

"PREPARING THE NURSING COMMUNITY FOR EUROPE"

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Mrs. Chair, Colleagues,
Ladies and gentleman,

First of all I would like to take this opportunity to thank the Romanian National Nurses Association for inviting the European Federation of Nursing Associations (EFN) to express its view and exchange with you its practical and political experience. The European Federation of Nursing Associations, which changed this year of name, was established in 1971 to represent the nursing profession and its interests to the European institutions, based on the nursing education and free movement directives being drafted by the Commission then. If EFN influences EU legislation it will have an effect on 6 million nurses across the wider Europe. EFN is the independent voice of the nursing profession and consist of national nurses' associations from the twenty-nine EU Member States. Associate members are drawn from the Member States of the Council of Europe, and the specialist nursing community having 3 official delegates in the EFN General Assembly. Observer status is provided to the International Council of Nurses, the World Health Organisation and the European Nursing Students Organisation.

The mission of EFN is to promote and protect nurses and the nursing profession with particular reference to the EU, by influencing the institutions of the EU, the European Commission, the European Parliament and the Council of Europe based in Strasbourg. EFN provides a broad platform for developing health and social EU policy by supporting the European Union decision making process on all areas which affect the nursing profession. EFN is strong on working towards a unified voice for nursing in the EU, promoting the value of nursing and strengthening the relationships between National Nursing Associations, specialist nurses and other health care professionals.

With the recent enlargement of the European Union, questions such as mutual recognition of professional qualification, public health, health care services, mobility of health professions are high on EFN political agenda. EFN is actively involved in the political discussions on the new Directive on Mutual Recognition of Professional Qualifications, the Bologna Process, the Working Time Directive, the Directive on Services, and discussion around patient safety and the informed patient, having an impact on the development of Social and Health policy and the health care reform within the EU Member States.

An impact on the development of Social and Health policy and the health care reform within the EU Member States depends on the differences among EU member states in terms of health status, available resources, public health infrastructure, quality and equity of education and services provided to the European citizens. Consequently, we will only be able to support and to facilitate a qualitative and equitable health service in the EU by a strategic contribution to the development of a sufficient, effective, competent and motivated workforce of nurses. Therefore, a European Workforce Monitoring system is urgently needed. Nursing provides essential health services, but is often invisible in contributing to the planning and organising

of health care services. In fact, nurses have often been negatively affected by health reform, especially if the main emphasis has been on cutting costs and if medical and economic models drove these reforms. This is reflected in the cumulating the nursing and medical budgets, increase in nursing workload, concerns about nurses working conditions, concerns about not being able to guarantee patient safety and quality of care. This will have an effect on our job satisfaction and motivation, so we enter immediately within the discussion of recruitment and retention, two major global nursing challenges.

EFN is keen to have a transparent system for automatic recognition to deal with the migration of professionals in an efficient manner and to ensure that a high level of health protection for patients and consumers of health care in the EU is maintained. It is important to maintain a clear separation between the General System and the Sectoral system and to make sure that the professional input, through EFN as the pan European Organisation, is guaranteed within the European Nursing Directive. The opportunity in the coming years will be a Core Curriculum including competencies shared around all EU countries. The National Governments/Commission will be very reactive and unable to fulfil its obligations under public health and patient safety, especially where the quality of care could be improved if policy frameworks become out of touch with what the nurses are doing. We can not leave the decision making process within nursing to the regulators and bureaucrats. The professional, the one near the patient, 24 on 24 hours, needs to have its say within the National and European policy process.

Education is one of the most powerful means of facilitating changes. This brings us inevitably to the Bologna Process. Without doubt, this process should lead to accreditation of outcomes and setting European nursing standards, which will apply both to educational nursing institutes, to nurses themselves and their provided services. It is important to determine what type of health services product European citizens need (demand side) and by whom it will be delivered in the most cost-effective way. This in turn will automatically lead to a discussion of differentiation of the various health professions and the individual roles and responsibilities of doctors and nurses.

Many of you will be familiar with the Bologna Process. However, to refresh the memory, I will briefly outline the main milestones in the Process.

1. Paris, May 1998 - Ministers of Education of 4 large EU countries (France, Germany, Italy and the UK) sign the Sorbonne declaration in relation to the harmonisation of the structure of the European higher education system.
2. Bologna, June 1999 – launch of the Bologna Process with the signing of a Declaration by 29 Ministers of Education. This addresses the restructuring of higher education systems with the aim to create overall convergence at European level.

The Declaration states that the following objectives have to be attained by 2010:

- Adoption of a system of easily accessible and comparable degrees
 - Adoption of a system based on two main cycles, undergraduate and graduate
 - Establishment of an accreditation system of
 - Promotion of mobility
 - Promotion of European co-operation in quality assurance
 - Promotion of the European dimension in higher education,
3. Prague, May 2001 - 32 Ministers of Education sign the Prague Declaration, adding three key themes to the Bologna Process:
 - Life Long Learning
 - involvement of students

- attractiveness and competitiveness of the European Higher Education Area

4. Berlin, September 2003 - Ministers of Education agree to:

- set a 2005 deadline for promoting effective quality assurance systems
- secure closer links between the European Higher Education area and the European Research Area
- take the necessary steps to enable the portability of national loans and grants
- stress the involvement of university and student organisations.

Also, seven more countries decide to join the Process, bringing the total number of participating countries to 40.

5. Bergen (Norway), May 2005 - European education ministers:

- ratified the Lisbon Recognition Convention on the recognition of degrees and study periods
- PhD programmes need to promote interdisciplinary training and the development of transferable skills
- autonomy of Higher Education Institutions
- adopted framework for qualifications in the EHEA, comprising three cycles, generic descriptors for each cycle based on learning outcomes and credit ranges in the first and second cycles
- called on all national authorities and other stakeholders to recognise joint degrees awarded in two or more countries in the EHEA.
- welcomed the principle of a European register of quality assurance agencies based on national review.

From this broad historic overview it is clear that developments in the area of higher education have been widespread and far reaching. European cooperation has improved enormously.

However, some questions remain:

- How will this process promote excellency (and not only "quality") in the field of higher education and research?
- Will the reforms initiated in the frame of the Bologna process make European universities more attractive?

We need to concentrate on learning outcomes as well as on strengthening existing networks and promoting open access to relevant information. Against this background, the European University Association (EUA) has indicated that the Heads of Higher Education Institutions (HEI) support the Bologna Process. According to EUA, the next phase of the Process should concentrate on the following priorities:

- maintain universities as a public responsibility
- consolidate research as an integral part of higher education
- improve academic quality by building strong institutions;
- further mobility and the social dimension
- support the development of a policy framework for Europe in quality assurance
- create of networking structures and mechanisms between Professional Higher Education Institutions, Universities and other higher education institutions
- improve and enlarge cooperation with stakeholders, especially students and business and industry

- firmly put the social dimension at the heart of the Bologna Process: equity in access as well as equal chances of completion of studies should be at its core

I would like to take the opportunity to outline EFN views on nursing education – which is part of the activities we develop under our first strategic objective i.e. policy development and implementation. EFN, together with the International Council of Nurses and the European WHO, have agreed a number of principles regarding nursing education:

- Admission to training institutes should only be possible after finishing secondary school, under the same conditions as those applying to access to university
- The length of the training programme should be sufficient to guarantee the acquisition of specific competencies and shall not be less than three academic years (minimum bachelor level)
- There should be one European professional level of nurses only
- The curriculum should be based on and consist of research, skills and competencies
- The institutes' Director should be a qualified nurse

All these recommendations are in line with those of the Bologna Process.

In this context, there are a number of important issues for EFN members, such as:

- The Bologna Process should adopt the ICN's general nursing profile requirements as a reference framework for nursing education. This may mean that the initial nursing training curricula need to be reformulated in various Member States
- In close cooperation with its members, EFN intends to develop joint efforts with the nursing education institutes in each country with the aim to create the best conditions for the implementation of Bologna Process
- EFN is to work with the European bodies to anticipate a new framework of mutual recognition of diplomas, continuing education and Life Long Learning (LLL)
- This process will be supported at European level; a 'meeting space' will be created where professional organizations and nursing education institutes may share and reflect on (future) strategies.
- Competencies, life long learning and accreditation are major policy concepts to be introduced in our educational systems.

Although these actions are long term initiatives and implicate automatically investments in innovation, we need to stay practical within the policy formulation at European level. The European citizens need to feel safe within their health care system based on the pillars of the European Social Model. Therefore, EFN developed ethical guidelines which set out the key considerations for ensuring both ethical recruitment and employment of internationally recruited nurses in Europe. These guidelines are designed as a source of information and advice for employers considering recruitment within or outside the European Union and to support nurses who are considering moving to work in an EU member country. These guidelines are aimed to support policy makers to develop workforce planning policies. EFN supports National and European policy makers by being member of the Working party on Health Systems and the High Level Reflection Group on Mobility lead by the European Commission, DG SANCO, in which mobility of nurses and doctors is discussed. EFN is involved in the Council of Europe development on recommendations for mobility of nurses and doctors, which will be signed by 45 Ministers. Furthermore, EFN supports different EU projects looking at standardised data and workforce monitoring. EUROSTAT developed a new definition on the Nursing Profession which is of high concern of EFN members. If the definition is not correct, the data collected to visualise our nursing workforce will not be

correct. Policy formulation based on these data will be misleading and endanger patient safety. Therefore, standardised quality data needs to be comparable throughout the EU. It is important to include nursing quality indicators in National health reports and to have a clear view on the nurse/patient ratio in order to evaluate the outcome and share information on salaries and remuneration. It is important to monitor and document benefits and outcomes including the cost-effectiveness of nursing interventions. This information can be used by nursing leaders and professional organisations to advocate for policy changes beneficial for the European citizens' health and safety. We need to ensure that the free movement is maintained to facilitate employment and equal opportunities, but we must also protect quality of care, educational standards and the development of public health sectors across the entire EU to eliminate disparities between the Member States.

EFN believes that facing competing economic policy in the EU, politicians need to understand that investing in health promotes economic growth through reduced health care costs, reduced welfare payments and increased productivity through reduced morbidity. A healthy society is a more confident and more productive society. 'Health means wealth!' A "health driven" approach, with a clear coordinated health strategy, together with adequate measures and indicators would ensure that all developments and reforms move in the right direction. We need to develop synergies between Civil Society, the Commission, WHO and the Council of Europe. I'm not talking about a TRI partite, but a FOUR PARTITE, the four pillars of policy development. This brings us to political leadership within nursing. Nurses need to be involved in every area of social and health policy making at local, regional, national and European level, through the identification of priority issues, education in political negotiations and creating strong alliances within the nursing community at national and European level and between National Governments and Non Governmental Organisations. Having a Nursing Directorate within your Ministry of Health and Ministry of Education is an important asset for policy development at National and European level.

Conclusion

Throughout Europe, nurses are the largest occupational group in the health care sector, providing the majority of direct patients' care. Nurses are maintaining strong links between the individual, the family, the community and the whole health care system. Nurses explore new and better ways of keeping the citizens well, or improving health and preventing disease and disability. Nurses are a significant partner in helping to achieve the European Health agenda and reforming the health care sector. Nurses developed informed positions on key policy issues and should hold key positions in the National Government.

The two major components to health care and system reform are changes in policy, and changing the structure and processes of health systems and organisations. Expanded roles and nurse-led initiatives are needed as a long-term investment for social and health policy development at National and European level. The positive contribution of nurses, and the difference they make, should be promoted more widely, and acknowledged and rewarded in concrete terms.

EFN view on building health policy in the EU is based on a variety of different principles. The capacity for stakeholders to become more involved will need to be built, and the general public needs to be more empowered in order to better tackle the determinants of health. Furthermore, evidence needs to be gathered on which (policy) interventions work and which ones do not; to this effect, good (as well as bad) practice needs to be shared. Resources need to be spent wisely, and investments need to be made in innovation. Crucial to the health

professions, of course, is the need to better engage in workforce planning. Lastly, interventions need to aim for impact if public health is to be promoted effectively.

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