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**"THE ROLE OF HEALTH PROFESSIONALS"
"THE POSITION OF NURSING IN THE EUROPEAN UNION TODAY"**

**PAUL DE RAEVE
RN, MSCN, MQA, MPHIL**

**SECRETARY GENERAL
THE EUROPEAN FEDERATION OF NURSING ASSOCIATIONS**

Mrs. Chairman, Colleagues,
Ladies and gentleman,

First of all I would like to take this opportunity to thank the European Commission and Organisers for inviting the European Federation of Nurses Associations (EFN) to express its view and exchange with you its practical and political experience. The European Federation of Nursing Associations, which currently changed its name from Standing Committee of Nurses of the EU (PCN) to European Federation of Nurses Associations (EFN), 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 European 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 3 mandated representatives of the European Nursing Specialist and Generic organisations. The International Council of Nurses, the World Health Organisation and the European Nursing Students Organisation are holding observer status within EFN Assembly.

The mission of EFN is to promote and protect nurses and the nursing profession with particular reference to the EU, by lobbying the institutions of the EU, the European Commission, the European Parliament and the Council of Europe, the last one 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, the provision of health care services, the mobility of health professions and patient safety and patient education and information are high on the political agenda of EFN. 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 policy initiatives around patient safety and the informed patient.

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 nurses job satisfaction and motivation, so we enter immediately within the discussion of recruitment and retention, two major global nursing issues.

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 Directive. The opportunity in the coming years will be a Core Curriculum including competencies shared around all EU countries next to developing a European Accreditation system. If the Commission is not ready for this development, putting the emphasis on subsidiarity, the nursing profession will be obliged to go private, like the European vets, the Americans and the Australians, etc. 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 professions, the nurses are doing.

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. In order to obtain health care reform based on criteria such as harmonisation, competition, accountability, effectiveness and solidarity, doctors, nurses and patients need to develop strategies for the construction of valid partnership relations. Exploring these partnerships requires the identification of effective leaders who are skilled in developing and implementing policy in different areas of the health system. It is important to develop effective strategies where all partners have equal opportunities and equal authority.

These partnerships need to focus on job performance, in a way that will lead to improving the health gain of patients/clients. Health care outcomes is in my opinion a function of the capacity to perform, the opportunity to perform, and the willingness to perform (Blumberg & Pringle, 1982).

The capacity to perform relates to the degree to which an individual possesses task-relevant skills, abilities, knowledge and experiences. Unless a nurse knows what is supposed to be done and how to do it, high levels of job performance are not possible. Clear occupational profiles, job descriptions and changes in new occupational profiles in relation to efficiency in work, quality in service and work conditions are needed as well as continuing training modules. The quality and extent of education and training in leadership influences the capacity to perform disproportionately. Most health care organisations react to cost pressures by looking at the cost of labour. Registered nurses are the primary target area for cutbacks in an effort to streamline expenses while remaining competitive. The lack of nurses gives the opportunity for substitution with minimally trained unlicensed assistants to provide direct patient care, such as basic care, and, in some cases, even performing complex high-risk, technical procedures. Within the nursing workforce, the theme of cost containment, leading to the substitution of 'expensive' nurses for 'cheaper' care assistants or aides, has become increasingly apparent in recent years in many countries (Buchan & O'May, 1999) and will influence the capacity to perform in clinical and political leadership. It also has a direct effect on the capacity of an organisation to respond flexibly and strategically to change and reform.

Having the opportunity to perform is an important ingredient of strategic change and reform. Nurses may lack the opportunity to perform not because of poor equipment or outdated technology, but because of poor decisions and outdated attitudes within leadership. In many settings, nurses are not at the decision table and in many European countries other toolkits, such as financing systems based on nursing data, have been developed to create an alternative decision-making process. Nurses and their patients pay a high price for this. In relation to other health care professions, 80% of the nursing care process relates to patient care. Unfortunately, only 45% goes directly to the patient due to administrative and grey-zone activities. Therefore it is essential, when designing new structures or systems, to include nurses and nursing in the decision-making process in order to get the full picture on care. Diagnosis related groups (DRGs-APDRGs) and economically derived quantitative data are insufficient for developing, evaluating and implementing policies.

Willingness to perform is the third factor and relates to the degree to which an individual both desires and is motivated to exert effort towards attaining particular levels of job performance. This concerns the personal choice of the individual, but the motivation is influenced by factors such low pay, stress, workload, poor image and working conditions.

Although these strategies 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 policy makers by being member of the Working party on Health Systems within 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. 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 report 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 about a FOUR PARTITE, the four pillars of policy development, like in the Council of Europe. This brings us again to leadership and governance within the EU. 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 the 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.

References:

Aiken, L. & Havens, D.(1999) Shaping Systems to Achieve Desired Outcomes. Journal of Nursing Administration, 29 (2), 14-20.

Buchan, J. & O'May, F. (1999) Globalisation and Health care Labour Markets: a Case Study from the United Kingdom. Human Resources for Health Development Journal, 3 (3), 199-209

De Raeve P. (1998) Approche méthodologique de la mesure de la production infirmière en Belgique - La mesure de la production hospitalière. , ULB, MISS - Maîtrise en Management des Institutions de Soins et de Santé, 87-100.

De Raeve P. (2001) The added value of joining process indicators within hospitals. Transparenz und Klarheit auf dem Weg zum neuen Entgeltsystem in Deutschland. Deutsche Casemix-Konferenz, Konferenzdocumentation, 58-64.

De Raeve P. (2003) The Interaction between Politics, Doctors and Nurses. European Journal for Hospital Managers

De Raeve P. (2003) Nursing and Health Developments in Central and Eastern Europe. Nursing Standard

De Raeve P. (2003) Nursing Powers in the EU: The Role and Outcomes of the Standing Committee of Nurses of the EU. European Journal for Hospital Managers

De Raeve P. (2003) The Nursing Shortage: A European Perspective. Journal of Advanced Nursing

De Raeve P. (2004) The Free Movement of Nurses: A win-win situation if based on ethical recruitment guidelines. EuroHealth