POLITICAL REQUIREMENTS

ENABLER REQUIREMENTS

POLICY REQUIREMENTS

12 LEVERS for building back resilient health systems

1 Strengthen political commitment, leadership and accountability for delivery

2 Develop National Action Plans for prevention and control of NCDs and COVID-19

3 Complement National Action Plans by investing sufficiently in WHO global strategies and WHO Best Buys for NCDs

4 During pandemics or large-scale emergencies, minimise disruptions to existing health services

5 Use sustainable financing and innovative funding options

6 Strengthen institutions for prevention and control of NCDs and COVID-19

7 Appoint high-level leaders as champions for NCDs and COVID-19

8 Support and enable the health workforce

9 Engage people living with NCDs meaningfully

10 Strengthen investment in prevention

11 Tackle the commercial determinants of health

12 Strengthen investment in evidence generation

World Health Organization

NCD Alliance

WHO Civil Society Working Group on NCDs
POSITION STATEMENT

EFN Report on

Education/Training Curricula targeting digitalisation, sustainability, and resilience

May 2023

EFN

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Executive Summary

The changes and continuous pressure on healthcare systems have shown how crucial digitalisation, resilience and sustainability of our healthcare systems are for patient safety and quality of care. Given the nurses' role as key end-users, nurses input to the developments are essential, namely when focussing on fit-for-purpose systems/tools.

The current report presents data collected during the EFN General Assembly in April 2023, in the Tour de Table item of the agenda, with 24 National Nurses' Associations (NNAs) providing input. This Tour de Table aimed at gathering information on current and planned education/training initiatives targeting digitalisation, sustainability and resilience, and nurses' engagement as the end-user. The EFN members took this opportunity to provide key ongoing concerns at national level. The data was synthesised following standard content analysis approaches. The results are shared to inform national and EU policies' developments on digitalisation, resilience and sustainability.

The data collected indicate that in some countries the digitalisation topic is included in the nurses' education as well as in continuing and further education for nurses, and in some others, initiatives are being undertaken at the NNA level, including online courses, online resources, or free access to scientific databases. Sustainability, including green skills, and resilience are furthermore perceived as key, being prioritised in some EFN members' countries educational settings for nurses.

On the education/training curricula assisting and cutting down on nurses' workload, most EFN members believe that this is a real support, with some of them ensuring all learning resources are accessible to nurses. For the EFN members, of which some of them were involved in the design of the education/training curricula, it is time to act, and the focus should be on digital skills' development and on developing digital literacy among nurses.

The EFN members reported that their countries have been confronted with major challenges, such as nurses' shortage, post-COVID-19, with nurses leaving massively the profession, recruitment & retention, safe staffing levels, working conditions, and salaries, which have resulted in industrial actions in most EU countries.

Digitalisation is a crucial aspect of modern societies and healthcare systems and has an important role to play to contribute to enhancing patient safety and citizens/patient empowerment as well as facilitating healthcare professionals' work, with tools that will support them in their daily work. As such, it is crucial to engage the frontline health professionals, including the nurses, in its design, and make sure nurses are well prepared with the right skills to embrace this development and these new digital opportunities for the quality of care and patient safety.

Therefore, it is vital that the EU institutions and the national governments support the nursing profession in tackling the ongoing challenges as shortage, working conditions, salaries, recruitment and retention. Nurses are committed to continue to invest and work for the benefit of the citizens/patients, but safeguarding quality and safety requires appropriate consideration and investment. These ongoing health challenges across the EU, coupled with the nurses leaving massively the nursing profession, makes it imperative that the EU Institutions and the national governments take adequate actions and invest in the nursing profession. This is vital to ensure high quality care and a resilient healthcare ecosystem.

Main Report

1. Background

Digitalisation is a crucial aspect of modern societies and health and social care ecosystems, significantly changing the way we live and work. If we look at the healthcare sector, this is transforming the way healthcare is provided by nurses, and other healthcare professionals, in primary care, hospitals, and community care, having the potential to support them in their daily frontline job – by easing their daily workload and reduce administrative tasks. This will create opportunities for nurses to spend more time with, and focused on, patients. But to really make this happen, it is key to engage nurses in the co-creation of digital tools that can really help and facilitate their daily work. Nurses know what the healthcare eco-system needs and where digitalisation could be helpful and essential for achieving better health and care outcomes.

The EU political agenda and strategy on digitalisation is a good opportunity to listen to nurses and to engage them in co-designing European-wide digital healthcare initiatives. Research and innovation are key in these developments and to engage frontline knowledge, expertise, and experience.

The European Commission President, Ursula von der Leyen, has made clear her ambition to ensure that her EU legislative cycle harnesses the potential of digital innovation to drive improvements in all aspects of healthcare. The COVID-19 pandemic has given an important boost and a significant acceleration to the digitisation process, showing the need for better connected healthcare systems and a more coordinated approach in cross-border health policies in the EU. In this context, the healthcare system cannot be left behind!

The digitalisation of the healthcare ecosystem, in particular the EU Health Data Space (EHDS), with promoting the skilling and upskilling of the health workforce is an important priority for the European Commission, who also trusts that digital transformation means empowering and including every citizen, strengthening the potential of every business and meeting global challenges with EU core values.

The EFN believes that next to creating the right digital instruments, more attention needs to go to the resilience and sustainability of the healthcare sector and to be better prepared for facing future healthcare crisis and challenges. It is for sure crucial to improve the working conditions and the salary of nurses and create policies that are fit-for-purpose, aiming to attract and retain frontline nurses in

the profession, knowing that today, among young people, up to 30% in some Member States already left the nursing profession.

We can therefore say that digital tools could have a positive impact on both patients/citizens and healthcare professionals, especially frontline nurses. Digital solutions could create a more resilient healthcare eco-system and nurses could be the best ally to spread the right information, being the most trusted healthcare professional and closest to patients. Representing 3 million nurses in the EU and 6 million in Europe, the EFN supports the boosts of the digitalisation process and in particular the engagement of nurses in co-creation. It is necessary to create the right digital instruments which can facilitate and support nurses' daily operational activities/services, to ensure that the digital and data revolution support and facilitate the shift towards a resilient healthcare ecosystem.

We have now a precious opportunity to prepare our health workforce and health systems to be future proofed to respond to current and future threats to the health and well-being of our citizens and wider sustainability of our society. This is an initial and essential step for creating sustainability and resilience of the healthcare ecosystem and healthcare professional workforce. Nurses' voice is essential to build sustainability and resilience.

2. 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/nurses concern that should be put higher on the EU political agenda; as well as key issues and developments of national importance.

The 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 2023 EFN General Assembly held in Croatia, the EFN Members were invited to provide information on current and planned training initiatives targeting digitalisation *(providing nurses with digital skills)*, sustainability *(with a focus on green transition, planetary health, etc. - Training providing nurses more green skills so they can take part in ensuring a green and sustainable health sector)* and

resilience *(training for nurses on how to ensure resilient health services, like a health sector with enough nurses with the right skills)*, and the end-user (nurses) engagement in this. Descriptions were requested mainly on numbers and content: how many individuals, from what backgrounds, and how many female/male participants.

In this 2023 year of skills, it is key for the European Commission to understand which large-scale partnerships within the health ecosystems exist and as such the ongoing BeWell EU project (www.bewell-project.eu) could promote education and trainings of its partners.

Next to these core questions, the EFN members took this opportunity to provide an overview on the ongoing key challenges at national level, with nurses leaving massively the profession, strikes for better working conditions and salaries, etc. These collected data will be important for the EFN to lobby the EU institutions and in particular the European Commission, and the European Parliament, when they look into developing the pact for skills. The better the EFN knows what the national situation in each country is, the better we will be able to lobby the EU institutions in shaping fit-for-purpose solutions and initiatives.

3. Results

This survey presents input from 14 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 point in the EFN General Assembly where members orally brief the entire General Assembly on the developments related to the topic in their country. In total 24 National Nurses' Associations across Europe, representing 69% of EFN Members, participated in the oral briefings which are a supplement to the written input received by the EFN Members, prior to the General Assembly.

a. Training/curricula examples targeting Digitalisation

In terms of Digitalisation, some members reported to have it included in their nursing education as well as in continuing and further education for nurses, as in:

- ✓ **Denmark**, where a Master of Science in Nursing at The University of Southern Denmark has a mandatory module of 10 ECTS in "user-driven innovation and technology in clinical nursing", next to having the possibility of participating in an extra-curricular program called "HealthTech Innovator" - an innovation course where students learn how to solve clinical and health

problems with the development of technology. Denmark also developed a master's program in techno-anthropology (not specific for nurses) focusing on knowledge, skills and competencies to work with technology, e.g. with the assessment of technology, technological innovation, technology-driven change, use of technology and technology ethics. Next to these Masters' programs, a lot of trainings are done at a local workplace level. There is also an increasing number of nursing positions as digitalisation agents, responsible for identifying possible digitalisation needs and implementation of new technology.

✓ **Finland**, where the contents are merged as a part of the Finnish nurse curricula, and on Master's level, both in Universities and Universities of Applied Sciences, and the competencies have been studied. Specialist education on digital health is also provided, next to education as open university studies.

✓ **UK**, where Universities frequently include modules on digital nursing and eHealth as part of their nursing programmes, particularly at Masters' level, as the University of Edinburgh, the University of Sunderland or the University of Bristol. However, the lack of nursing-specific training on digitalisation available at the undergraduate level is recognised by Health Education England and is being addressed in the Philips Ives review. The findings of the review will inform the development of a new strategy to ensure that nurses and midwives are given access to the knowledge, skills and education required for safe, effective digitally enabled practice.

Next to this, other sources of nurses' training in digital skills exist, as in:

✓ **Portugal**, through the Ordem dos Enfermeiros (Regulatory Body, member of EFN), has developed a training platform with a pool of trainers, free access for members to scientific databases, and Educational Suitability; next to a nursing ontology developed in collaboration with the Ministry of Health which implementation in health units contributes to the necessary interoperability of information about citizens' health between the different electronic systems that process and treat clinical information, reducing the time spent by nurses in recording the necessary information. This investment in digitalisation and computerisation is reflected in the development of training in the area of information systems for nurses, as the end users of the services.

✓ **Spain**, with 300.000 nurses have achieved competencies for prescribing with a platform developed to support this activity.

✓ **UK**, with the publication by the Royal College of Nursing (RCN) (member of EFN) in 2018 of the findings of its consultation on the future of digital nursing "Every Nurse and E-nurse", that led to an online training course - free to RCN members. The RCN Learn website also offers a variety of eHealth resources to help nursing staff exploit new digital and data technologies to improve patient care. Digital skills are also taught through the RCN Library so that users can access best evidence.

Nurses working in NHS England have access to the NHS Digital Academy, that provides a variety of learning products to NHS and social care staff including online resources and training courses to support the development of digital skills. A new digital skills assessment tool has also been developed for use by the wider NHS and social care workforce, the Digital Skills Assessment Tool. This interactive online assessment directs staff to relevant learning resources following completion of a questionnaire that determines their current level of digital literacy. Another example is the Topol Digital Fellowship, from NHS Digital Academy programme, designed to develop the ability of nurses to practise person-centred design, to run projects and develop services, to lead digital transformation, and to use data in the design of services. Fellows are provided protected time over 12 months to work on a digital change project in their workplace, supported by a bursary of up to £15,000 paid to the fellow's employer.

Outside of the NHS, training on digitalisation for nurses is also provided by the Florence Nightingale Foundation - The Digital Leaders Scholarship – aiming to those nurses on track to become CNIO's or senior digital leaders and those already delivering digital change in leadership roles. On top of the core scholarship programme, scholars undertake a three-day digital leadership residential programme. Finally, newly introduced in 2023, the Aspiring Digital Leadership Programme will consist of a four-day virtual programme and offers a supportive learning environment to develop leadership skills in aspiring digital nurses, midwives and AHPs.

The RCN is in the process of exploring a microcredits framework for bite sized learning to support the RCN existing bite sized learning for critical and end of life care. These resources also cover wellness and resilience and were made freely available online during the COVID-19 pandemic. Internationally, these platforms have more than 6,700 active users.

b. Training/curricula examples targeting Sustainability

When looking at the training/curricula examples targeting sustainability, EFN members reported that this is a topic that is prioritised in all educational settings for nurses, and that courses are also available to develop (new) skills in line with sustainability. This also include green skills.

- ✓ In **Denmark**, sustainability is at some level prioritised both in university colleges (bachelor level) and in the universities (master level) like, Master of Science (MSc) in Global Health, Master of Science in Nursing etc., next to being included in the focus on prevention, health promotion, and health literacy. When talking about green transition - The Danish Trade Union Confederation has established the "Employees' Climate Panel", that includes a nurse, aiming to prepare proposals for an even greener everyday life in the workplaces, and to contribute to the development of the trade union movement's climate policy.

- ✓ In **Finland**, sustainability is merged in the [Finnish nurse curricula](), with different emphasis at different Universities of Applied Sciences (UASs) and the depth of the subject in the studies as the UASs have autonomy in creating the curricula. The Finnish nurses interested specially on this question have created a Facebook account entitled "[Suomen ilmastohoitajat - Finnish climate nurses]()" that shares different information, including on educational possibilities.

- ✓ In **Portugal**, progress is underway concerning nurse education and training, specifically with embedding digital literacy and skills in educational initiatives.

- ✓ In **Sweden**, every time a new system for electronic health record (EHR) are implemented all the nurses have to attend a course for the new system.

- ✓ In **UK**, the Royal College of Nursing (RCN), EFN member, offers a course to all nurses to develop skills to plan and delivery healthcare in line with principles of sustainability, targeted specially at those in clinical leadership roles: *"Leading Sustainability in Health and Social Care: Caring for the planet and our patients"* - a four-month course that covers procurement reform, the impact of products and consumables from a product life cycle perspective, and the impact of climate change on human health costing, and includes work-based learning activities, live lectures, seminars and workshops, and online learning. Participants receive a certificate of completion from the RCN and are awarded 20 credits towards either a BA or MA programme at Coventry University. The RCN embeds sustainability in its single competency framework that covers all specialist areas. The RCN forums must also demonstrate how this will be addressed in a speciality competency framework across the grades and workforce.

Next to that, the UK-based Centre for Sustainable Healthcare (CSH) offers a variety of foundation courses designed for healthcare professionals, consisting of a mix of self-directed learning and live online workshops. These courses, designed for all those working to deliver healthcare, including nurses and other health professionals, include an introduction to Sustainable Healthcare, Sustainable Primary Care and Sustainable Mental Healthcare. CSH also provides more specialized technical courses to build skills for planning measuring projects, such a carbon foot printing and designing organisational green plans to reach net-zero. CSH also work with UK universities to incorporate sustainability in their nursing studies curricula, as with the Faculty of Nursing, Midwifery and Palliative Care at King's that was awarded 'Beacon Site Status' by CSH, recognizing the faculty's commitment to embedding sustainability principles in its undergraduate and postgraduate programmes. The University of Plymouth also incorporates sustainability skills and principles throughout its nursing studies programme. Students are encouraged to reflect on waste management, the ethics of sustainability in nursing practice, the links between the environment and wellbeing, and eco-centric community engagement.

c. Training/curricula examples targeting Resilience

When talking about resilience, resilient health care service is of high priority for the EFN members, who believe that the increase in the nurses' qualifications can only be achieved when the essential core of the nurses' rights and legitimate expectations is safeguarded, through the recognition of qualification, valorisation and professional differentiation. The increasing complexity of the clinical areas of care requires specific training and specialised clinical monitoring by care providers, particularly nurses. The dimension of resilience integrates a significant and varied number of interventions, and it is expected to be the area that can enhance and generate greater impacts and gains in response to demographic and technological challenges.

✓ In **Denmark**, for example, even though they do not have specific training/curricula examples, one important development came from the Danish Government that settled a Robustness Commission with the purpose to prepare some recommendations to ensure a resilient healthcare service with a sufficient number of staff and enough time for the patients. The Danish Nurses Organisation (DNO), member of EFN, has a seat in that commission, aiming to present recommendations later this year (2023) focussing on recruitment, retention, working

environment, interdisciplinarity, flexibility, transition from education to working life, greater job satisfaction etc., next to recommendations for smarter task-solving through systems and technologies that reduce bureaucracy and give more time to the core task.

✓ In **Finland**, resilience is part of the Finnish nurse curricula, with some different emphasis at different Universities of Applied Sciences (UASs) considering the contents and the depth of the subject in the studies, as the UASs have autonomy in creating the curricula.

✓ In **Portugal**, resilience is a key element to which all nurses are especially attentive. The demands and difficulties they face daily make this a quality/capability that all nurses are prepared for in one way or another. One of the characteristics of resilience is specialisation, which fosters economies of scale and knowledge, increases productivity and the provision of better healthcare, thus meeting the new challenges faced by Nursing. Thus, resilience is an ever-present factor not only for nurses, but also in the health system, and is one of the elements of any nursing training.

✓ In **Sweden**, nurses specialised in digitalisation exist in some working places, and this is integrated in their curriculum. There are also a lot of nurses working in the eHealth authority in Sweden.

✓ In **UK**, the Royal College of Nursing (RCN), EFN member, has launched the 'Professional Nurse Advocate' education standards - developed for NHS England and signed to start a programme developing education for mental health skills in learning disability nursing using the Green Light Toolkit. The RCN is also signed on to programme offered through Health Education England aiming to deliver skills and training in psychological safety interventions for staff.

Next to this, the NHS Leadership Academy offers a range of short learning solutions to NHS staff of all levels. Among these resources are the "ABC Guide to personal resilience", Team resilience, and "Personal resilience: An anchor in the unknown". NHS staff are encouraged to undertake these bitesize learning courses at their own pace, free of charge. Resilience training is also offered by a range of external providers that are utilised by NHS employers.

d. Training/curricula assisting and cutting down on nurses' workload or adding to it?

On the training/curricula practically assisting and cutting down on nurses' workload as opposed to adding to it, most EFN members believe that this is a real support. The **Ordem dos Enfermeiros (Portugal)** believes that the aim is always to support nurses at the level of information systems (nursing

ontology). Thus, more interactive training programmes have been developed that make use of digitalisation in order to enable faster nursing records, thus freeing nurses to provide care. On its side, the **Royal College of Nursing (RCN) (UK)** strives to ensure all learning resources are highly accessible, with quality assured evidence-based education for CPD and learning designed for staff at all stages of their careers, and works closely with member forums and expert reference group to address all modes of delivery.

On the other hand, the **Danish Nurses Organisation (Denmark)** has some concerns about the overreliance of governments on digitalisation as a solution to the healthcare workforce challenges. Digitalisation can support many aspects of nurses' work, but the focus should not only be on digital skills' development but on developing digital literacy among nurses. eHealth developments should focus on evaluation and research that can show the benefit to health, rather than relying on the political narrative of eHealth being a panacea. The **Irish Nurses and Midwives Organisation (Ireland)** the key challenge is on the implementation of recommendations and agreements, as well as managing variable skill mix in qualified and unqualified staff. For the **Bulgarian Association of Health Professionals in Nursing (Bulgaria)**, whose government invited them to use its platform to raise awareness of digitalisation among nurses, this is maybe not the right moment to proceed quickly on digitalisation, seen the absence of a national strategy and relevant research for digitalisation in Bulgaria, and knowing that the average age of nurses in Bulgaria is 56. Moreover, physicians in Bulgaria are not supportive of nurses increasing their digital literacy, though are supportive of nurses completing electronic forms.

e. EFN members involved in the design of the training/curricula?

Finally, some EFN members reported that they were indeed involved in the design of the training/curricula, as:

✓ **Bulgaria** – The Bulgarian Association of Health Professionals in Nursing was included in a project of the Trade unions for digital competences, aiming to study the digital skills of the medical specialists, and to prepare a curriculum to upgrade their skills. The project will continue June 2023. The platform for the distance learning at national level is now online (only in Bulgarian) but the curriculum for nurses and midwifes is not yet available (not yet fully ready).

✓ **Finland** – The Finnish Nurses Association has created a [Digital Social and Health Services Strategy](#), as part of a national and international digitalisation and technological development, aiming to describe the changing nature of nursing and the changing work environment of nurses from different perspectives. Unfortunately, they don't know whether this has been used as a source when the curriculum has been created, or how often.

✓ **Portugal** - The Ordem dos Enfermeiros has been taking a position regarding policy design (and consequently training) in the health area, as on the reform of primary health care; the strengthening of community care units and continuous care teams; the reform of mental health; digital transformation in health; health research. Many of which are targeted by continuous professional development.

✓ **Sweden** – The Swedish Association of Health Professionals (Vårdförbundet) has an expert group of nurses working in close collaboration with the Board of health and Welfare on the implementation of ICNP.

✓ **UK –** The Royal College of Nursing (RCN) curriculums are embedded with the experience of students that have previously undertaken the courses and members from RCN forums as well as international experts. The RCN is currently looking at ways to integrate patients and clients as part of their quality assurance (QA) process. All work is assessed through the QA using the RCN's user expert group for test cases and these individuals review the EDI work, including neurodiversity inclusiveness, across all resources and curriculums.

f. Other key topics

Taking into account the ongoing challenges over Europe, the EFN members took this opportunity to be present at the EFN April 2023 General Assembly in Croatia, to share some key concerns, as nurses' shortage, recruitment & retention, safe staffing, working conditions, salaries, which has been resulting in huge industrial action and strikes. They also raised the importance of having a nurse at the decision-making table, which is not always the case.

i. Shortage

Shortage is more than ever the top key concern for the EFN members, with a shortage of 13 million globally today, and 30% who left the profession in the EU over the last 3 years. And this number will continue to increase.

Post-COVID-19, nurses have been leaving massively the profession, which is increase the already existing problem. Today, this shortage of nurses as reported at the EFN General Assembly by some members reached very high numbers. In the table below with some numbers as of April 2023:

Country	Number of nurses missing
Czech Republic	4.000
Denmark	6.000
Finland	16.600
Malta	500
Norway	7.000 (20%) 16.000 nurses working in other sectors
Slovakia	15.000
Sweden	16.000

In **Cyprus**, the problems with nurse staffing, are partly because new hospitals opening succeed to recruit doctors but lack nurses. Healthcare assistants were introduced two years ago to support the nursing workforce, but 50% of them already left their post due to the working conditions.

From its side, **Norway** is working on **nurse-to-patient ratios** with a backdrop of a significant nursing shortage. Evidence points to a rise in cases when nurses are replaced with unskilled staff. Initiatives are underway to strengthen **recruitment and retention** of nurses, moving away from aggressive international recruitment. There is a significant rise in the nurse assistant workforce in Norway but concerns over quality of care and patient safety are not considered fully. Today, Norway is lacking 8-10% of the nurses and midwives required to maintain a sufficient standard of services. In 2040, the number will be 22% (almost one in four). In February 2023, a governmental committee for health care personnel published a white paper titled "Time for action" on recruiting and retaining sufficient personnel in future health care. One premise they fronted, was the lack of recruitment potential. There are not enough young people to cover the future need for personnel in the general Norwegian labour market. The White paper conclusions show the need to think in new ways on health care in Norway, including better coordination between hospital and municipal health care; more focus on prevention and public health programmes; more effective distribution of tasks between personnel groups; more extensive use of the patients' own resources; prioritising appropriate competence building and specialisation; reduced levels of overtreatment and maltreatment, and increased use of technology for more effective services. These issues are internationally recognisable, and we must push together to make our political authorities understand the importance of public, high-quality services for all. It will cost, but there is no alternative.

In **Slovakia**, as in many other countries, the NNA/nurses demands are very difficult to enforce. A partial success is an increase in nurses' salaries from 10% to 56%, depending on education and years of professional experience. However, with a shortage of more than 15,000 nurses, this is an insufficient solution. The government is still trying to solve the shortage of nurses in ways that are a threat to the profession, namely by increasing the competences of care assistants, renaming them to "practical nurses - assistant / praktická sestra - asistent" and replacing nurses with workers who are not nurses. Next to that, there is a pressure from primary care doctors who do not want to have a nurse at the ambulatory clinics. Slovakia legislation talks about the obligation to employ a nurse at a specialised outpatient clinic for 1.0 working hours. The solution to the lack of nurses is to change the laws and nurses will disappear from the ambulances. There is also no clearly defined long-term nursing or community nursing care. In the Slovakian health care system, they only know home nursing care provided by home nursing care agencies. They also see problems for applying nurses with **advanced practice (APN)**. Slovakia legislation defines this category, but the application of APN in the healthcare system with the currently set practice conditions does not meet the expectations. On the other hand, they cannot use the presence of the Ukrainian nurses in Slovakia, and do not have bridging studies. Ukrainian nurses, after the notification of their education through the Ministry of Education, are assigned to the position of care assistant (practice nurse - assistant in our country).

In **Finland**, the changes in government and in the organisation of the health system, also leading to nurses losing their seat in **decision making** tables.

ii.   Working conditions & salaries

Another key concern is the working conditions. In **Malta**, the Government is not prioritising the need of the nurses, including **working conditions and pay rise**. The Malta Union for Midwives and Nurses (MUMN), EFN member, developed a 37-page document to address and improve the working conditions for nurses in Malta, including recruitment and retention of nurses, which they offered for discussion with the government. The response from the government led to two weeks of industrial actions. Negotiations have been difficult and tense; a proposal for the government is on the table for MUMN members to vote on 18th April 2023.

In the **UK**, there have been **pay campaigns** across all the different countries. There have been strikes in England and Wales over recent weeks, which led to a government offer now being voted on. The

offer concerns 4%-5% pay rises over two years, and non-pay offers including an additional salary spine point and a commitment by the government to work on safe staffing.

iii.   Education

Also key, is the **nurses' education**. In **Czech Republic** the government is attempting to decrease the educational level of nursing. The assumption is that lowering the education of nurses will increase recruitment and retention, but the risks to quality and safety are not taken into account. Moreover, in 2017 the government cancelled the registration of nurses leading to significant challenges. The NNA is now actively working on re-establishing a chamber for nurses in the Czech Republic.

In **Denmark**, the Danish Nursing Organisation, member of EFN, has for several years lobbied for the national strategy for nurses' continuing and further **education** and for nurses' career paths. A national plan should help ensure that the skills of nurses match the needs of the health service. We also know that it is much easier to recruit and retain both newly educated and experienced nurses if workplaces have a plan for CPD and career paths. The Danish health authority has indicated the need for a plan for how to continuously monitor the need for specialisation of nurses and, for example, every 5 years make a plan for the training needs in relation to specialisation.

In **Romania**, the Romanian Nursing Association, member of EFN, obtained in 2018 the copywrite from NANDA-I, translated and adapted into Romanian, and published the book **Nursing Diagnostics**, 2007-2008 edition. The book has been and still is used in Sanitary School Post High School as a teaching aid for **teaching** and explaining the nursing process, being introduced in the Standard of Care, for the accreditation of hospitals at the institution called ANMCS. They are also included in the Directive 2013/55/EU, in competences: A. Competence to independently diagnose necessary nursing care using theoretical and clinical knowledge, as well as to plan, organize and implement nursing care when treating patients based on the knowledge and skills obtained according to points a), b) and c) of paragraph 6 to improve professional practice. Because colleagues need these for **teaching** in schools, but also in practice for the preparation of the care plan, the Nursing Association has obtained the copywrite for the translation, adaptation into Romanian of the book Nursing Diagnosis NANDA, Inc., edition 2021-2023. In this context, the Romanian Nursing Association will be organising on 17 June 2023 a National Conference with international participation entitled "The use of nursing diagnosis in education and practice of nursing - the foundation of a quality care", in Bucharest.

4. Policy recommendations

The COVID-19 pandemic reaffirmed the value of enough, well prepared and educated nurses which leads to lower mortality rates and better patient outcomes. Nurses play an essential role in the provision of safe and quality healthcare. Despite the ongoing challenges they are facing and the difficult and stressful working conditions, nurses continue to tackle the situations with incredible strength and dedication to ensure the smooth functioning of the healthcare systems and the well-being of their patients.

It is therefore crucial to make sure to:

At political and policy level:

- Strengthen EU and national political commitment, leadership and accountability for digitalisation developments ensuring it is resilient and sustainable.Develop and maintain a coherent collaboration with all relevant stakeholders to map common digital competencies for the appropriate use of eHealth services;

- Involve nurses in the innovation process, development and implementation of the evidence needed on the delivery of digital solutions before these are made available to patients and health professionals;

- Promote multilateral and inclusive governance by including nurses in decision-making;

At enabler level:

- Have healthy and safe workplaces with optimal working conditions for frontline nurses, especially now EU is confronted with a shortage of nurses in all Member States;

- Re-skilling and upskilling of frontline nurses - they are part of the solution for the digital and green transition and therefore digital skills need to be boosted (Pact for Skills, 2020) to reduce the existing gap between digital technology trends and their effective use for direct patient care;

- Up-scale and effectively integrate digital competencies into the nurses' education and training programmes at both undergraduate and postgraduate level as well as through Lifelong Learning (LLL);

- Invest in co-creation training for nurses in institutional digitalisation strategies and policies;

- Ensure that nurses, as healthcare professionals, embrace digitalisation to improve direct patient care;

- Make sure digitalisation is the driver to bring nurses closer to the patient, and that digital tools developed are a complement, rather than a substitute for the face-to-face contact with patients;

- Finance research and actions to ensure the participation of nurses in decision-making and implementation of key developments.

5. Conclusion

As the single largest occupational group in healthcare, nurses have a crucial and unique role to play in the efforts to develop effective and efficient health systems able to respond to the challenges they face. This depends to a considerable extent on having a high-quality health workforce of sufficient capacity and with the right skills. The way forward? Build further on all the work done and the outcomes reached so far at national and EU level, building on partnerships with the national and EU leaders and policymakers, and knowing that a lot is happening at EU level, namely on Digitalisation, Workforce and Education. The nurses' voice is key to change for the better, to make sure that the EU includes health in all policies to tackle the EU, European and global challenges, and enhance nurses' ability to shape and deliver effective and efficient EU policies that impact positively on the EU citizens.

From the European Commission perspective, it is acknowledged that a stronger Europe-wide coordination is required in relation to health, with more investment to build the foundations for a more resilient health system and better preparation for possible future health crises. As such, people and their well-being are at the heart of the European Pillar of Social Rights Action Plan1 that sets out the common agenda to reinforce social Europe.

Challenges for the healthcare systems all over Europe cannot be underestimated, namely in these very difficult times. The EFN and its Members are committed and determined to ensure that EFN EU policy agenda priorities on education, workforce, quality and safety, remain high on national and EU political agendas, and continue lobbying the national governments and the EU institutions to make sure the nurses' voice is heard and taken into account in any of the key health developments.

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[1]   https://ec.europa.eu/info/strategy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-action-plan_en

EFN Members input country per country

BULGARIA

1. Training/curricula examples targeting digitalisation.

In Bulgaria they are missing a national strategy for digitalisation. The government invited the association to use its platform to raise awareness of digitalisation among nurses. However, the average age of nurses in Bulgaria is 56, and the association is not sure this is the right moment to proceed quickly on digitalisation in the absence of a national strategy and relevant research. Moreover, physicians in Bulgaria are not supportive of nurses increasing their digital literacy, though are supportive of nurses completing electronic forms.

2. Training/curricula examples targeting sustainability.

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3. Training/curricula examples targeting resilience.

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4. Were you involved in the design of the training/curricula? What end-user involvement was there?

We, as an organization were included in a project of the Trade unions, whose aim was to study the digital skills of the medical specialists as a whole, and on the next stage to prepare a curriculum to upgrade the skills. We were informed that the project will continue may be in June, but there was no report for the findings from the first stage. Link to the platform for the distance learning on national level from the project of the trade unions for digital competences. The curriculum for nurses and midwifes is not in their site yet. It has not been prepared yet to the full. The content is only in Bulgarian now. http://platforma.dostoentrud.org/edu/

5. Is this training/curricula practically assisting and cutting down on nurses' workload as opposed to adding to it?

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6. Other key topics to share?

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CYPRUS

1. **Training/curricula examples targeting digitalisation.**

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2. **Training/curricula examples targeting sustainability.**

-

3. **Training/curricula examples targeting resilience.**

-

4. **Were you involved in the design of the training/curricula? What end-user involvement was there?**

-

5. **Is this training/curricula practically assisting and cutting down on nurses' workload as opposed to adding to it?**

-

6. **Other key topics to share?**

In Cyprus there are some issues with nurse staffing, partly because of new hospitals opening that succeed to recruit doctors but lack nurses. Healthcare assistants were introduced two years ago to support the nursing workforce, but 50% of these workers have left their post due to dissatisfaction with their working conditions.

CZECH REPUBLIC

1. **Training/curricula examples targeting digitalisation.**

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2. **Training/curricula examples targeting sustainability.**

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3. **Training/curricula examples targeting resilience.**

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4. Were you involved in the design of the training/curricula? What end-user involvement was there?

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5. Is this training/curricula practically assisting and cutting down on nurses' workload as opposed to adding to it?

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6. Other key topics to share?

There is a lack of over 4,000 nurses in the country. The Czech Republic is facing a challenge with nurse education given the government's attempt to decrease the educational level of nursing. The assumption is that lowering the education of nurses will increase recruitment and retention, but the risks to quality and safety are not taken into account. Moreover, in 2017 the government cancelled the registration of nurses leading to significant challenges. The NNA is now actively working on re-establishing a chamber for nurses in the Czech Republic.

DENMARK

1. Training/curricula examples targeting digitalisation.

Knowledge, skills, and competencies within digitalization are included in nursing education as well as in continuing and further education for nurses. An example is [Master of Science in Nursing](#) at The University of Southern Denmark (SDU): mandatory module of 10 ECTS in "user-driven innovation and technology in clinical nursing". Furthermore, the possibility of participating in an extra-curricular program called "HealthTech Innovator". HealthTech Innovator is an innovation course where students learn how to solve clinical and health problems with the development of technology.

We have a master's program in techno-anthropology (not specific for nurses) focusing on knowledge, skills and competencies to work with technology, e.g. with the assessment of technology, technological innovation, technology-driven change, use of technology and technology ethics.

A lot of training within digitalization is at a local workplace level.

Increasing number of nursing positions within digitalization like digitalization agents, who are responsible for identifying possible digitalization needs and implementation of new technology.

There is a separate track in the resilience commission, which deals with technology understanding, and it is expected that the commission will make recommendations with a special focus on technologies that can be labour-saving (see description under resilience)

A report from the Danish Center for Social science "[strengthening digital competences of health personnel](#)" has several recommendations like:

1. Technology understanding must be integrated into all subjects in basic education, and this must be documented
2. cooperation agreements between educational institutions and clinical practice on technology use both aimed at students and teachers
3. Increased cooperation between education within health and STEM

4. Requirement for a regular technological competence development plan for the individual, e.g. annually
5. Digital competencies as a mandatory part of the induction program for new employees

2. Training/curricula examples targeting sustainability.

Sustainability is at some level prioritized in all educational settings for nurses – both in university colleges (bachelor level) and in the universities (master level) like, Master of Science (MSc) in Global Health, Master of Science in Nursing etc In Denmark, it is included in the focus on prevention, health promotion, and health literacy.

When talking about green transition - The Danish Trade Union Confederation has established the "Employees' Climate Panel". The panel prepares several proposals for an even greener everyday life in the workplaces, and the proposals will also contribute to the development of the trade union movement's climate policy. We have a nurse sitting in this panel.

3. Training/curricula examples targeting resilience.

No specific training/curricula to share – but a resilient health care service is a high priority.

In 2022, the Danish Government, settled a Robustness Commission with the purpose to prepare some recommendations to ensure a resilient healthcare service with a sufficient number of staff and enough time for the patients. DNO has a seat in the commission and the commission is expected to present its recommendations later this year. The focus is on recruitment, retention, working environment, interdisciplinarity, flexibility, transition from education to working life, greater job satisfaction etc. Finally, the commission must come up with recommendations for smarter task-solving through systems and technologies that reduce bureaucracy and give more time to the core task.

4. Were you involved in the design of the training/curricula? What end-user involvement was there?

N/R – no specific training mentioned

5. Is this training/curricula practically assisting and cutting down on nurses' workload as opposed to adding to it?

N/R – no specific training mentioned

6. Other key topics to share?

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FINLAND

1. Training/curricula examples targeting digitalisation.

The contents are merged as a part of the Finnish nurse curricula, please see https://blogi.savonia.fi/ylesharviointi/2020/01/15/competence-requirements-and-contents-180-ects-credits-for-general-nurse-education/
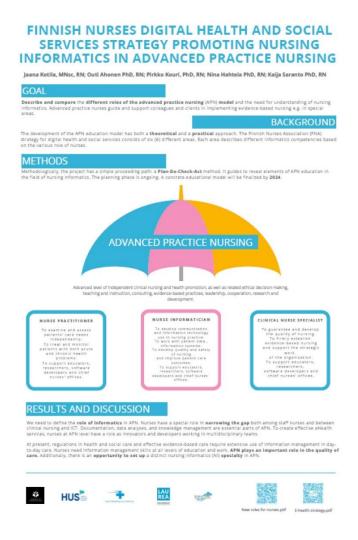
The competencies have also been studied, please see: https://journal.fi/finjehew/article/view/100690

There are also specialist education available in digital health, please see the contents (in Finnish): https://sotepeda247.fi/erikoistumiskoulutus/

Education as open university studies is also available, please see as an example: https://www.oamk.fi/en/study-at-oamk/open-university/courses/?id_kurssi=11061
Unfortunately, we have no data on how many has taken part on these education programmes.

Education is available also on Master's level, both in Universities and Universities of Applied Sciences. Please, see one example: https://opetussuunnitelmat.peppi.jamk.fi/en/4852/en/113549
Unfortunately, we have no data on how many has taken part on these education programmes either.

For these nurse professionals we also need vacancies in working life. We should define what is the role of the Nursing Informatics in connection to the level of Advanced Practice Nursing. Please see a poster illustrating the matter:

National research on the subject in English can be found on the web page of the Finnish Institute for Health and Welfare (THL), please see: https://thl.fi/en/web/information-management-in-social-welfare-and-health-care/what-is-information-management-/follow-up-of-the-information-system-services-in-social-welfare-and-health-care/publications

2. Training/curricula examples targeting sustainability.

The contents are merged as a part of the Finnish nurse curricula, please see https://blogi.savonia.fi/ylesharviointi/2020/01/15/competence-requirements-and-contents-180-ects-credits-for-general-nurse-education/. There might be different emphasis at different Universities of Applied Sciences (UASs) considering the contents and the depth of the subject in the studies as the UASs have autonomy in creating the curricula. Finnish nurses interested specially on this question have created a Facebook site "Suomen ilmastohoitajat - Finnish climate nurses", please see: https://www.facebook.com/groups/921097158722016. There they share different information, also on further educational possibilities. Unfortunately, we have no data on how many have attended on some further studies on this matter. The Facebook site has been created and is moderated by a Finnish nurse preparing her PhD on the subject "nursing and climate change".

3. Training/curricula examples targeting resilience.

Again, the contents are merged as a part of the Finnish nurse curricula, please see https://blogi.savonia.fi/ylesharviointi/2020/01/15/competence-requirements-and-contents-180-ects-credits-for-general-nurse-education/. There might be different emphasis at different Universities of Applied Sciences (UASs) considering the contents and the depth of the subject in the studies as the UASs have autonomy in creating the curricula.

4. Were you involved in the design of the training/curricula? What end-user involvement was there?

The Finnish Nurses Association has created a Digital Social and Health Services Strategy, please see https://sairaanhoitajat.fi/wp-content/uploads/2021/06/E-health-2021_.pdf. Unfortunately, we don't know whether this has been used or how often as a source when the curriculum have been created.

5. Is this training/curricula practically assisting and cutting down on nurses' workload as opposed to adding to it?

Hopefully eventually cutting and easing.

6. Other key topics to share?

Finland is one of the top countries in Europe with a shortage of 16,600 nurses. There have been changes in government and in the organisation of the health system in Finland, also leading to nurses losing their seat in decision making tables. On digitalisation, there is a strategy for eHealth which is informing nursing curricula in some universities. Additional areas of activity include evidence-based nursing, sustainability, and climate change.

IRELAND

1. Training/curricula examples targeting digitalisation.

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2. Training/curricula examples targeting sustainability.

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3. Training/curricula examples targeting resilience.

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4. Were you involved in the design of the training/curricula? What end-user involvement was there?

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5. Is this training/curricula practically assisting and cutting down on nurses' workload as opposed to adding to it?

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6. Other key topics to share?

The Irish Nurses and Midwives Organisation conveyed solidarity with colleagues in the different countries involved in industrial action, and offered to share a report from Ireland by an expert group on eHealth, as well as work completed on safe staffing and patient outcomes. The key challenge is on the implementation of recommendations and agreements, as well as managing variable skill mix in qualified and unqualified staff.

MALTA

1. Training/curricula examples targeting digitalisation.

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2. Training/curricula examples targeting sustainability.

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3. Training/curricula examples targeting resilience.

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4. Were you involved in the design of the training/curricula? What end-user involvement was there?

-

5. Is this training/curricula practically assisting and cutting down on nurses' workload as opposed to adding to it?

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6. Other key topics to share?

Nurses in Malta have challenging working conditions Malta. MUMN developed a 37-page document to address and improve the working conditions for nurses in Malta, including recruitment and retention of nurses, which they offered for discussion with the government. The response from the government has been disappointing, which led to two weeks of industrial dispute. Negotiations have been difficult and tense; a proposal for the government is on the table for MUMN members to vote on 18th April 2023. MUMN issued directives across the whole Health sector to all nurses and midwives. On 14 April 2023, MUMN was in all media portals since they have escalated the industrial actions, even in Gozo and the community health clinics. The directives are due to the sectorial agreement which has expired on the 1st January 2023 and which the Government has not come with any decent pay rise for the nurses and the midwives. MUMN also did a press conference with several nurses in front of the offices of the Prime Minister. It is clear that the Government is not prioritising the need of the nurses.

NORWAY

1. Training/curricula examples targeting digitalisation.

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2. Training/curricula examples targeting sustainability.

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3. Training/curricula examples targeting resilience.

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4. Were you involved in the design of the training/curricula? What end-user involvement was there?

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5. Is this training/curricula practically assisting and cutting down on nurses' workload as opposed to adding to it?

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6. Other key topics to share?

Norway is working on nurse-to-patient ratios with a backdrop of a significant nursing shortage. Evidence points to a rise in cases when nurses are replaced with unskilled staff. Initiatives are underway to strengthen recruitment and retention of nurses, moving away from aggressive international recruitment. There is a significant rise in the nurse assistant workforce in Norway but concerns over quality of care and patient safety are not considered fully.

The shortage of nurses is a global problem. 13 million today. And it will steadily increase.

- Lack of nurses and other health care personnel
- Lack of recruitment potential
- Need for personnel in other sectors

Today, Norway lacks between 8 and 10 percent of the nurses and midwives required to maintain a sufficient standard of services. In 2040, the number will be 22 percent – almost one in four. In February this year, a governmental committee for health care personnel published a white paper on recruiting and retaining sufficient personnel in future health care in Norway. The white paper was appropriately named "Time for action". One premise they fronted, was the lack of recruitment potential. There just is not enough young people to cover the future need for personnel in the general Norwegian labour market.

The White paper conclusions are that we need to think in new ways on health care in Norway:

- Better coordination between hospital and municipal health care
- More focus on prevention and public health programmes
- More effective distribution of tasks between personnel groups
- More extensive use of the patients' own resources and next of kin
- Prioritizing appropriate competence building and specialization
- Reduced levels of overtreatment and maltreatment, and
- Increased use of technology for more effective services

Some preconditions

- Limited recruitment from abroad
- Dialogue and involvement
- Adherence to fundamental health care principles
- Prioritizing finances
- Work together!

The NNO agrees to many of the premises and the conclusions from the committee. However, we see a clear need to state some preconditions for such measurements to succeed:

- Limited recruitment from abroad, since many other countries are worse off than Norway
- A continuous dialogue between labour unions and government on the shaping of concrete actions
- A deep involvement of the organizations representing patients and next of kin
- Continuous adherence to fundamental principles within health care, such as targeting high ethical standards and quality care in all parts of the country, a high level of professionality within health care and a public responsibility for services
- A sufficient prioritizing and financing of the measurements

These issues are internationally recognisable. And we must push together to make our political authorities understand the importance of public, high-quality services for all. It will cost, but there is no alternative.

PORTUGAL

1. Training/curricula examples targeting digitalisation.

As a Professional Public Association, Ordem dos Enfermeiros believes that professional training is essential for the continuous improvement of the quality of professional performance. Therefore, we have developed a training platform and we have a pool of trainers where all colleagues can spontaneously apply to be part of the Ordem dos Enfermeiros' team of trainers. We provide free access for members to scientific databases, as well as the Educational Suitability.

In recent years, the Ordem dos Enfermeiros has developed a Nursing ontology in collaboration with the Ministry of Health and the Shared Services of the Ministry of Health. This systematisation should be incorporated and disseminated in all health care units. Its implementation in health units contributes to the necessary interoperability of information about citizens' health between the different electronic systems that process and treat clinical information, naturally allowing for a reduction in the time spent by Nurses in recording the necessary information.

This investment in digitalisation and computerisation is reflected in the development of training in the area of information systems for nurses, as the end users of the services.

2. Training/curricula examples targeting sustainability.

We don't have examples.

3. Training/curricula examples targeting resilience.

Resilience is an element to which all nurses are especially attentive. The demands and difficulties they face daily make this a quality/capability that all nurses are prepared for in one way or another. The increase in the nurses' qualifications can only be achieved when the essential core of the nurses' rights and legitimate expectations is safeguarded, through the recognition of qualification, valorisation and professional differentiation. The increasing complexity of the clinical areas of care requires specific training and specialised clinical monitoring by care providers, particularly nurses. One of the characteristics of resilience is specialisation, which fosters economies of scale and knowledge, increases productivity and the provision of better healthcare, thus meeting the new challenges faced by Nursing. Thus, Resilience is an ever-present factor not only in nurses, but also in the health system, and is one of the elements of any Nursing training. The dimension of resilience integrates a significant and varied number of interventions, and it is expected to be the area that can enhance and generate greater impacts and gains in response to demographic and technological challenges.

4. Were you involved in the design of the training/curricula? What end-user involvement was there?

Whenever possible, the Ordem dos Enfermeiros has been speaking up and taking a position regarding policy design (and consequently training) in the health area, namely regarding: the reform of primary health care; the strengthening of community care units and continuous care teams, the strengthening

of rehabilitation responses, the reform of mental health, the previously mentioned digital transformation in health, the strengthening of public health units, the strengthening of family health units through the integration of specialist nurses, the identification and monitoring of oncological patients and health research are priority areas, many of which are targeted by continuous professional development.

5. Is this training/curricula practically assisting and cutting down on nurses' workload as opposed to adding to it?

Yes, the aim is always to support nurses at the level of information systems (nursing ontology). Thus, more interactive training programmes have been developed that make use of digitalisation in order to enable faster nursing records, thus freeing nurses to provide care.

6. Other key topics to share?

Developments and activities are ongoing in digitalisation of healthcare in Portugal, also linked to care needs in mental health. Progress is underway on nurse education and training, specifically with embedding digital literacy and skills in educational initiatives.

ROMANIA

1. Training/curricula examples targeting digitalisation.

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2. Training/curricula examples targeting sustainability.

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3. Training/curricula examples targeting resilience.

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4. Were you involved in the design of the training/curricula? What end-user involvement was there?

-

5. Is this training/curricula practically assisting and cutting down on nurses' workload as opposed to adding to it?

-

6. Other key topics to share?

In 2008, the Romanian Nursing Association obtained the copywrite from NANDA-I, translated and adapted it into Romanian, then published the book Nursing Diagnostics, 2007-2008 edition. The book

has been and still is used in Sanitary School Post High School as a teaching aid for teaching and explaining the nursing process. At present, Nursing Diagnostics is introduced in the Standard of Care, for the accreditation of hospitals at the institution called ANMCS. They are also included in Directive 2013/55/EU, in competences:

A. Competence to independently diagnose necessary nursing care using theoretical and clinical knowledge, as well as to plan, organize and implement nursing care when treating patients based on the knowledge and skills obtained according to points a), b) and c) of paragraph 6 to improve professional practice.

Because colleagues need these for teaching in schools, but also in practice for the preparation of the care plan, the Nursing Association has obtained the copywrite for the translation, adaptation into Romanian of the book Nursing Diagnosis NANDA, Inc., edition 2021-2023. We collaborated with NANDA-I, but also with Thieme Publishing in Stuttgart, Germany. We worked using an electronic language tool. Of course, it was a novelty for us, but in the end, we managed to complete the translation and adaptation into Romanian. Last Wednesday we received 1100 books in Romanian, and I will print the rest in the next stage.

National Nursing Conference with International Participation: On 17 June the Romanian Nursing Association will organize a National Conference with international participation entitled "The use of nursing diagnosis in education and practice of nursing - the foundation of a quality care". The conference will take place at Ibis Politehnica Hotel, Splaiul Independentei Street, Bucharest. We know that there are countries already using the electronic nursing record or nursing plan written in school and in practice, so we would need your expertise and experience in this regard. We need models that are as accessible as possible, given the lack of nurses and limited time.

SLOVAKIA

1. **Training/curricula examples targeting digitalisation.**

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2. **Training/curricula examples targeting sustainability.**

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3. **Training/curricula examples targeting resilience.**

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4. **Were you involved in the design of the training/curricula? What end-user involvement was there?**

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5. **Is this training/curricula practically assisting and cutting down on nurses' workload as opposed to adding to it?**

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6. Other key topics to share?

In Slovakia, as in many other countries, we encounter the ignorant attitude of competent people towards nurses. Our demands are very difficult to enforce. A partial success is an increase in nurses' salaries from 10% to 56%, depending on education and years of professional experience. However, with a shortage of more than 15,000 nurses in Slovakia, this is an insufficient solution, and we also see problems in the area of management, working conditions and nurses' workload. The government is still trying to solve the shortage of nurses in ways that are a threat to the profession, namely by increasing the competences of care assistants, renaming them to "practical nurses - assistent / praktická sestra - asistent" and replacing nurses with workers who are not nurses.

We are currently seeing pressure from primary care doctors who do not want to have a nurse at the ambulathory clinics. Our legislation talks about the obligation to employ a nurse at a specialized outpatient clinic for 1.0 working hours. The solution to the lack of nurses is to change the laws and nurses will disappear from the ambulances. There is no clearly defined long-term nursing or community nursing care. In our health care system, we only know home nursing care provided by home nursing care agencies.

Last but not least, we see problems with applying nurses with advanced practice. Our legislation defines this category, we also have basic competences, application APN in the healthcare system with the currently set practice conditions does not meet our expectations.

You already know that we cannot use the presence of the Ukrainian nurses. We do not have bridging studies. Ukrainian nurses, after the notification of their education through the Ministry of Education, are assigned to the position of care assistant (practice nurse - assistant in our country).

SPAIN

1. Training/curricula examples targeting digitalisation.

300.000 nurses have achieved competencies for prescribing with a platform now developed to support this activity.

2. Training/curricula examples targeting sustainability.

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3. Training/curricula examples targeting resilience.

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4. Were you involved in the design of the training/curricula? What end-user involvement was there?

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5. Is this training/curricula practically assisting and cutting down on nurses' workload as opposed to adding to it?

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6. Other key topics to share?

There are some challenges in Spain concerning a recent royal decree involving the supportive and care assistant workforce, which the Council successfully challenged in court.

SWEDEN

1. Training/curricula examples targeting digitalisation.

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2. Training/curricula examples targeting sustainability.

Every time a new system for electronic health record is implemented all nurses are obliged to attend a course for the new system.

3. Training/curricula examples targeting resilience.

In some working places you can find nurses specialised in digalisation and in their curriculum they have this task. In the eHealth authority in Sweden there are a lot of nurses working.

4. Were you involved in the design of the training/curricula? What end-user involvement was there?

When it comes to implement ICNP in Sweden we have an expert group of nurses working in close collaboration with the Board of health and Welfare.

5. Is this training/curricula practically assisting and cutting down on nurses' workload as opposed to adding to it?

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6. Other key topics to share?

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UK

1. Training/curricula examples targeting digitalisation.

The RCN embeds digital literacy across our single competency framework that covers all specialist areas. RCN forums must also demonstrate how this will be addressed in a speciality competency framework across the grades and workforce. In 2018, the RCN published the finding of its consultation into the future of digital nursing, "Every Nurse and E-nurse"[i]. Following its publication, the RCN's "Every Nurse an eNurse" online training course was designed with leading experts from the RCN's eHealth forum and consists of a two-part course looking at technology enabled care services and data usage. The course is free to RCN members. The RCN Learn website also offers a variety of eHealth resources to help nursing staff exploit new digital and data technologies to improve patient care, and digital skills

are also taught through the RCN Library so that users can access best evidence.[ii] Together with the British Computer Society, the RCN eHealth forum will be hosting a listening event in April to discuss the development of a white paper looking at how to develop skills and education across the workforce.[iii] Conversations are also underway with Professor Wendy Dearing from the Welsh Institute for Digital Information on the creation of bite sized to MSc learning opportunities and widening access to their existing MSc programmes.

UK universities frequently include modules on digital nursing and eHealth as part of their nursing programmes, particularly at Masters level. The University of Edinburgh and University of Sunderland, for example, incorporate digital literacy and eHealth into their curricula for nursing studies.[iv,v] Manchester University also offers a module on 'Digital Health and Technology enabled Care' as part of their MSc in Advanced Leadership for Professional Practice.[vi] Other universities, such as the University of Bristol and Bournemouth University offer MSc post-graduate programmes in Digital Health.[vii,viii] However, the lack of nursing-specific training on digitalisation available at the undergraduate level is recognised by Health Education England and is being addressed in the Phillips Ives review. The findings of the review will inform the development of a new strategy to ensure that nurses and midwives are given access to the knowledge, skills and education required for safe, effective digitally enabled practice.[ix]

Nurses working in NHS England have access to the NHS Digital Academy. It provides access to a variety of learning products to NHS and social care staff including online resources and training courses to support the development of digital skills.[x] A new digital skills assessment tool has also been developed for use by the wider NHS and social care workforce, the Digital Skills Assessment Tool. This interactive online assessment directs staff to relevant learning resources following completion of a questionnaire that determines their current level of digital literacy.[xi]

The courses offered by the NHS Digital Academy include the What Good Looks Like (WGLL) Chief Nursing Information Officer (CNIO) masterclass series. The course is designed specifically for digital nurses, equipping them with the skills to deliver the What Good Looks Like (WGLL) framework developed in 2021 for NHS leaders. The course consists of 7 interactive sessions of 1 hour 15-minutes.[xii]

The Topol Digital Fellowship, another NHS Digital Academy programme, is designed to develop the ability of nurses to practise person-centred design, to run projects and develop services, to lead digital transformation, and to use data in the design of services. Fellows are provided protected time over 12 months to work on a digital change project in their workplace, supported by a bursary of up to £15,000 paid to the fellow's employer.[xiii]

Outside of the NHS, training on digitalisation tailored for nurses is also provided by the Florence Nightingale Foundation. The Digital Leaders Scholarship is aimed at those nurses on track to become CNIO's or senior digital leaders within the next two years and those already delivering digital change in leadership roles. On top of the core scholarship programme, scholars undertake a three-day digital leadership residential programme.[xiv] Newly introduced in 2023, the Aspiring Digital Leadership Programme will consist of a four-day virtual programme and offers a supportive learning environment to develop leadership skills in aspiring digital nurses, midwives and AHPs.[xv]

2. Training/curricula examples targeting sustainability.

The RCN offers a course available to anyone, regardless of RCN membership, to develop skills to plan and delivery healthcare in line with principles of sustainability, targeted specially at those in clinical leadership roles. "Leading Sustainability in Health and Social Care: Caring for the planet and our patients" is a four-month course costing £1,100 – £1,450. The course includes work-based learning

activities, live lectures, seminars and workshops as well as online learning and additional reading requiring a total commitment of 200 study hours. Participants receive a certificate of completion from the RCN and are awarded 20 credits towards either a BA or MA programme at Coventry University. The course covers procurement reform, the impact of products and consumables from a product life cycle perspective, and the impact of climate change on human health.[xvi] The RCN embeds sustainability in our single competency framework that covers all specialist areas. RCN forums must also demonstrate how this will be addressed in a speciality competency framework across the grades and workforce.

The UK-based Centre for Sustainable Healthcare (CSH) offer a variety of foundation courses deigned for healthcare professionals, consisting of a mix of self-directed learning and live online workshops. Courses include an Introduction to Sustainable Healthcare, Sustainable Primary Care and Sustainable Mental Healthcare and are designed for all those working to deliver healthcare, including nurses and other health professionals. CSH also over more specialized technical courses to build skills for planning measuring projects, such a carbon footprinting and designing organizational green plans to reach net-zero. [xvii]

CSH also work with UK universities to incorporate sustainability in their nursing studies curricula. For example, The Faculty of Nursing, Midwifery and Palliative Care at King's was awarded 'Beacon Site Status' by CSH, recognizing the faculty's commitment to embedding sustainability principles in its undergraduate and postgraduate programmes. The University of Plymouth also incorporates sustainability skills and principles throughout its nursing studies programme. Students are encouraged to reflect on waste management, the ethics of sustainability in nursing practice, the links between the environment and wellbeing, and eco-centric community engagement.[xviii]

3. Training/curricula examples targeting resilience.

The RCN has launched the Professional Nurse Advocate education standards which was developed for NHS England and signed to start a programme developing education for mental health skills in learning disability nursing using the Green Light Toolkit.[xix] The RCN is also signed on to programme offered through Health Education England which will deliver skills and training in psychological safety interventions for staff.

The NHS Leadership Academy offers a range of short learning solutions to NHS staff of all levels.[xx] Among these resources are the "ABC Guide to personal resilience", Team resilience, and "Personal resilience: An anchor in the unknown".[xxi,xxii,xxiii] NHS staff are encouraged to undertake these bitesize learning courses at their own pace, free of charge. Resilience training is also offered by a range of external providers that are utilised by NHS employers.

4. Were you involved in the design of the training/curricula? What end-user involvement was there?

RCN curriculums are embedded with the experience of students that have previously undertaken the courses and members from RCN forums as well as international experts. We are currently looking at ways to integrate patients and clients as part of our quality assurance (QA) process. All work is assessed through the QA using the RCN's user expert group for test cases and these individuals review the EDI work, including neurodiversity inclusiveness, across all resources and curriculums.

5. Is this training/curricula practically assisting and cutting down on nurses' workload as opposed to adding to it?

The RCN strives to ensure all learning resources are highly accessible and works closely with member forums and expert reference group to address all modes of delivery. The RCN's online learning portal, RCN Learn, supports nurses, students, nursing support workers, midwives and health care professionals by offering highly accessible quality assured evidence-based education for CPD and learning designed for staff at all stages of their careers.[xxiv] The RCN is also in the process of exploring a microcredits framework for bite sized learning to support our existing bite sized learning for critical and end of life care. These resources also cover wellness and resilience and were made freely available online during the COVID-19 pandemic. Internationally, these platforms have more than 6,700 active users.

The RCN **Prince** *of Wales Nursing Cadet Scheme*

The RCN Prince of Wales Nursing Cadet scheme offers a blended learning opportunity for nursing cadets; it provides a transformational learning experience to improve the confidence, skills and knowledge of the participants and to raise awareness of healthcare careers, including nursing and roles within the nursing family. The scheme combines online and classroom learning with observational clinical placement learning, as well as youth activities with membership organisations. The scheme is open to young people 16-25yrs old from across the UK through youth organisational partnerships. The cadets will gain certificates for the units they undertake and on completion an Alumni pin.

Mission statement: The RCN Prince of Wales Nursing Cadet Scheme will contribute to the development and preparation of young people, whatever their background, to develop skills for life and employment in nursing and the nursing family. The scheme will engage, enable and empower young people to make a valuable contribution to society and through clinical and academic exposure, contribute to the health and well-being of young people in the United Kingdom.

The cadet programme is delivered in partnership with a youth organisation partner and a health partner. Example youth partners include Army Cadet Force, St John Ambulance, Combined Cadet Force Schools, Further Education Colleges, The Scouting Association. Health partners are local health boards/NHS Trusts, Private, Voluntary and Independent Sector (PVI) health providers. The taught programme is 40 hours in length and the placement 20 hours. Cadets are provided with a uniform, online and paper materials and travel expenses to and from their RCN approved observational placement. The taught element is delivered by the youth partner with oversight and quality assurance provided by the RCN Cadet team.

In total the RCN UK Prince of Wales Nursing Cadet Scheme has 389 cadets across 27 cohorts who have either completed the scheme or are currently on the scheme. A further 18 cohorts are due to undertake the scheme by end of 2023, bringing the figure to over 500 cadets. This will be across Wales, England, and Scotland, which includes the first cohort in Northern Ireland which commences in October 2023. Each cohort can accept up to 20 cadets between ages of 16-25, with an average cohort size of 14. Of those that identify male/female, there is an average of 20% male cadets overall. Just under half of the cadets are aged 16 years of age and longer-term, RCN will be considering ways to attract the higher end age group. We are in early conversations with St John International regarding potential pilots in Australia and New Zealand.

6. Other key topics to share?

In the UK, there have been pay campaigns across all the different countries. There have been strikes in England and Wales over recent weeks, which led to a government offer now being voted on. The

offer concerns 4%-5% pay rises over two years, and non-pay offers including an additional salary spine point and a commitment by the government to work on safe staffing.

i [Every Nurse an E-nurse: Insights from a consultation on the digital future of nursing| Royal College of Nursing (rcn.org.uk)](#)
ii [RCN Learn search results | RCN Learn](#)
iii [Nursing specialist group: About the NSG | BCS](#)
iv [E-health | The University of Edinburgh](#)
v [MSc Nursing Studies - University of Sunderland](#)
vi [Digital Health and Technology Enabled Care L7 - course unit details - MSc Advanced Leadership for Professional Practice (Nursing) - course details (2023 entry) | The University of Manchester](#)
vii [MSc Digital Health | Study at Bristol | University of Bristol](#)
viii [MSc Digital Health | Bournemouth University](#)
ix [About The Phillips Ives Nursing & Midwifery Review | Digital Transformation (hee.nhs.uk)](#)
x [NHS Digital Academy | Digital Transformation (hee.nhs.uk)](#)
xi [Digital Skills Assessment Tool | Digital Transformation (hee.nhs.uk)](#)
xii [Chief Nursing Information Officer (CNIO) masterclasses | Digital Transformation (hee.nhs.uk)](#)
xiii [Topol Digital Fellowships (hee.nhs.uk)](#)
xiv [Leadership Scholarship 2022 - Florence Nightingale Foundation (florence-nightingale-foundation.org.uk)](#)
xv [Aspiring Digital Leadership Programme - Florence Nightingale Foundation % (florence-nightingale-foundation.org.uk)](#)
xvi [Leading Sustainability in Health and Social care | Professional services | Royal College of Nursing (rcn.org.uk)](#)
xvii [Short courses in sustainability, health and healthcare | Centre for Sustainable Healthcare](#)
xviii [Sustainability in the curriculum - University of Plymouth](#)
xix [Professional nurse advocate standards | Publications | Royal College of Nursing (rcn.org.uk)](#)
xx [Leadership Academy – Learning hub: Easy to access learning materials for all NHS staff](#)
xxi [ABC Guide to personal resilience – Leadership Academy](#)
xxii [Team resilience – Leadership Academy](#)
xxiii [Personal resilience: An anchor in the unknown – Leadership Academy](#)
xxiv [RCN Learn | Royal College of Nursing](#)

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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.

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