have a significant role in prioritizing and creating the framework for research in nursing to be translated and implemented in clinical practice.
- **Strengthened career paths** - Clear job structures must support research in nursing and help to retain nurses in the profession.
- **Funding of research** - There is a need for increased funding for research in nursing

Furthermore, The Danish Health Authority has in 2022 launched a strategy for research in the primary health care system, where many of the recommendations have the same focus as the initiatives of DNO.

ESTONIA

1. Report on Education challenges/activities.

There is a huge shortage of nurses in Estonia, with most of them constantly working overtime. We conducted a survey among our members at the end of 2021, and the results show that more than half of the nurses are constantly tired and do not want to continue to work in health care anymore. One-third of

nurses have noticed that some colleagues, who previously had a plan to work longer, are going for retirement.

The agreement that will increase the number of nursing education spots by 11% in the next academic year and by another 14% from 2023 signed in February 2022. It is positive that, in addition to the Ministry of Education and Research and Social Affairs, all employers' representatives have signed the agreement, confirming that they are ready to accept more trainees to their institutions.

The coronavirus pandemic has challenged not only the shortage of nurses, but it has also changed the way nursing students acquire the required knowledge. Most of the learning moved to virtual rooms, but this made it difficult to adapt theory into practice and reduced the students' readiness to work with patients. First-year students moved immediately from learning to practice, as the shortage of nurses worsened instantly. In the future we will see how huge of an impact it has to the knowledge of future nurses. At the same time, many students have gone on academic leave to think about whether nursing is a profession they want to get in the future.

2. Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about

The coronavirus as a biological risk factor in the work environment was added to the Occupational Health and Safety Act in 2021. However, we have not made any exceptions for nurses, as described in the German example.

3. Report on Quality & Safety, including Digitalisation challenges/activities.

We will see in the future to what extent the war in Ukraine has also affected our nursing practice. Nearly half of a thousand war refugees have arrived in Estonia, who have received their nursing education in Ukraine. There, the nurses are taught mainly on the basis of basic school. These people would also like to work as nurses in Estonia, but they do not speak Estonian and their level of education does not meet EU requirements. Now, however, employers (mainly hospitals) are demanding that Ukrainian nurses should get special status so that they can start working as nurses more quickly. The disputes are still ongoing. The ENU's opinion is that nurses who came from Ukraine should first of all start acquiring the Estonian language and enter high-school or university, where they could then improve their knowledge of nursing during 2 years, while working as assistant nurses in the hospital.

In cooperation with the Estonian Health Insurance Fund, we have started translating NIC and NOC books into Estonian. This is a prerequisite that we will be able to use this knowledge for building our IT system in the future. We expect that the electronic nursing language NANDA, NIC and NOC will be used everywhere in Estonia by 2025.

The upgrade of the health information system started again. The aim is to update the principles of the information system, which would facilitate the processing and comparison of the collected data. Also the principles of the patient portal will be updated, modernizing the environment at the same time.

It is expected that the Patient Insurance Act will come into force in Estonia in 2024 (the exact name will be announced later), but this principle is the same as in Finland. It is important to inform, analyse and learn from treatment errors. In case the healthcare professional's treatment error was not intentional, the patient who suffered the harm will receive financial compensation from the insurance. The institution where the mistake occurred could make the practice safer based on the analysis of the mistake. In Estonia, we have been waiting for this law for 15 years.

FINLAND

1. Report on Education challenges/activities.

Strike of 25 000 health care professionals, including RNs, started in six hospital districts in Finland on Friday 1st April. The strike will enlarge to cover thirteen hospital districts in two weeks unless there is an agreement before that. The strike is about salaries and working conditions, which are on a level that have caused a huge lack of nurses in Finland. The very recent Occupational Barometer shows that RNs are number 2 on the list of workforce shortage professions. Towards the end of 2021, there were on average 4,600 vacancies for registered nurses in employment services every month.

Health ministry is now preparing legislation to force more nurses to work during strike. That is totally unacceptable: the strike is legal and negotiations on necessary protected work are held according to the law. No nurse managers have been heard in the preparation of the law, which is also unacceptable.
In nurse education we see decreasing numbers of applicants. The Ministry of education has increased the number of places for starting nurse education programmes. One problem is then the clinical education. There is already a lack of clinical placements and increasing lack of nurses – how to have even more students in clinical education? We doubt some innovative solutions for clinical practice: are they following the DIR55? We have discussed the matter with the Ministry of Education, but they don't

want to take a stand. Some of the students need to travel far from home to have a clinical placement (unpaid), and there is not any economical support for that.
The Ministry of Health has launched a programme to tackle the nurse shortage. Wage is not included in that programme, though. We see that as a key priority. The basic wage for nurse is 2567 €/month, and with the supplements the average is 3183€/month. Average wage in Finland in general is 3527€/month, so nurses fall behind that. The Ministry programme includes e.g., increasing the number of nurse recruitment from abroad. Traditionally, we have been very self-sufficient with nurses, only 3,4% of our nurses in working life have a foreign background. There are many reasons for that, e.g., our rare and difficult language.

2. Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about

In October 2020, the Government issued a decree amending the Government Decree on the protection of workers from the dangers of biological agents. In addition, the Ministry of Social Affairs and Health issued a new regulation on the classification of biological agents. The Government Decree specifies the obligations of the employer. The new decree contains e.g. a list of biological agents known to cause infection in humans classified as hazard classes 2, 3 and 4. A new factor on the list is the SARS-CoV-2 virus, which is classified as a group 3 virus. The amendments to the legislation implement Commission Directives 2019/1833 and 2020/739 in Finland, which amended Directive 2000/54 / EC on biological agents.

3. Report on Quality & Safety, including Digitalisation challenges/activities.

Finnish Nurses Association's Digital Social and Health Services Strategy includes also the part of security and ethics in the digital environment. Ethics and safety are essential in the use and development of digital services. Legislation and ethical guidelines for nurses guide their actions in digital health and social services. Nurses ensure and contribute to the provision of health and social services that are in line with the client's capabilities and support human dignity, self-determination, inclusion and well-being. Main goals for that are:

- Goal 1: Nurses ensure that digital services are safe for the client and that privacy is respected
- Goal 2: Nurses are able to act in a digital work environment in a morally sustainable way, in agreement with the client, and to value and respect the will and experience of clients
- Goal 3: Nurses provide digital services equitably and fairly

Please see more : https://sairaanhoitajat.fi/wp-content/uploads/2021/06/E-health-2021_.pdf

National Customer and patient safety strategy and implementation plan 2022-2026 has just been launched by the Ministry of Social Affairs and Health. It has been divided into four strategic priorities. There are three objectives under each priority, and achieving these objectives will strengthen client and patient safety in practice. The Strategy includes an Implementation Plan so that the objectives can be translated into everyday activities right from the start of the strategy period. The strategic priorities, objectives and measures have been drawn up in such a way that the vision can be achieved. The implementation of the Strategy will be monitored using the indicators selected for the purpose.

Now during the strike, the patient safety is ensured by the protected work within the critical areas of care. The employer is obliged to inform the needs and to negotiate for the protected work. Our nurses tell that at some units the staffing is now during the strike even on better level than usual due to the protected work. And still our Ministry is preparing the law that would force nurses to work more during the strike – it is called officially patient safety law, but the nurses and many others call it force law.

FRANCE

1. **Report on Education challenges/activities.**

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2. **Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about**

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3. **Report on Quality & Safety, including Digitalisation challenges/activities.**

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FYR MACEDONIA

1. **Report on Education challenges/activities.**

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2. **Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about**

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3. **Report on Quality & Safety, including Digitalisation challenges/activities.**

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GERMANY

1. **Report on Education challenges/activities.**

In January 2020, the new Nursing Professions Act came into force. It regulates vocational school and academic nursing education (first academic degree: Bachelor of Nursing). The implementation of the new law naturally requires a great deal of effort from all those involved. Problems have arisen in particular with academic nursing education. Nursing students do not receive a training salary. During the times when students can work (e.g. during the semester break), the nursing students have to do practical training. There is a lack of academically qualified practical instructions, there is a lack of suitable nursing teachers and there is a lack of training capacities for nursing teachers (study programs).

After two years of experience, it can be seen that a high percentage of nursing students drop out (20-50%). Efforts are being made to resolve the difficult situation. Health care institutions (e.g. hospital trusts) voluntarily pay a salary for the practical training. In the first of the sixteen federal states, nursing students are now paid a salary at a university. At the same time, considerations are being made to discontinue unsuccessful courses at some universities and universities of applied science. The situation is difficult. An academic nursing education is currently not attractive. Not all study places are filled. The German nursing association is lobbying the new government to find political solutions. It must not

happen that academic nursing training fails in the next two years due to technical errors made in the new law.

2. Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about

The Biological Agent Directive (Directive 2020/739 EC) has been transposed in Germany in July 2021. It is in force since 1st of October 2021. It is called: Ordinance to amend the Biological Agents Ordinance and other occupational health and safety ordinances (Verordnung zur Änderung der Biostoffverordnung und anderer Arbeitsschutzverordnungen vom 21. Juni 2021):

https://www.bgbl.de/xaver/bgbl/start.xav?startbk=Bundesanzeiger_BGBl&start=//*[@attr_id=%27bgbl121s3115.pdf%27]#__bgbl__%2F%2F*%5B%40attr_id%3D%27bgbl121s3115.pdf%27%5D__1647849556392 (full text e.g.: https://www.arbeitsschutzdigital.de/v.602055)

An assessment of the effectiveness of the amended Biological Agent Directive cannot be given. In addition, there is a lack of knowledge as to whether an official event documentation is carried out, which allows a before-and-after consideration given the immense scope of the regulation.

3. Report on Quality & Safety, including Digitalisation challenges/activities.

With the Digital Care Act (DVG) and the law on the protection of electronic patient data in the telematics infrastructure (Patient Data Protection Act - PDSG), the government has laid the foundation stone for the connection of care facilities to the telematics infrastructure (TI) in the past three years.

Within the telematics infrastructure, different applications are conceivable in the future, e.g. sending and providing e-prescriptions, e-medication plans, e-transfer forms, e-regulations, etc. The general conditions are provided by gematik (the National Digital Health Agency). Further details will now have to follow in further steps, such as the question of access (identification and authentication) via an electronic health professional card (eHBA) or alternative procedures, as long as the state treaty on the eHBA has not yet been signed. The connection of the care facilities via connectors and mobile devices must also be technically possible.

Apart from the model projects testing several functions within the telematics infrastructure for the nursing homes and home care sector, as of April 2022, the integration of care into the TI is only theoretical, because in addition to the eHealth connector and eHealth card terminal, a health professional card (HBA) and an SMC - B card (identifies facility and enables access to TI and EGK) required; Both

cards are currently being tested or the structure required for this is not yet available, so that integration into the TI is not yet possible.

GREECE

1. **Report on Education challenges/activities.**

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2. **Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about**

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3. **Report on Quality & Safety, including Digitalisation challenges/activities.**

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HUNGARY

1. **Report on Education challenges/activities.**

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2. **Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about**

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3. **Report on Quality & Safety, including Digitalisation challenges/activities.**

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ICELAND

1. Report on Education challenges/activities.

The nursing education is popular in Iceland, but due to quota only 200 nursing students can annually enter the BSc programs in the Universities. It is also possible to apply as BSc in Nursing as 2 nd carrier and next fall, 20 students are expected to graduate from the first group. Nevertheless, research show that nursing students in Iceland experience stress and burnout during their final year of education. It is imperative to find ways to support better the nursing students, as well as prevent and treat stress-related factors to reduce burnout among nursing students during their studies https://www.hirsla.lsh.is/bitstream/handle/2336/621987/Streita%20....pdf?sequence=1&isAllowed=y

According to our numbers, one nurse out of every five leaves the profession within the first five years after graduation. That is why it is very important to provide extra support to newly graduated nurses, at least within the first two years in the profession. The University Hospital in Iceland, Landspitali, which is the biggest workplace for nurses in Iceland, offers newly graduated nurses a one-year career development year for their first year working as a nurse. The professional development year is a continuous process and strengthens skills and knowledge, where the focus is on effective nursing and patient safety. The universities offer various master´s program within various specialities in nursing.

2. Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about

In Iceland there is a shortage of nursing, as in many other countries. The impact of the shortage has led to resignations, long term illnesses and burnout. There is 25% increase in applications in INA´s support fund from 2020-2021, which INA finds highly worrying. To prevent further nursing shortage, it is important to secure nursing staffing, prevent resignation, rehire nurses and offer nurses support due to workload and safe working environment, Otherwise, quality and patient safety will not be secured. It is also very important to ensure a clear vision for the future with improved working environment as well as realistic wages for the nursing profession. Iceland does not have any version of the bank time, despite shortage of nursing staff. Some health care institutions have been paying extra hrs for nurses being alone on shift, when they should be more. This is not though mandatory.

3. Report on Quality & Safety, including Digitalisation challenges/activities.

The Ministry of Health has decided to examine the legal status of health care professionals in connection with reports and investigations of serious incidents, due to systematic failure in the health care system. The aim is to improve the framework and the procedures and investigating unexpected incidents concerning patients´ lives, with an emphasis on increasing patient safety in general, strengthening safety culture and creating better working conditions for health care professionals. The INA supports strongly this decision and is advocating for these changes, since majority of the incidents that occur, can be connected to systematic failures.

IRELAND

1. Report on Education challenges/activities.

The Irish health service has had a long-standing dependence on overseas recruitment. This came to a standstill during the COVID-19 restrictions. Since 2014, there has been a growing increase in the number of overseas trained nurses registering with NMBI. Out of the total number of new registrants with the NMBI in 2020, 60% are overseas trained nurses/midwives, while Irish trained nurses and midwives account for 40% of new registrations (NMBI, 2021).

The Organisation has continually emphasised the need for Government to embrace the critical importance of becoming self-reliant, ensuring an adequate number of nurses and midwives are available to the health service. The INMO contends that, at a minimum, there should be an annual increase of 250 undergraduate placements each year. When the critical mass of 2,500 is reached, numbers should be further reviewed (approximately 1800 at present).

In addition to increasing undergraduate places, the INMO believes it is essential to increase postgraduate places based on the increasing demand for critical care and long-term care. Providing additional postgraduate training programmes will further ensure the retention of graduates, offer enhanced career progression, and ensure competence to those nurses and midwives working over a longer period in the health service.

Following the Nurses Strike of 2019 an Expert review of the nursing profession was established, and its report was Published by the Department of Health, the Report of the Expert Review Body on Nursing and Midwifery 2022 recognises the need to reform the scope and provision of nursing education and

professional development to meet the population's current and future healthcare needs. It makes several recommendations including:

- delivering new routes of entry to undergraduate education
- monitoring student attrition rates to inform the workforce planning process
- expanding the location of clinical placements, particularly in community and primary care settings
- development of relevant and contemporary postgraduate programmes
- implementation and development of advanced nursing practice.

The recommendations set out in the report are encouraging. However, they must be backed up with resources and appropriate annual funding to ensure they become a reality.

2. Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about

Workforce Challenges

The Irish health service was not in a good place facing into the pandemic due to legacy from recruitment moratoriums, including a recruitment freeze between December 2007 in the health service and public service wide 2009 – 2014. This placed immense pressure on an already struggling workforce. Due to the pandemic, there has been a need to increase staffing numbers to provide COVID and non-COVID services. The INMO contends that there is a need to immediately grow the nursing and midwifery workforce by a minimum of 2,000 whole time equivalents (WTEs) each year for the next three years. A further challenge relates to the high absentee rate due to nurses contracting COVID-19 during the different waves, further impacting on an already depleted workforce.

The Taskforce on Safe Nurse Staffing and Skill Mix (2018) is a scientific method for determining optimal nurse staffing underpinned by evidence. Evaluation of the pilot study on the Framework showed several improvements across surgical and medical wards, including:

- A 31% reduction in care left undone
- A decrease in absenteeism (falling below the national average of 6% in some wards)
- A decrease in agency use (up to 95% on some wards) Reduced staff turnover

Currently, the Framework has not been fully funded, and today it only applies in 12 hospitals. It must be underpinned by legislation to ensure what is scientifically proven as a safety measure is appropriately funded and operationalised. In order to achieve care excellence, improvements in bed occupancy retention and cost savings in the health service, the Framework must be utilised, funded and implemented across the entire health service. Phase two of the Taskforce, which focuses on emergency department staffing, must be published and fully funded as soon as possible. Phase three, which focuses on the long-term care setting and disability setting, must be completed without delay. The recent Report of the Expert Review Body also acknowledges in critical shortage of nurses and sets out several recommendations to deliver a stable and sustainable workforce who will be supported through career pathways and development opportunities to meet the needs of the population. Recommendations include:

- To develop an integrated workforce strategy for nursing to include planning and forecasting staffing requirements based on operational and strategic plans for all services
- To advance the implementation of the Framework for Safe Staffing and Skill Mix
- To identify and develop CNS and ANP practice career pathways to meet service need in the community and primary care settings
- To create a five-year strategy, supported by workforce intelligence data for the retention of nurses with a focus on:
    - Early graduate and early career nursing
    - Nurse and midwives in the last decade of their career
    - Professional mobility
    - Workforce stability.

Biological Agent Directive - Has it been transposed into Irish Law? Yes.

How?

- The Safety, Health and Welfare at Work (Biological Agents) (Amendment) Regulations (2020 SI No. 539/2020) – these Regulations amend the 2013 principal regulations to give effect to the EU Directive relating to general worker safety for SARS-CoV-2.
- The Health and Safety Authority (HSA) has issued a Code of Practice on Biological Agents 2020, in accordance with Regulation 3 (1) of the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 and 2020.

- The Health Service Executive (HSE) has issued a Policy on the Management of Biological Agents in the Healthcare Sector which sets out the employers' obligations under the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 and 2020.

Has it made a Difference?

The Directive/Regulations have made a difference insofar as placing a requirement on the employer to undertake a documented biological agent's risk assessment where there is a risk of injury and/or infection from a biological agent and put in place control measures. However, there are still evident gaps between what the Directive sets out to achieve and what is happening on the ground regarding protecting staff. There is a need for specific funding to be provided for environmental upgrades to fulfil the health and safety requirements regarding standards for airflow, ventilation, and safe working settings.

Unfortunately, employers and Government do not accept that specific salary protections are required for health care workers working with this biological hazard. The INMO has sought a specific scheme to provide occupational injury status and leave for those infected with COVID-19 at work. Currently, there is a temporary emergency measure allowing for 10 days with pay, and it applies across the public service. However, there is no special measure for health care. This emergency special measure will cease on 30th June 2022. All those absent from work with COVID-19 will be classified as absent on sick leave thereafter, regardless of work location. The INMO is pursuing the requirement for a workplace injury scheme for the health service via our industrial relations procedures.

3. Report on Quality & Safety, including Digitalisation challenges/activities.

Emergency Department and Hospital Overcrowding

As the health service emerges from COVID-19 restrictions, a return to overcrowding in emergency departments and hospitals is once again emerging as a problem within the Irish health service. Higher rates of infection are causing high rates of hospital admission. Hospitals are overwhelmed, and staff need meaningful assistance. The INMO and the Irish Association for Emergency Medicine are jointly calling for Government assistance to curb the spread of COVID-19. This comes when 10,000 patients have been without a bed since the mask mandate was lifted on 28 February and over 1,601 patients are currently in hospital with COVID. In addition to the very serious patient risks, there are very significant risks for nursing staff who are exhausted from being on the front line, dealing with wave-upon-wave of patients diagnosed with COVID, and the other drivers of increased attendances.

Digitalisation

ICT and digitalisation play an increasingly significant role in delivering health services. A recent study has found that despite the establishment of eHealth Ireland, considerable investment is required to reduce the considerable gaps in health information systems and data infrastructure (ESRI, 2021). Although some progress has been made with e-referrals and e-prescribing, other areas have not progressed, such as the national rollout of unique patient identifiers. One of the significant challenges experienced in 2021 was a cyber attack on the HSE. This resulted in considerable disruption in delivering health services across the country. The HSE, in its 2022 Service Plan, outlined significant work in the area of cyber security resilience, which includes investment in security infrastructure, integration of systems, and education and awareness training.

The COVID-19 response led to an increase in the use of telehealth across primary and acute hospital settings. However, clear guidance on telehealth is required to ensure that it is equitably deployed and available for patients. A review of changes to work practices and health care policies must be completed to identify practices that should be further established and continued in a COVID and non-COVID healthcare environment. For example, clinical leadership teams, care delivery based on clinical need on presentation, care triage, and stepdown care in the community in the post-acute phase. The Report of the Expert Review Body also acknowledges the critical role which nurses play in leading integrated digital health approaches. It again sets out several recommendations to enhance the delivery of person-centred healthcare. These include:

- Implement the Digital Roadmap for Nursing and Midwifery 2019-2024 through the establishment of a working group responsible for implementing national data standards that enable interoperability and supporting and standardising nursing digital leadership roles
- Continue to develop a national minimum dataset of nursing documentation and establish a preferred national approach to the use of standardised terminologies through the ONMSD.
- Establishing a digital nursing leadership and governance structure in each regional health authority with the responsibility for implementing the strategic goals of the Digital Roadmap.

Infection Prevention and Control (IPC)

The National Clinical Effectiveness Committee at the Department of Health launched a consultation of new draft national clinical guidelines on infection prevention and control. These National Clinical Guidelines aim to reduce unnecessary variations in practice and provide an evidence base for the most appropriate healthcare in particular circumstances. Given the many concerns raised around the COVID-

19 pandemic, these guidelines must provide meaningful and appropriate IPC measures across all healthcare settings.

ITALY

1. Report on Education challenges/activities.

In Italy, after years of economical divestment and unemployed nurses, now there are not enough nurses for the health care system and there are not enough nurses' student for the new necessity. University capacity will currently be increased by approximately 3,000 (respect to actual of 15.000 for year). There are pushes from some regions and long-term care health groups to assign nursing functions to health care assistants. For Ukrainian nurses and doctors is possible work in health care sector in a simple way, without official recognition.

2. Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about

Minister of Labor and last February have receipt the Biological Agent Directive in Italian legislation. During Covid-19, over 54.000 health care workers were hired (temporary contract). Of these 23.000 are nurses. Government is working for a specific legislation to stabilize this HCW. A specific new compensation/bonus was set up for all nurses and other health care professionals. Until now, is only on legislation and some regions delay pouring this money bonus. Union and Government staying in discussion about new national nurses' contract with better recognition of specialist competencies of nurses. A number of local strike during this months were put in place. Some improvement is in process to recognize nursing as stressful job with possibility to retire before. At same time a more flexible approach will be in process to maintain in service at the end of career nurses.

3. Report on Quality & Safety, including Digitalisation challenges/activities.

About digitalization, Italy has a large amount of resource will be destinated to Mission 6 of Italian Plan of Recovery and Resilience (about 10 billion of euro). Recently the Government is in process with Region and other in developing technical guidelines for (personal) Electronic health record. Nurses have a crucial role in this area and in the next primary health care setting as lead of community

operational centre and hospital/community centre. As association we stay in close relation to National Society of Hospital and Local health Agency to try to have a more strategic involvement of nurse and to adopt a national level a nursing standard terminology (ICNP/Snomed)).

LATVIA

1. **Report on Education challenges/activities.**

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2. **Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about**

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3. **Report on Quality & Safety, including Digitalisation challenges/activities.**

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LITHUANIA

1. **Report on Education challenges/activities.**

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2. **Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about**

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3. **Report on Quality & Safety, including Digitalisation challenges/activities.**

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LUXEMBOURG

1. **Report on Education challenges/activities.**

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2. **Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about**

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3. **Report on Quality & Safety, including Digitalisation challenges/activities.**

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MALTA

1. **Report on Education challenges/activities.**

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2. **Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about**

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3. **Report on Quality & Safety, including Digitalisation challenges/activities.**

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MONTENEGRO

1. **Report on Education challenges/activities.**

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2. **Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about**

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3. **Report on Quality & Safety, including Digitalisation challenges/activities.**

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NETHERLANDS

1. **Report on Education challenges/activities.**

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2. **Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about**

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3. **Report on Quality & Safety, including Digitalisation challenges/activities.**

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NORWAY

1. Report on Education challenges/activities.

Challenges in nursing education in Norway:

Lack of capacity in clinical studies

Lack of capacity in clinical studies is a bottleneck for educating more nurses. The government is trying to solve the shortage of nurses with short-term and ad-hoc solutions to increase the number of nurses students. Requirements in the EU directive prevent using simulation, outpatient clinics and day treatment. It is very demanding for both the universities and the health services when the capacity is increased through short-term measures. The universities need time to recruit more faculty, and together with the health services develop robust placement for clinical studies. NSF is putting pressure on the government to raise the issues in the EU directive through dialogue with the Nordic countries and apply to modernize the EU directive. Simulation can replace skills and procedure training on patients and thus make the practical studies more effective, and thus reduce the "bottleneck".

Shortages of faculties

In recent years, there has been a sharp increase in the number of master's degree programs at Norwegian universities and university colleges educating nurses. Norwegian authorities requires that at least 50% of faculty must have competence on a ph.d.-level or equivalent when supervising and teaching at master's degree level. Therefor a growing concern is the urgent need of more qualified faculty educating nurses at master and ph.d.-level.

A survey from 2018 shows that 42 % of the nurses are 46 years or older when being a ph.d.-student, and only 30% want to work in education. 60% of our faculty are more than 60 years old and 50% of professors resign the next 5-6 years. Recruitment of faculty is crucial. Nurses with a doctorate are crucial for the development and quality assurance of knowledge-based practice and education at both bachelor, master and ph.d.-level. We have an urgent need to find feasible recruitment strategies to replace faculty, and we need to recruit the possible ph.d.-students when they are much younger.

We have therefore adopted a strategic plan positioning that research and professional development must be significantly increased to contribute to the development and improvement of nurse education and health services in general. We also demand the Norwegian Ministry of Research and Education to prioritise ph.d.-students within nursing with grants and other obligations in their budgets.

2. Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about

In Norway directive 2020/739 will make changes to directive 2000/54/EC and will protect workers from Covid-19 by adding SARS COV-2 to the list of biological agents known to infect humans. Norwegian governments are preparing implementation.

3. Report on Quality & Safety, including Digitalisation challenges/activities.

In Norway, quality and patient safety has been a prioritized topic for the national health care discourse the last decade.

The Norwegian Directorate for Health publishes an annual report on the National Quality Indicator system. This report summarizes the main goals and activities on health care quality indicators. By the end of 2021, the system consisted of 188 indicators, divided into 16 different areas of services, e.g. somatic health care, primary health care, dental health, emergency medicine and mental health and substance abuse.

Within this quality indicator system, there are also indicators specifically relevant to nursing. For instance, there are Health service Associated Infections (HAI) in hospitals and nursing homes, there are specific indicators within midwifery, there are mapping systems of nutrition among nursing homes residents. There are also nursing quality indicators connected to level of staff sick leave, patients residing in hospital corridors, breach of time guarantees and the patients' own assessments of the quality.

However, a general challenge of quality indicators is the lack of nursing focus. Nursing is, in terms of input, by far the largest part of the total health care service. Still, most quality indicators are related to tasks performed mainly by MDs/physicians. The curing part outweighs the caring part of the services.

In addition, the traditional view of preferring disease treatment over health promotion and disease prevention is also reflected in the choice and labelling of quality indicators.

In addition, health care personnel are required by law to report on unwanted incidents to the Norwegian Board of Health Supervision. In 2021, there were reported 1077 cases on this.

The Norwegian Directorate of Health has published an Action plan on quality and patient safety. The vision of this plan is «A safe and secure health care service, without damage to patients, always and everywhere». The main objectives are to integrate quality and patient safety as a topic in the control lines, to establish fields for sharing knowledge on the topic, and to develop cultures for openness and learning regarding quality and safety in the enterprise.

The implementation of technology and e-health solutions has a huge potential for improving quality and patient safety, both in monitoring and in performing services.

Work on quality and safety that is connected to digitalisation activities in Norway is mainly about implementing Standardised Nursing Language in Electronic Patient Records. Norway has decided to use SNOMED CT, with ICNP as a reference set for nursing. Record suppliers are now working on how to utilize terminologies in their systems in a way that not only facilitate the documenting process, but also dispose data for quality assurance and research on nursing services.

To digitalise and collect data for quality indicators directly from nursing documentation is an utterly important achievement to bring best practice to patients and to achieve data driven nursing. Thus, the NNO is working closely with EPR-suppliers and the Norwegian Directorate for E-health to make this happen.

POLAND

1. Report on Education challenges/activities.

In Poland, despite the growing number of nursing schools, which is at present 110 places(universities or higher educational schools), the annual number of graduates is still below the numbers of nurses going for retainment (-3 ths) The health care system is fully dependent on nurses having at least 2 jobs or already retired (around 70 ths retired nurse still working). From other side employment conditions for university nursing staff is far from attractive, which is not making good quality for the quality of the education. But the biggest challenge for our system is, how to assimilate to our labor market, big number of Ukrainian nurses, who are refugees. We are making all the possible efforts to give them opportunity to achieve relevant educational support and as a result to have full chance to work as registered nurse. And we will work on further support to our nursing colleagues fleeing Ukraine from Russian invasion.

2. Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about

Covid-19 time brought a lot of changes to the regulation of working conditions of health care personnel. But most of them have a negative influence on working habits and personal health of the nurses.

According, new law the nurses are allowed to work double shifts, which means even 24 hours. The big risk is, that even the pandemic is over, managers will allow to use the regulation.

3. Report on Quality & Safety, including Digitalisation challenges/activities.

The process of digitalization of the Polish health care system takes place continuously and have wide influence on nursing practise. In some parts of the system like ICU, PHC, but also home nursing services almost all nursing records are electronic. From the consumer side, citizen can check in the electronic personal health records, what kind of procedures and services was provided and financed by national health insurance. Such control tool- given to the patient, influence the quality of medical records. But the weakness of the electronic health data system, is strongly related to the variety information systems used by Polish health care institutions.

PORTUGAL

1. Report on Education challenges/activities.

The issue of training more nurses cannot and should not be analysed in isolation. For some countries, the answer is undeniably: yes, it is necessary to train more nurses. In others, like Portugal, rather than focusing on increasing the number of nurses who finish their training each year, it is necessary to focus on and implement policies that effectively and unequivocally promote the retention of nurses. Portugal needs its nurses, their training is valuable and respected inside and outside the country.

As the President of the Portuguese Ordem dos Enfermeiros (OE) said at the ICN Congress, "the pandemic has shown that it is necessary to keep nurses in Portugal. We don't have a training problem, we have a problem in hiring and retaining these professionals. We have to make a reform in Primary Health Care. Only with the reinforce on the proximity of this care will contribute to the empowerment and health literacy of individuals and communities. We must focus on Primary Health Care, rather than Hospital Care and in Home Care, instead of the Residential Structures for the Elderly (nursing homes)."

In addition, we also need to recognise and strengthen the skills and competencies of nurses, especially those who are specialists or holders of advanced skills, by autonomising their practice in specific areas.

In recent months we have seen a huge increase in the flow of requests from recent graduates applying for support to go and work outside of Portugal, namely in the UK and the UAE. Our professionals

continue to be attracted by the (good) remuneration conditions offered abroad, leading them to invest in international careers. It is crucial that Portuguese nurses are offered not only Labor but also financial conditions that make it equally attractive to stay in Portugal.

The ratio of nurses per thousand inhabitants in Portugal is still below the OECD average. According to data from the OECD's Health at a Glance 2021, the ratio of nurses is 7.1 in Portugal, below 8.8 which is the OECD countries average. Only with an adequate ratio of nurses is it possible to minimise the impact of burn-out situations and stress of those who have been working for decades in Portugal, with their salaries frozen and with insufficient safe staffing levels to guarantee the quality of healthcare.

In the context of the current pandemic crisis, the Ordem dos Enfermeiros made a statement/document available to all nurses to warn them against possible disciplinary, civil or even criminal liability for the patients in their care. The OE and its members stress that an adequate number of professionals is essential to safeguard safe professional practice, which is clearly not the case at the moment. This fact can only be blamed on the management of the institutions, which in itself puts the proper practice of the profession at risk. By the beginning of February, the Ordem dos Enfermeiros had received over than 4500 requests for exclusion from liability.

In conclusion, Portugal trains many good nurses. But the reality is that the Health at Glance report itself indicates that few stay here and those who do, are poorly paid. This report is a serious warning that cannot be ignored by the new Portuguese Government, as we may be facing a potential short- and medium-term catastrophe in the Portuguese Health System.

2. Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about

The main challenge faced by nurses in Portugal has to do with the chronic shortage of nurses, who are essential to ensure care in all contexts. The pandemic brought unacceptable delays in diagnosing and screening to the patients. Overwork has led to an increase of exhaustion and demotivated professionals and teams, as mentioned in the previous answer.

The recent public health crisis has highlighted the need for investment in health structures and a human resources policy aligned with health needs. The pressure on Health Systems tested the capacity of all nurses, namely on their mental health. Many professionals presented high levels of burnout and stress.

Since 2016, the Ordem dos Enfermeiros has been requesting the hiring of around 3,000 nurses per year for 10 years, in order to match the average number of nurses in OECD countries which is 8.8 nurses per

1000 inhabitants, while in Portugal, the number is fixed at 4.6 nurses in the National Public Health Service, a figure that rises to 7.1 for the total Portuguese Health System.

The Ordem dos Enfermeiros has repeatedly come out in public to denounce the consequences, namely the millions of health acts that were left undone and the absence of an immediate strategy to recover them. The costs of these delays will have a major impact in the future. We argue that health systems must be prepared, at any time, to provide a massive response, not forgetting that although money does not stretch, health cannot wait. It is therefore essential that the political authorities invest in health and dignify the profession through a career and dignified remuneration.

In relation to Directive 2000/54/CE concerning the protection of workers from risks related to exposure to biological agents at work, this is regulated in the Portuguese legal system by the Law-Decree 84/97 of 16 April, Law-Decree 102-A/2020 of 9 December and Law 102/2009 of 10 September, the latter regulating the legal regime for the promotion of safety and health at work.

It should be noted that Portuguese legislation focuses on the prevention and control of situations of potential contact with biological agents. It does not provide, as in the German case, for working time rights, i.e. the right to early retirement, working time added to the contributory career, etc.

The Ordem dos Enfermeiros has systematically come out in public to denounce the need to consider Nursing as a hazardous profession, not only in its physical nature but also at a biological, chemical and psychosocial level. As the President of the Ordem dos Enfermeiros, Ana Rita Cavaco, stated on several occasions, "what is wrong is that up until now Nursing has not been considered a hazardous profession".

3. Report on Quality & Safety, including Digitalisation challenges/activities.

The Ordem dos Enfermeiros considers that the investment in digitalisation is a tool to boost the quality and safety of the nursing care provided to the population. Therefore, digitalisation has been a priority for nurses.

Portugal is one of the leading countries in the development and implementation of electronic nursing records using a standardised language, such as the International Classification of Nursing Practice, which was created by the ICN to allow for the existence of a scientific and uniform language common to Nursing worldwide.

There is no other country in the world where nurses massively use the ICNP® in all clinical settings and in all sectors, public, private and social. The Ordem dos Enfermeiros, as the professional regulating entity of the Nursing profession, recommends the use of this language by all nurses.

Going beyond what was defined by the ICN, in 2021, the Ordem dos Enfermeiros provided a browser that allows consulting the Nursing Ontology, based on CIPE®, which was approved by the Ordem dos Enfermeiros. The Nursing Ontology allows for a significant improvement in the quality and reliability of the indicators and a reduction in the time spent by nurses in preparing records.

After a process of computerisation of Nursing records dating back more than two decades, the Ordem dos Enfermeiros assumes the responsibility for the implementation and future use of the Nursing Ontology, as a structuring project for the development of the profession and nurses' records. The implementation of the Ontology will enable all systems to process interoperable information from a semantic point of view.

I would say that the technically appropriate way to establish a national customisation of the information contents used by Nurses is through the definition of a Nursing Ontology, in which the rules regulating the relationship between the collected data, the identified Nursing diagnoses, the prescribed interventions and the results achieved by the recipients of Nursing care are specified.

The Nursing Ontology is based on an organising model of the autonomous dimension of nurses' professional practice and on principles guiding both the inclusion of information items and the option for an adequate descriptive granularity of the collected data. The Nursing Ontology represents the nurses' disciplinary knowledge and should therefore be part of the core contents to operate in the backend of the Nursing modules of health information systems, ensuring semantic interoperability at national level.

ROMANIA

1. **Report on Education challenges/activities.**

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2. **Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about**

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3. **Report on Quality & Safety, including Digitalisation challenges/activities.**

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SERBIA

1. **Report on Education challenges/activities.**

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2. **Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about**

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3. **Report on Quality & Safety, including Digitalisation challenges/activities.**

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SLOVAKIA

1. **Report on Education challenges/activities.**

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2. **Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about**

More than 12,000 nurses are currently lacking in Slovakia (OECD – 5.7 nurses per 1,000 inhabitants). In 2021: 908 nurses have cancelled their registration, 55 nurses have ceased registration due to death, 814 nurses have temporarily suspended their registration due to discontinued employment, 894 nurses have registered – these are newly registered nurses and 719 have renewed their registration. Health facilities as well as outpatients admit that there is a shortage of nurses in Slovakia and try to solve the

situation by recruiting nurses: better evaluation, recruitment allowance, accommodation, more days of holiday, reimbursement of convalescent stays.

Nurses are demotivated, tired, have a large number of overtime hours that they can't draw because they have no one to represent and low salaries. Slovak Chamber of Nurses and Midwives has been long negotiating salaries increase for nurses, and the current health minister has promised to increase nurses' salaries of 2022. From 1st April 2022 the healthcare assistant was renamed to practical nurse-assistant. The Approved Slovakian legislation to rename healthcare assistant as practical nurse-assistant is in conflict with Directive 2013/55/EU, as pointed out by the European Commission (DG Grow). Slovak governments made 'non-qualified workers" nurses, and the Commission has to start infringement procedures, which they did already with Slovakia.

The nursing shortage is not only a problem in Slovakia, as we have a global shortage of nurses. Slovakia has been facing a critical nursing shortage, we need more than 12.000 nurses at this moment. The Government of the Slovak Republic is not looking for solutions to eliminate this problem – professional debate with the Slovak Chamber of Nurses and Midwives, working conditions, the possibility of personal growth, salary, etc., which takes some time. The Government has decided to go the easiest way and to rename healthcare assistant as practical nurse-assistant, without professional debate with those concerned.

The Slovak Chamber of Nurses and Midwives follows the EFN Workforce Matrix 3+1, which is fully in line with the European Directive 2013/55/EU and has been developed based on evidence-based practices from all EU Member States. At present, after the renaming of the Healthcare assistant, the Ministry of Health of the Slovak Republic wants to include the practical nurse-assistant as a fourth category.

3. Report on Quality & Safety, including Digitalisation challenges/activities.

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SLOVENIA

1. Report on Education challenges/activities.

The Nurses and Midwives Association of Slovenia draw attention on shortage of nurses and HCA last few years. The Slovenian Government has also increased enrollment in undergraduate studies in nursing and medicine through emergency measures to improve the situation in the country.

NMA of Slovenia prepared together with the Ministry of Health programme of training (and prequalification) for new profile of the health co-workers for needs in long-term care.

2. Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about

EU Biological Agent directive 2000/54/EC was implemented in Slovenian system in 2005 and has been updated in 2020 according to new epidemiological situation. In this moment, we don't have any new data how these affects health professionals in Slovenia.

3. Report on Quality & Safety, including Digitalisation challenges/activities.

Quality and Safety is part of mandatory content for nurses/midwives in CPD. As a regulatory body, NMA of Slovenia provide all the compulsory education. Process of digitalisation in nursing has not been finished yet. We started in 2020 with a project of e-nursing (translation of nursing diagnosis, intervention and outcomes) to achieve unified nursing documentation crossover the country, on all levels of health system.

SPAIN

1. Report on Education challenges/activities.

In the area of Education, from the Spanish General Council of Nursing we continue working on:

- Increase the number of places at the University to have more students and after 4 years of training to increase the number of Nursing Graduates, we currently have about 10,000 new graduate nurses each year. After conversations and meetings with the different regional governments and universities, we have managed to increase the number of places next year by 10%.

- Currently we are very concerned about the teaching staff. Fewer and fewer nurses want to dedicate themselves to teaching since working exclusively for the university is not attractive and the salary is lower than in clinical practice.
- We continue working so that the Spanish Parliament approves a Patient Safety Law, in which it is proposed to establish a minimum nurse/patient ratio in order to reach the average nurse/patient ratio in our European environment. In Spain we currently have a ratio of 6 nurses per 1,000 inhabitants.

2. Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about

From the Spanish General Council of Nursing, we have worked very actively in the modification of the Biological Agent Directive. We are currently working together with the trade unions so that the Spanish government carries out the transposition of the European Directive. Also, we have presented an important report to the Spanish Government to request the early retirement of nurses at the age of 60, justifying that we are a risky profession.

3. Report on Quality & Safety, including Digitalisation challenges/activities.

In terms of quality and safety, we have to make a new appeal to all European NNAs, since in Spain we are suffering a direct attack on the nursing profession. The Spanish Government is trying to promote "Low cost" nurses. These are non-university professional training technicians to lower the cost, but to the detriment of the quality of care. We are recently experiencing this fact with the creation of new technicians for the socio-health field. This can be a great challenge at European level.

SWEDEN

1. Report on Education challenges/activities.

Sweden has increased the number of students in nursing education but this has not resulted in more students graduate. This is due to both a lack of mentors and clinical student places/ work integrated learning /practicum internship. The problem has increased during the pandemic, which is worrying. Experienced nurses are often very interested in mentoring students, but the health care organization is so slim and when it comes to inpatient care, Sweden has the lowest number of care places in Europe.

When it comes to specialist nursing education, we see a greater interest from employers to take responsibility for the cost of the education. The interest of nurses to further their education as specialist nurses has also increased. Politicians in Sweden have drawn attention to the fact that the need is great and will be worse in the future. Vårdförbundet works actively, in various ways, have a dialogue with the Ministry of Education and politicians due to the lack of nurses. Vårdförbundet works actively, in various ways, to have a dialogue with the Ministry of Education and politicians due to the shortages of nurses. Our input is that there must not be short-term and ad-hoc solutions where we see that the quality of graduate nurses would fall drastically and in the long run threaten patient safety.

Vårdförbundet has also submitted comments in the government's inquiry into a review of the education of nurses.

Together with Swedish Society of Nurses, Vårdförbundet works to implement APN in Sweden. In recent years, we have developed a policy and impact plan based on the ICN definition regarding APN. We hope and believe that we may soon have one or more municipalities start up a pilot study. We believe that the introduction of a new profession, APN, would be a way to improve healthcare in Sweden. The government has also given the task of conducting a so-called care site investigation to get an overview of the situation.

2. Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about

In the case of SARS COV-2, it was implemented and then entailed risk class 3. It was incorporated into regulations and was accompanied by a notification obligation. protect workers from Covid-19 by adding SARS COV-2 to the list of biological agents known to infect humans. However, legislation is one thing and how to implement another thing. Neither the regions nor municipalities have ensured that PPT has been present at all activities particularly vulnerable work situations nor that hygiene routines have been known to all staff or that they have been implemented in operations. The Corona Commission in Sweden has given scathing criticism of how hygiene routines and work environment threats have been handled. It has become clear that there is a great need for more competencies within infection hygiene. To support our members and safety representatives in the workplace in these matters, Vårdförbundet has produced a number of FAQ Frequently Asked Questions that are available on our website.

The new two-year collective agreement, HÖK22, between Vårdförbundet and the employers' party Sweden's municipalities and regions and the municipal companies' employers' organization, which comprises 77,000 members. The agreement applies to those who work in a region, municipality and municipal company.

THIS CONTAINS HÖK22

- Investment in particularly skilled people. There is no guaranteed level of wage increases, but the parties agree that the prioritization of the particularly skilled, which was in the previous agreement HÖK19, should continue.
- Limitation of overtime and overtime. Before taking extra overtime and overtime, the employer must consult with the union.
- More even distribution of overtime and overtime. The employer shall strive to distribute overtime and overtime evenly between employees with adequate skills, so that there is not too much strain on individuals.
- Increased overtime pay. Those who have worked more than 200 hours of overtime and / or overtime in one year receive higher compensation for excess hours.
- Prohibition of demands for reimbursement of salary in specialist training. The employer may not demand a refund of already paid salary or other benefits if the employee interrupts his or her education or resigns. The provision enters into force on April 15, 2022. Previously entered into agreements are not covered by the provision.
- Joint Competence Commission. The parties agree to make a joint problem analysis and identify possible solutions that can affect the supply of skills in the long and short term.

Joint work with career models. All regions and a selection of larger municipalities must by December 2022 have developed career models and started implementing them.

3. Report on Quality & Safety, including Digitalisation challenges/activities.

The National Board of Health and Welfare prioritises work regarding patient safety. For the first time, the authority has highlighted the importance of competence in its annual report on the situation in the patient safety area. In another government report, they also address the number of care places and the need for staffing. Sweden reports a shortage of healthcare staff across the country.

The Health and Social Care Inspectorate IVO, conducts a national inspection of all regions' hospital care. In a first step, the authority has requested data and analyzes from all regions with a focus on care places and staffing. The answers show that at least 18 of 21 regions have a shortage of available care places. In three regions, there is a lack of sufficient data to assess the situation, but problems with overcrowding and relocations occur in all regions, Ivo states. It is not about a shortage of beds, which the word care shortage may at first sound like. The care places are closed due to a lack of staff with the right training. This is primarily about nurses, both in somatic and psychiatric specialist healthcare.

The Swedish parliament and other authorities define implementation of technology and e-health solutions has a huge potential for improving quality and patient safety in health and welfare. This area will be allocated more financial resources for continued positive development.

SWITZERLAND

1. Report on Education challenges/activities.

In Switzerland nursing is the profession with the most vacant positions. Because the profession is not attractive for enough young people, the country educates only about 60% of the needed nurse. Educated nurses don't stay in the profession for long. 45% of the nurses leave their profession before the age of 35. We are very dependent on foreign trained nurses, especially from France, Germany and Italy. The Swiss NNA has been fighting for better working conditions and more investment in better nursing education and against down grading for many years.

On November 28th the Swiss population decided to have a new article about strengthening the nursing profession in the constitution. Art 117b (not yet in English available). 61% of the population voted in favour of the nursing initiative. Only one in 10 initiatives gets accepted by the population. We won the 1st Initiative concerning Health Care, Concerning Women, Concerning Socioeconomic welfare.

Text: in the constitution:

Art. 117b[74] Pflege[75]*

[1] Bund und Kantone anerkennen und fördern die Pflege als wichtigen Bestandteil der Gesundheitsversorgung und sorgen für eine ausreichende, allen zugängliche Pflege von hoher Qualität.

[2] Sie stellen sicher, dass eine genügende Anzahl diplomierter Pflegefachpersonen für den zunehmenden Bedarf zur Verfügung steht und dass die in der Pflege tätigen Personen entsprechend ihrer Ausbildung und ihren Kompetenzen eingesetzt werden.

Translation:

[1] The Confederation and the Cantons shall recognize and promote nursing care as an important component of health care and shall ensure that sufficient high-quality nursing care is available to all.

[2] They shall ensure that a sufficient number of qualified nursing professionals are available to meet the increasing demand and that persons working in nursing are deployed in accordance with their training and skills.

(Translated with www.DeepL.com/Translator (free version))

This article in the constitution now needs to be implemented: legislation has to be created at national and at cantonal level. The cantons are responsible for the provision of health care and health promotion. The government decided on two phases of implementation:

1. Launch of a training offensive: invest in education and increase attractiveness of initial, continuing and advanced training programs
2. Improve working conditions: reliable time and duty scheduling, family-friendly structures, professional development opportunities, correct remuneration, nurse patient ratio.

2. Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about

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3. Report on Quality & Safety, including Digitalisation challenges/activities.

A new legal framework for the quality of care has been put in place. In the national commission for quality of health Care 3 nurses/nursing scientists are represented. Challenges in practice: due to increasing lack of personnel, also due to COVID-19 there is a challenge concerning quality of care, electronic patient management is still a challenge and bureaucracy is increasing all over the place. Which has a negative effect on the nursing hours per patient day.

UK

1. Report on Education challenges/activities.

- Every country across the UK will need to substantially increase their registered nurse workforce supply to put health and care system and the nursing profession on a sustainable footing. In the 2015 Spending Review, the Government reformed the way that nursing higher education was funded and planned in England.[1] Formerly, the Government paid the fees directly to universities and gave

[1] HM Treasury (2015) Policy paper Spending Review and Autumn Statement 2015: documents https://www.gov.uk/government/publications/spending-review-and-autumn-statement-2015-documents

modest bursaries to students to support their study. The 2015 reforms moved from a centrally commissioned model to a 'market led' model where students pay their own fees, primarily through student loans, and, until recently, received no living grant support from the Government. The stated aim of these reforms was to increase the number of people studying nursing by 25%.[2] However, from 2016 to 2020 there were three years of lower nursing admissions and acceptances. Our analysis of data from the Universities and Colleges Admissions Service (UCAS) specifically looking at nursing courses leading to registration (and not wider professional nursing courses) shows that the number of applicants to pre-registration nursing courses in England decreased by 18% (8,300 fewer applicants between 2016 and 2020).

- In 2020, the government introduced a maintenance grant of £5,000 (up to £8,000 in limited circumstances). Using that same UCAS data we saw the number of accepted applicants rise in 2020. Compared to the year before, the 2020 intake saw an 18% increase in the number of applicants and acceptances (5,795 more applicants) and 27% (5,215 more accepted applicants) respectively.[3]
- UCAS data for the 2021 cycle shows a continuation of this trend with a further 20% increase in the number of applicants between 2020 and 2021 (from 37,495 to 45,150). As a result of this increase, there are only 645 fewer applicants than there were in 2016 before the bursary was removed. Similarly, the number of accepted applicants increased to 25,090 in 2021, that is 23% higher than in 2020 when 20,325 applicants were placed on nursing courses at English universities, but only a 1 % increase compared to the number of placed students in 2020. 24,805).[4]
- However, between January 2021 and January 2022, the number of applicants to nursing courses at English universities decreased by 8.3%, from 36,410 to 33,410. We expect the 2022 whole cycle data to follow this trend. Consequently, using UCAS's data and considering the impact of the pandemic, our assessment is that the nursing application rates show that when students are offered more financial support, they are more likely to apply for nursing courses. This suggests that the reintroduction of the £5,000 maintenance grant (up to £8,000 in limited circumstances) may be a necessary and effective way to increase new recruits.
- The annual living grant introduced in September 2020 has also demonstrated a clear link between financial support and retention. In response to our recent survey of RCN student members, 81% of

[2] NAO (2020) The Nursing Workforce https://www.nao.org.uk/wp-content/uploads/2020/03/The-NHS-nursing-workforce.pdf

[3] RCN analysis of RCN's bespoke UCAS End of Cycle data 2015-2020. Unpublished

[4] Health Education England and University and College Admissions Service (2021). Next Steps. Who are the 'future nurses'? https://www.ucas.com/file/563001/download?token=XP5Ik5yI

respondents who received the living costs grant for all their course were less likely to have considered dropping out compared to 62% amongst those who only received the grant for some of their course, and 67% who were not eligible for the grant at all.[5]

- The RCN is calling for the UK Government to increase the supply of registered nurses through nursing higher education by increasing financial support and abolishing student-funded tuition fees and loans for all nursing students in England. The Government must fund tuition fees for all nursing, midwifery and allied health care students; introduce universal, living maintenance grants that reflect actual student need and reimburse tuition fees or forgive current debt for all nursing, midwifery and allied health care students and professionals impacted by the removal of the bursary in 2015.
- The RCN has commissioned London Economics to model the illustrative costs of the first two of the above policy changes with two different costed models to demonstrate that there are several options for delivery, including those which promote retention, and to demonstrate the affordability of government funding of nursing tuition fees.

2. Report on Workforce challenges/activities, including an update on how/if the Biological Agent Directive has been transposed in your country and if the laws, etc., have been changed - Has this made any difference?; and any other innovation that would be interesting to hear about

Workforce:

- Nursing staff shortages across the UK were already severe, sustained and unresolved prior to the Covid-19 pandemic. There are currently around 47,000 National Health Service (NHS) nursing workforce vacancies across the UK.[6] Latest figures show that the registered nursing vacancy rate was estimated to be 10.3% in the third quarter of 2021 in England.[7] Rising vacancy rates have a profound impact on the NHS and its ability to deliver safe and effective care. Staffing shortages are to some extent covered by agency and bank staff and while temporary arrangements provide a short-term fix, the result is unstable staffing, as well as significant growth in costs associated with bank or agency spend.
- Across the UK, the NHS is under extreme pressure. Accident and Emergency waiting times are at a record high and ambulance response times are increasing. The NHS entered the pandemic

[5] ibid

[6] Northern Ireland Health and Social Care workforce vacancies December 2021|NHS Scotland Workforce| NHS Vacancy Statistics: England| RCN Wales Nursing in Numbers

[7] NHS Vacancy Statistics: England

with growing waiting lists, missed performance targets and workforce shortages. The response to the pandemic has meant attention has been diverted elsewhere and exacerbated all these problems. Both the NHS and social care workforces in the UK are under resourced, overstretched and exhausted.

The RCN is concerned about the impact of increased demand on the ability to provide safe nursing care; we have had an increasing and concerning number of reports from our members of working in environments with unsafe nursing staff to patient ratios. We have also communicated our concerns about insufficient provision for breaks and respite for nursing staff working under extreme pressure.

The RCN biannual report on UK staffing for safe and effective care, which incorporates the RCN Labor Market Review analysis of the nursing workforce, pays particular attention to the NHS[8]. This report shows that while there has been an increase in workforce numbers between 2016 and 2021, this not only follows years of very slow growth (particularly between 2010 and 2014) but also increase in demand. Moreover, the nursing support workforce grew at a faster rate than the registered nursing workforce across all four countries. This is an indication of the increase in substitution of the registered nurse role with support roles, which has serious implications for patient care and safety.

- There are other common trends across the four countries, including a worrying decrease in the number of nursing staff in certain work areas, most notably learning disabilities. The number of nurses leaving the NMC register in the UK has significantly risen over 2020-21, with a total of 2,372 leavers – an increase of 11.3% from 2020 figures.[9] The percentages of nurses leaving the register were most concerning for Northern Ireland, with a 20.5% increase in leavers over 2020-21, and England, with a 12% increase in leavers over the same period.[10]

International workforce:

- At present, there are 131,640 international nurses on the UK's Nursing and Midwifery Council register and international recruitment continues to be pivotal to Government's plans to fill workforce gaps[11]. For example, NHS England's delivery plan for tackling the COVID-19

[8] Royal College of Nursing: Staffing for Safe and Effective Care: State of the nation's Labor nursing market 2022

[9] Nursing and Midwifery Council: Registration data reports

[10] Ibid

[11] 50,000 Nurses Programme: delivery update - GOV.UK (www.gov.uk)

backlog included a target to recruit more than 10,000 international nurses in the last financial year alone[12].

- The RCN is concerned by the number of nurses joining the UK register[13] from countries on the WHO's Health Workforce Support and Safeguards List - identified as facing pressing health workforce shortages. The RCN is calling for the UK to introduce Memoranda of Understanding to govern ethical recruitment with these countries as a matter of urgency, and include national nursing associations within conversations to ensure agreements are mutually beneficial. [14]
- The RCN is concerned by reports from internationally recruited members, that they are being tied into contracts through clauses in their contract that require the staff member to repay excessive penalty fees if they leave before a defined period of time. The RCN has concerns that these fees, which have been reported to be as high as £14,000, are being used to pressure workers to remain within contracts when they would otherwise prefer to leave. The RCN is also aware of cases where employers make attempts to intimidate staff to repay these fees with threats of deportation, or to report them to the Nursing and Midwifery Council.
- RCN members often report difficulties in bringing family members to the UK through the Sole Responsibility and Adult Dependent Relative routes, because of the high burden of evidence that is required by the Home Office – this can potentially leave nurses separated from direct family members that might require their ongoing care. Ultimately, these kind of barriers in the immigration system can make the UK appear an unattractive place to work, and lead to retention challenges in the workforce[15].

3. Report on Quality & Safety, including Digitalisation challenges/activities.

- Since the UK departed from the European Union, the UK regulatory system for international professionals will be changing. There are new pieces of legislation as well as other policy changes that are being proposed either currently or in the pipeline for future consultation. One piece of legislation is the Professional Qualifications Bill which sets out a new framework for the recognition of overseas professional qualifications in the UK. The Bill will replace the

[12] NHS England (2022) Delivery plan for tackling the COVID-19 backlog of elective care
[13] The NMC Register Mid-year update: 1 April to 30 September 2021
[14] Independent Stakeholder Reporting Instrument | Royal College of Nursing (rcn.org.uk)
[15] Independent Stakeholder Reporting Instrument | Royal College of Nursing (rcn.org.uk)

Mutual Recognition of Professional Qualifications (MRPQ) Directive – which facilitated the free movement of professionals to market their skills in EU member states. This arrangement ended with the conclusion of the Transition Period following the UK's exit from the European Union on 31 December 2020. The UK and EU Trade and Co-operation Agreement[16] (TCA) provides a framework to accommodate the continued mutual recognition of professional qualifications through a two-year standstill period, where existing European Economic Area (EEA) and Swiss professional qualifications will continue to be recognised in the UK, until the end of December 2022.

- While the Professional Qualification Bill is across all regulated professions, a separate piece of work is being undertaken by the Department for Health and Social Care (DHSC) looking at reforms of healthcare regulators. In July 2019, the Government published their response to the consultation, *"*Promoting professionalism; reforming regulation[17]*"*, setting out planned legislative changes for the 9 UK healthcare regulators. This was followed up in spring 2021, where the DHSC consulted on detailed policy proposals in *"*Regulating healthcare professionals, protecting the public[18]*"*. These proposals were aimed at modernising and simplifying each of the healthcare professional regulators' legislative frameworks and providing them with more autonomy. The government has yet to publish their response to this consultation.
- There have been a number of smaller consultations on regulation recently but there is expected to be a significant opportunity for engagement coming up which will look at all aspects of nursing regulation. The Nursing and Midwifery Council (NMC) who are the regulator of all nurses in the UK and nursing associates in England are also reviewing their pre-registration programme standards[19] to consider what parts they may want to change following EU exit. A key area of consideration is in relation to the use of simulation as part of the required practise hours. The changes being considered also include replacing the EU requirements for nursing and midwifery student selection and entry to give institutions more flexibility to determine their own entry requirements

[16] EU and UK Trade and Cooperation Agreement
[17] https://www.gov.uk/government/consultations/promoting-professionalism-reforming-regulation
[18] https://www.gov.uk/government/consultations/regulating-healthcare-professionals-protecting-the-public
[19] https://www.nmc.org.uk/education/programme-of-change-for-education/research-preregistration-programme-requirements/

- The UK now has very few mandatory COVID related restrictions and the Government announced its "Living with COVID[20]" plan for removing the remaining legal restrictions in February 2022. Free COVID-19 tests continue to be available to help protect specific groups including nursing staff despite the universal testing offer for the public ending on 1 April 2022. The RCN continues to advocate for nursing staff to have access to free testing as well as free personal protective equipment (PPE). The RCN does not advocate for the mandatory vaccination of healthcare workers but does encourage all nurses to fully vaccinate themselves against COVID-19.
- A key digitisation priority for the RCN is to encourage the UK government to be more transparent and accountable with its workforce data. We are calling for the Secretary of State for Health and Social Care to be accountable for the nursing workforce and as part of that we want them to report accurate data about the current workforce vacancy rate.
- The recent Health and Care Bill that progressed through the UK parliament is encouraging further integration of health and social care services by developing integrated care systems. These care systems will require further investment in their digital infrastructure in order for data to be shared effectively across the different parts of the NHS system.

[20] https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19

EFN Members

ALBANIA

Ms Blerina Duka - President & Official Delegate

Albanian Order of Nurses

www.urdhriinfermierit.org

AUSTRIA

Ms Elisabeth Potzmann - President

Austrian Nurses Association (OEGKV)

www.oegkv.at

BELGIUM

Mr Yves Mengal - Delegate (FNIB) | **Ms Deniz Avcioglu** – Official Delegate (UGIB)

Fédération Nationale des Infirmières de Belgique | General Nursing Union of Belgium

www.fnib.be | www.ugib.be

BULGARIA

Ms Milka Vasileva - President & Official Delegate

Bulgarian Association of Health Professionals in Nursing (BAHPN)

www.nursing-bg.com

CROATIA

Ms Tanja Lupieri - President & Official Delegate

Croatian Nurses Association (HUMS)

www.hums.hr

CYPRUS

Mr Ioannis Leontiou - President & Official Delegate

Cyprus Nurses and Midwives Association (CYNMA)

www.cyna.org

CZECH REPUBLIC

Ms Jana Hermanova - Official Delegate

Czech Nurses Association (CNNA)

www.cnna.cz

DENMARK

Ms Anni Pilgaard - Official Delegate

Danish Nurses' Organisation (DNO)

www.dsr.dk

ESTONIA

Ms Gerli Liivet - Official Delegate

Estonian Nurses Union (ENU)

www.ena.ee

FINLAND

Dr Nina Hahtela - President & Official Delegate

Finnish Nurses Association

www.sairaanhoitajaliitto.fi

FORMER YUGOSLAV REPUBLIC OF MACEDONIA

Ms Velka Gavrovska Lukic - President & Official Delegate

Macedonian Association of Nurses and Midwives

www.zmstam.org.mk

FRANCE

Mr François Barrière - Official Delegate

Association Nationale Française des Infirmiers & Infirmières Diplômés ou Etudiants (ANFIIDE)

www.anfiide.com

GERMANY

Dr Martin Dichter - Official Delegate

German Nurses Association (DBFK)

www.dbfk.de

GREECE

Dr Eleni Kyritsi-Koukoulari - President

Hellenic Nurses Association (ESNE)

www.esne.gr

HUNGARY

Ms Tünde Minya - President & Official Delegate

Hungarian Nursing Association

www.apolasiegyesulet.hu

ICELAND

Ms Guðbjörg Pálsdóttir - President & Official Delegate

Icelandic Nurses Association

www.hjukrun.is

IRELAND

Ms Phil Ni Sheaghdha - Delegate

Irish Nurses and Midwives Organisation (INMO)

www.inmo.ie

ITALY

Ms Stefania Di Mauro – Official Delegate

Consociazione Nazionale delle Associazioni Infermiere - Infermieri (CNAI)

www.cnai.info

LATVIA

Ms Dita Raiska - President & Official Delegate

Latvian Nurses Association

www.masas.lv

LITHUANIA

Ms Ausra Volodkaite - President & Official Delegate

The Lithuanian Nurses' Organisation

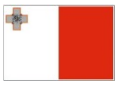
www.lsso.lt

LUXEMBOURG

Ms Anne-Marie Hanff - President

Association Nationale des Infirmières et Infirmiers du Luxembourg (ANIL)

www.anil.lu



MALTA

Mr Paul Pace - President & Official Delegate

Official Delegate

Malta Union of Midwives and Nurses (MUMN)

www.mumn.org

MONTENEGRO

Ms Nada Rondovic – President & Official Delegate

Nurses and Midwives Association of Montenegro

NETHERLANDS

Ms Stella Salden – President & Official Delegate

Nieuwe Unie'91 (NU'91)

www.nu91.nl

NORWAY

Ms Lill Sverresdatter Larsen – President & Official Delegate

Norwegian Nurses Organisation (NNO)

www.sykepleierforbundet.no

POLAND

Ms Grażyna Wójcik – President & Official Delegate

Polish Nurses Association (PNA)

www.ptp.na1.pl

PORTUGAL

Mr Luis Filipe Barreira – Official Delegate

Ordem dos Enfermeiros (OE)

www.ordemenfermeiros.pt

ROMANIA

Ms Ecaterina Gulie - President & Official Delegate

Romanian Nursing Association

SERBIA

Ms Radmila Nešić - President & Official Delegate

Association Health Workers of Serbia

www.szr.org.rs

SLOVAKIA

Ms Jana Gelatiková - Official Delegate

Slovak Chamber of Nurses and Midwives

www.sksapa.sk

SLOVENIA

Ms Monika Azman – President & Official Delegate

Nurses and Midwives Association of Slovenia

www.zbornica-zveza.si

SPAIN

Mr Florentino Perez – President & Official Delegate

Spanish General Council of Nursing

www.consejogeneralenfermeria.org

SWEDEN

Ms Sineva Ribeiro – President & Official Delegate

The Swedish Association of Health Professionals

www.vardforbundet.se

SWITZERLAND

Ms Roswitha Koch - Official Delegate

Association Suisse des Infirmières et Infirmiers (SBK-ASI)

www.sbk-asi.ch

UNITED KINGDOM

Ms Pat Cullen - Official Delegate

Royal College of Nursing (RCN)

www.rcn.org.uk

The European Federation of Nurses Associations (EFN) was established in 1971 and is the independent voice of the profession. The EFN consists of National Nurses Associations from 35 EU Member States, working for the benefit of 6 million nurses throughout the European Union and Europe. The mission of EFN is to strengthen the status and practice of the profession of nursing for the benefit of the health of the citizens and the interests of nurses in the EU & Europe.

For further information or copies of this report please contact:

The European Federation of Nurses Associations (EFN)
Registration Number 476.356.013
Clos du Parnasse 11A, 1050 Brussels, Belgium
Tel: +32 2 512 74 19 Fax: +32 2 512 35 50
Email: efn@efn.eu Website: www.efn.eu