

Paul De Raeve, secretary general of the European Federation of Nurses Associations, reflects on the impact of the European Semester on the nursing profession

Nursing and the European Semester

National health and social care systems are very different within the European Union, but all member states share the same values about health and social care: universality, solidarity and equity. These values drive the daily efforts of three million nurses in the EU to move from an old traditional medical and disease-focused model towards an integrated care ecosystem in which 'people-centred' health and social care deliver better outcomes when it comes to quality, safety and sustainability. To realise this vision of an integrated European health and social care ecosystem, the European Semester is perceived by the nursing profession as a mechanism for effective change. Governments need suggestions about best practices in order to improve the health and social care system and guarantee the sustainability of innovation. Sustainability of the health systems can be achieved by acknowledging the increasing health and social care needs to forecast the overall level of the population's health and wellbeing, especially in a time of political and economic instability in the EU. Nurses' contributions to the European Semester, to strengthen universality, solidarity and equity, is key for a successful European Union.

Quality and safety

Patient safety and quality of care are paramount health policy priorities and should continue to remain so. Identifying common ground for EU action is necessary in order to respect the free movement of people across Europe, including both patients and nurses. Patients deserve to receive quality and safe care, and nurses need to be able to work within safe and quality work environments, regardless of the European country in which they may find themselves. The EU has a key function in



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facilitating the free movement as the key pillar of the European Single Market.

The bottom-up development of evidence-based guidelines for ensuring the quality and safety of health and social care services, driven by the professions and end users – the citizens – has real potential to improve the quality of care that patients/citizens receive and raise the safety bar in Europe. One of the most innovative areas that would benefit from evidence-based guidelines are e-health services. Innovative, high quality, safe and cost effective national healthcare systems are dependent upon policy makers and stakeholders developing and implementing high quality e-health services. The European Federation of Nurses' Associations recently led a European project sharing good, cost effective nursing and social care practices in e-health services (telehealth, telecare). This project, ENS4Care, created a set of guidelines based on consensus building and engaging frontline initiatives (120), none of which were financed by the EU. Reference sites are highly inspirational ecosystems, delivering creative and workable local solutions that improve the health and wellbeing of communities. These identified local solutions should be scaled up and replicated across the EU. Therefore, to anticipate scaling up strategies, five guideline themes emerged from these frontline initiatives:

Innovative, high quality and cost-effective national healthcare systems are dependent upon the development and implementation of e-health services

- The use of e-health (including m-health) applications as tools to enhance healthy lifestyles by prevention in healthcare;
- Guidelines on the use of e-health services in clinical practice;
- Continuity of care within the context of integrated care with the help of ICT;
- Skills development for advanced roles which boost the quality, safety, efficiency and cost effectiveness of healthcare especially in combination with ICT tools; and



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- Nurse prescribing has been fully implemented in several member states, e-prescribing for nurses is thus not difficult to implement and the improvement this brings to the integrated care is enormous.

Patient safety and quality of care remain paramount health policy priorities

to working conditions of professions in which the majority is comprised of women (92% of European nurses are women). Nurses have a vital role to play in ensuring patient-centricity remains a key principle in the development of any recommendations or guidelines, and therefore nurses must have an equal and leading role in such policy developments.

Nurse e-prescribing as ANP

Nurse prescribing is an area of professional development that has made huge steps forward in the past few years and is being fully implemented in several member states (the UK, Ireland, Finland, Sweden, Spain, etc.). The EU Guideline on Nurse ePrescribing is about enhancing professional capacity and developing new skills, including e-skills, that lead to e-services that are more patient-centred thereby delivering better patient outcomes.

Keeping quality and safety high on the political agenda, in which the European Semester can and does play a crucial role, is critical for maintaining patient safety and quality of care at the heart of health and social services in the EU and Europe. Any future initiative should give equal weight both to ensuring safety and quality with regard to patient care, as well as nurses' working environments. Given the fact that promoting gender equality is high on the political agenda, extra attention should be given

Nursing workforce

European health and social care systems face many challenges including an ageing population, the rise of chronic diseases, increasing costs and an uneven distribution and shortages of the health workforce. To effectively address these challenges of different health systems, member states should invest in nursing as a profession. Any shortage of nurses will create access problems to the health and social ecosystem, which in the end will be paid for by Europe's population health and wellbeing, partially measured through patient/citizen outcomes.

A comprehensive and growing body of evidence supports the importance of staffing levels to achieving safe patient care. For example, in the United Kingdom, inadequate staffing has been implicated in investigations into a number of serious care failures, such as in the Mid Staffordshire NHS Foundation Trust public inquiry in England, which recommended the development of evidence-based, nationally accredited staffing guidance and tools. However, evidence from member states shows further deterioration in staffing levels, as short-term workforce planning and financially motivated policies have contributed to the loss of thousands of nursing roles across Europe over the past few years. The Royal College of Nursing in the UK has warned that growing demand for nursing care is likely to create a significant challenge over the next few years, with current trends pointing to a shortage of over 47,000 nurses in 2016 in

the UK alone. Assuring a nurse workforce that is large enough and possesses the right knowledge and skills for the changing health and illness patterns of our times is nothing short of an imperative for the future sustainability of EU health and social services.

Nevertheless, nurses are the first point of contact for patients in the health and social service and in this way hold great responsibility for the delivery of safe and high quality care in hospitals and in the community. We recognise that many countries in Europe struggle to recruit and retain adequate numbers of nurses, and governments tend to make the workforce cheaper by making nurses redundant and replacing them with non-qualified staff. Historically, the nurse shortage has been complicated by continuing portrayals of nursing as a weaker option, not being in the same league as other professions and academic disciplines. However, as a result of the revised Directive 2005/36/EC, the academic imbalance between healthcare professionals is significantly reduced, which makes nursing a profession, instead of a vocation. The strengthening of nursing as a profession will lead to new innovations, new markets and growth.

As healthcare has become more complex over recent years, with hospitalised patients being increasingly acutely unwell, adequate numbers of highly educated nurses are needed for the health and social care system to cope effectively with the well-known societal challenges we face today. The European Semester must take into account the relation between the available workforce and the outcomes achieved (health and wellbeing of the population). Health workforce maldistribution and shortages are clearly associated with poor health outcomes.

Compliance with Directive 2005/36/EC

The modernised Directive 2005/36/EC has fuelled investment in the education of general care nurses, with many countries supporting a move into higher education and the establishment of one level of nurses. Indeed, there is mounting evidence showing that a 10% increase in the proportion of nurses holding a higher education qualification is associated with a 5% decrease in the likelihood of patients dying within 30 days of admission to hospitals. Degree programmes are accepted to have better completion rates, while better patient outcomes and

reduced length of stay in hospitals associated with graduate nurses make higher education a cost effective option.

The directive addresses certain issues concerning the internal market but has, at the same time, a substantial impact on advancing the profession of nursing and the status of nurses across the EU and Europe. Concretely, the directive has brought into place a set of eight competences that all nurses should have acquired when completing their education regardless of the member state in which they conducted their studies. In this way, the directive has been the cornerstone of massive educational reforms, raising the quality bar of nurse education. Considering that the largest proportion of the nursing workforce is female, upgrading the education and status of nurses is steadily impacting on balancing gender inequalities within Europe. The directive therefore is also seen as indirectly having a human rights dimension. Continuing the political and professional support for the development of a highly educated profile of nurses would help reduce the educational disparity among nurses and other healthcare professionals, improve the recruitment and retention of youngsters into nursing, upgrade the skill level of the nursing workforce, and ultimately ensure that EU citizens have better access to high quality and safe healthcare services and systems.

By including this set of competences in the directive, a huge step forward was also made for mobility and closer integration of the internal market. Nurses, already being the second most mobile profession in the EU, will be able to move between countries with even more ease. A set of competences allows the future employer to know exactly what to expect from the employees, and employees know what their exact role is. At the same time curricula are much easier to compare to each other, as they need to make sure that at the end of the education provided, certain competences will have been acquired. This makes updating Annex V of the directive, which contains all the degrees that allow for automatic recognition, much easier. There is one thing that needs to be assured while transposing the directive into national law. The set of competences must be understood in the exact same way by all the member states. Big variations in the

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implementation contradict the *ratio legis* of the directive, which is to increase mobility and assure quality of education. Therefore the EFN has developed a Competency Framework in which clear guidelines are given in how the different competences listed in Article 31 of the directive should be understood. This has been agreed upon by all of the EFN members representing national nurses associations (NNAs) in all 28 EU member states.

Continuous professional development

Initial educational preparation is, however, not enough to ensure high levels of care provision as developments in healthcare are ongoing. In the context of quality of care and patient safety, it is imperative that all healthcare professionals are keeping abreast of new knowledge, techniques and developments related to interprofessional developments. As professionals, nurses have always been engaged in continuing professional development (CPD) and it is within this context that CPD has a very important role to play in the increasing of e-competences as mentioned in the beginning of this article. CPD and the directive should ideally keep up to date with such initiatives and incorporate e-skills into the educational programme of nurses and daily practice.

The aforementioned directive takes an important policy step by saying that 'member states shall ensure, by encouraging continuous professional development, that health professionals are able to update their knowledge to maintain safe and effective practice'. Nurses will as a result have to maintain, develop and enhance their competences through CPD. The need for nurses to maintain and update their knowledge and skills is essential for achieving and maintaining quality in service provision, and is in keeping with a broader recognition that lifelong learning, embracing both formal and informal post-basic education, is an ongoing requirement for all. If the development of competencies is to have a formal value in relation to career development, promotion, job change and up-scaled salaries that are competitive in relation to other sectors, CPD needs to be recognised and documented. For example, through creating an individual EU CPD portfolio (similar to EU CV) and if needed, a

European CPD Framework, going beyond subsidiarity and national accreditation. In order for the individual nurse, or healthcare organisation, to structure activities of informal as well as formal learning, it is important to relate to a common guide or framework. The European Commission should facilitate this design (e.g. through the IMI system).

Conclusions

Societal challenges, particularly in the health and social care sector, need restructuring, efficiency, sustainable solutions and political leadership. On a European level, the commission tackles these issue by analysing the state of play in EU member states including the country specific recommendations of the European Semester, which suggests performance improvements. However, every single member state is or will be struggling with societal challenges if health and social care stay legally and financially separated and if the ecosystem maintains its focus on diseases and purely medical pathways instead of care in the general sense. All countries need to make a series of political priorities that reshuffle investments towards building a health and social ecosystem with a strong integrated care system.

In the last decade, the EFN has been contributing to the sustainability of health and social systems by moving nursing education towards higher and university education and to build a highly qualified and motivated workforce of nurses working in EU health and social systems. To that end, the Directive on Mutual Recognition of Professional Qualifications developed sustainability of the workforce categories, underpinning nursing as a profession. Having a highly qualified and motivated workforce, member states will be prepared to better respond to long-term care needs and to build a sustainable health and social ecosystem.

The ambition to take an holistic approach to the delivery of care on a national level shall make full use of the digital single market and its innovations. Integrated care e-health services hold great potential for improving the quality and safety of care for individuals across the EU through ensuring the continuity of care across primary and secondary health and social care sectors. This can bring substantial benefits for patients, citizens, carers, and health and social care professionals. Patients, carers and citizens can be empowered to take more ownership of their health and conditions while professionals can be enabled to provide the high quality and safe care they aspire to.

The EFN has the evidence that change can happen and that sustainable solutions for long-term care can be implemented. We have the tools and the champions on the frontline to make change happen, but change is impossible without investments in health and social care, innovation and enough political will. The European Semester is therefore seen as a mechanism for political commitment and bottom-up innovation.

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