

As secretary general of the European Federation of Nurses Associations, Paul De Raeve provides an insight on the critical role nurses can play in driving the public health agenda

Nurses as public health leaders

General public health issues, as well as the role of nurses in the area of public health, are among the topics upon which the European Federation of Nurses Associations (EFN) focuses. Nurses, because of the nature of their profession, are ideally equipped in promoting public health and collaborating with other health and social care professionals; supporting patients and citizens in achieving their health goals and creating a healthier population. Public health has many facades and many difficulties to confront, but many solutions are available. Below are some thoughts on the different aspects of the topic and the role of nurses in public health.

Antimicrobial resistance (AMR), for example, is a political topic that has been high on both the European and World Health Organization (WHO) agendas. The EFN promotes the role of nurses in this area, especially through e-prescribing, as front line nurses have closer and more frequent contact with patients and carers. Nurses are often assigned the role of care co-ordinator, meaning that they mediate between the different health and social care professionals responsible for the patient and the patients themselves or their social environment (informal carers, social workers, family, etc.). Because of this role nurses often have a better overview of all the treatments of the patient, which is of special importance in elderly care, when patients are often prescribed too many different medications.

This short example gives a very good overview of the importance of nurses in public health: AMR is one of the main current public health concerns and numerous European and international organisations are trying to find ways of tackling the problem. Nurse prescribing (especially



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through e-prescribing) is of course only one way of tackling the problem, but it is a concrete, tangible solution with limited difficulties of implementation. Only the political will to advance practice is needed.

Tackling AMR is also an example of how nurses, because of the nature of their work, get a more holistic view on the life and treatment of a patient. Another is medication reconciliation (the process of matching the different medicines prescribed to the actual needs of the patient), which is of great importance especially due to the ageing population. The elderly often suffer from comorbidity resulting in frequent visits to various physicians and specialists. Especially in the context of integrated and community care, it is not the doctors anymore but the nurses that have a better overview of the total medication taken by a patient at home. Of course, this is also linked to the importance of nurses in advanced roles who can be case managers and prescribers of medication. Good examples exist, such as in Spain, where nurses prescribe through an e-health platform, supporting reconciliation.

Modern technologies provide great opportunities for the promotion of public health and disease prevention; e-health technologies therefore provide a vehicle for nurses to enhance and add value to technological innovations by using their professional knowledge. Technological innovation can lead to new and changing roles for nurses, as health coaches for example, and should form an essential part of any competency framework for initial and continuing professional education. A recent EU-funded project, ENS4Care, identifies many existing examples of such technologies in various areas such as in different forms of rehabilitation (cardiac rehabilitation, COPD rehabilitation), prevention of malnutrition and social isolation, prevention of heart diseases and others.

Promoting positive lifestyle choices is an increasing priority of public health policy





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Lifestyles

Public health is a very broad topic, and AMR and medication reconciliation are only a part of it. Promotion of a healthy lifestyle is, likewise, a very big part of it. Nurses are professionals who are very close to the work and lives of not just patients but people in general. They give 24-hour care, seven days a week, 365 days a year. Of course all professions relating to the functioning of the health and social care system are of vital importance and this system could not function without them. Health and social care professionals are a team and cannot operate separately from each other, which is why the correct composition of the health and social care workforce is of vital importance.

It is also very important to link health and social care professionals with public health, instead of only focusing on hospitals, emergency and intensive care. Unless a professional has daily experience with patients and citizens, and has qualifications in the field of health and social care, it is very difficult for her/him to contribute equally to the area of public health. Public health can only be seen as an integral part of the health and social care ecosystem where all health and social care professionals contribute to the same goal. In that sense every healthcare

Nurses remain on the frontline of public health campaigns

professional is automatically a public health professional, even if their tasks are not limited to this area.

This supports the argument that no new public health professions should be created, but investment should rather be made in existing professions and in strengthening the public health dimension: an idea which is not new, Andrej Stampar had believed in this since the early 20th Century but modern professionals have lost this vision.

Role for Brussels

The EU, through its Directorate-General on Health and Food Safety (DG SANTE), has tackled the issue facing the health workforce from a limited perspective: from improving health workforce planning and forecasting (comparable data) to future skills needs and improving continuous professional development/lifelong learning, improving the recruitment and retention of health professionals, and tackling the negative effects of migration on health and social care systems. Of course this research is valuable and should continue to be invested in. These are known priorities and they do identify the current problems faced in most EU member states whilst trying to provide solutions. But at the same time a shift in thinking is urgently needed: from theoretical research to practical and concrete solutions.

Many expert and working groups are being organised and funded, but the implementation of good practices in a co-ordinated way is lacking. Governments working with WHO and DG SANTE lack the ambition to strengthen the workforce composition to value quality and safety, instead, cuts have driven policies to make professionals redundant, replaced by a cheaper workforce.

The problems, and part of the solutions to them, are known to everyone active in the area of health and social care: there is an ageing population



which requires specialist knowledge and increasingly complicated treatments; and there is a need for bringing back the care to the community, and continuing to integrate health and social care systems driven by the front line. This allows for more efficient spending, a reduction in unnecessary bureaucracy and an outcome-oriented ecosystem safeguarding quality and safety, leading to a values-based health and social care system in which data and cloud systems support nurses instead of pulling front line staff out of direct patient care.

The importance of teams

Health and social care is teamwork driven and, like in every good team, the right players need to be present and leading. In other words, there is a need to identify the best system of health and social care (integrated, continuous care) and, according to that, select the appropriate qualified and motivated workforce to run the value-based ecosystem. This also implies a thorough understanding of the skills, competences and level of knowledge of each professional. All professionals want to be challenged in their work and work at the level that they are trained and educated for. Many nurses have undertaken advanced studies and can manage the co-ordination of care for patients and populations. In cases where nurses have been appointed as the first point of contact for a patient, or where they manage the entire case, heartening results have been noted. What is important to focus on – moving away from traditional ways of operating linked to specific financing mechanisms (like Diagnosis-related group financing) – are the outcomes achieved and the appreciation and satisfaction level of patients and front line staff.

In conclusion, public health is a topic of vital importance for the wellbeing of our society and for the functioning of the health and social care ecosystem. The EFN believes that whilst it is the responsibility of individuals to make their own health choices, public health and health

For the EFN, engagement with the EU decision making process is a critical priority

and social care are governmental responsibilities and therefore essential to ensuring that healthy choices are supported and facilitated. As such, future health strategies must focus on promoting health and social care as a whole and reducing the current gap in health status between and within member states by supporting more front line staff. Without a motivated, highly skilled front line, nothing can or will change. Nurses play a vital role in this and this system can only function correctly if the appropriately trained people are at the right place, handling the right issues. The community workforce composition is of utmost importance, as is the appropriate education of nurses, in line with European legislation (Acquis) and other professionals.

We continue to ask what is needed for this right course to be taken, focusing on implementation research and scaling-up integrated care led by the front line.

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