



# The European perspective on responsibility and actions



18th Conference - May 2008 - Lisbon

**António Manuel V. A. Silva**  
European Federation of Nurses

# Making Nurses Voice Heard in the European Union and Europe

**EFN**  
**NURSES VOICE**  
EUROPEAN FEDERATION OF NURSES ASSOCIATIONS



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# HISTORY of EFN

EFN was set up in 1971.

Its creation was linked to Directives being drafted at that time by the European Commission on **Nursing Education and Free Movement**



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EFN is the

**Independent Voice of the Nursing Profession**

and lobbies outcomes will effect six million nurses in Europe.

Members consist of:

National Nurses Associations (NNA) from all EU Member States and the Council of Europe.

The European Specialist Nurses Organisation (ESNO) is Associate Member of EFN and WHO/ICN/ENSA have observer status.



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# MISSION of EFN

The EFN shall strengthen the status and practice of the profession of nursing and the interests of nurses in the EU & Europe



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## ***EFN COMMITTEE PRIORITIES***

**Education - *Professional Committee***

**Recruitment - *Workforce Committee***

**Health Services - *Public Policy Committee***



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## **Priorities for the Professional Committee**

(1) EU Educational Standards:

- DIRECTIVE 36;
- Bologna Process & EQF;
- Continuous Professional Development.

(2) Structural and Social Cohesion Funds;

(3) Information to Patient



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## **Priorities for the Workforce Committee**

- (1) Recruitment - Memorandum of Understanding EPSU-EFN & Council Recommendations on Mobility;
- (2) Sharp Injuries & Medical Devices.



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## Priorities for the Public Policy Committee

- (1) Health Services Directive – DG Sanco legislative initiative
- (2) DG Sanco Council Recommendations Patient Safety & Health Care Associated Infections



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## **EFN Involvement in EU Projects**

- 1 – EUNetPaS – Patient Safety;
- 2 – HealthPROelderly – Elderly Care;
- 3 – Research - 7th Framework Program
  - Mobility of Health Professional;
  - Nurse Forecasting: Human Resources Planning in Nursing.



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...a need to discuss and clarify the difficult issues in connection with multidisciplinary treatment and teams...

The question about where responsibility for a treatment/treatment failure should be placed:

on the nurse who treated,  
the doctor who prescribed,  
the company which sold the product or  
the institution which approved the guidelines?

...existing legislation and the need for regulatory actions...National/European...

The importance of structure of treatment & education related to responsibility

Patient safety and quality control

Litigation – Europe / US / National



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## 68 The World Health Report 2006

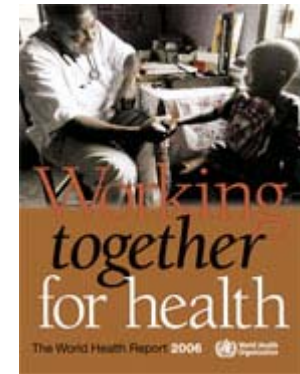


Table 4.1 Dimensions of health workforce performance

Dimension	Description
Availability	Availability in terms of space and time: encompasses distribution and attendance of existing workers
Competence	Encompasses the combination of technical knowledge, skills and behaviours
Responsiveness	People are treated decently, regardless of whether or not their health improves or who they are
Productivity	Producing the maximum effective health services and health outcomes possible given the existing stock of health workers; reducing waste of staff time or skills

## Chapter 4 - Making the most of existing health workers





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Competence

Accountability

Critical thinking

Clinical reasoning

Scope of practice

Delegation



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## Competence

The effective application of a combination of knowledge, skill and judgement demonstrated by an individual in daily practice or job performance. In nursing definitions, there is wide-ranging agreement that, in the performance of nursing roles to the standards required in employment, competence reflects the following:

- Knowledge, understanding and judgement;
- A range of skills cognitive, technical or psychomotor and interpersonal; and
- A range of personal attributes and attitudes.

**International Council of Nurses, 2008**



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## **Accountability**

The readiness or preparedness to give an explanation or justification to relevant others (for one's judgements, intentions, acts and omissions) when appropriately called upon to do so.

**International Council of Nurses, 2008**



## Critical Thinking

Critical thinking is essential as a tool of inquiry. It is a purposeful, results-oriented process that focuses on information seeking, decision making and problem solving and involves a process of interpretation, analysis, inference and evaluation of information.

**International Council of Nurses, 2008**







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## **Clinical Reasoning**

The cognitive process that informs and underpins autonomous clinical practice, involving the gathering and interpretation of data, generation of hypotheses and making of decisions regarding patient care.

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## Scope of Practice

The range of roles, functions, responsibilities and activities, which a registered/licensed professional is educated for, competent in, and is authorised to perform. It defines the accountability and limits of practice.

International Council of Nurses, 2008



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## Delegation

Delegation involves the transfer of responsibility for the performance of a task from one individual to another while the person whose task is being delegated retains accountability for the outcome. It involves assessment of the needs of the client and the abilities of the person being assigned the delegated activities and includes the responsibility of the person whose task is being delegated for the ongoing direct or indirect supervision and monitoring of patient outcome and performance of the individual undertaking the delegated activities.

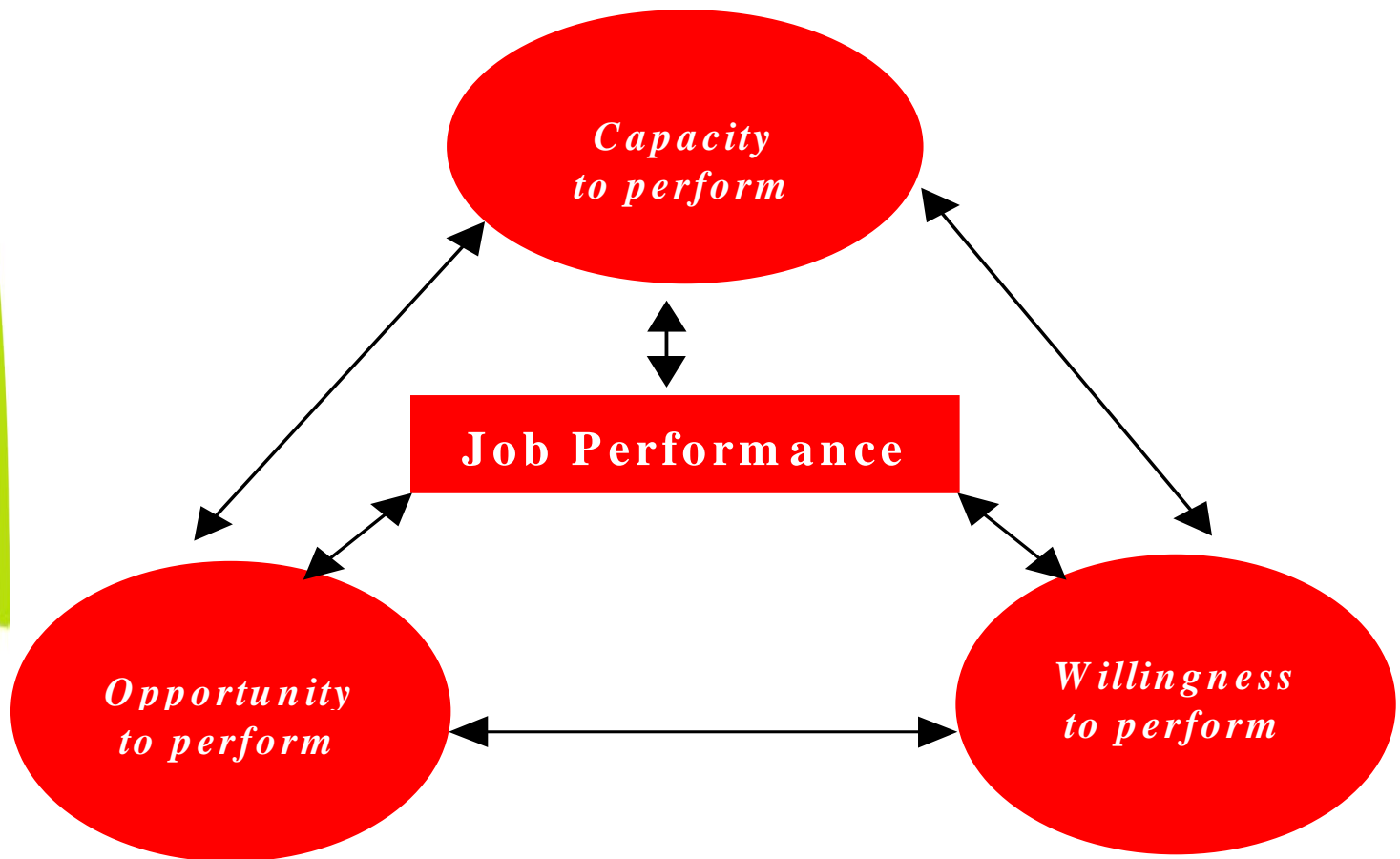
**International Council of Nurses, 2008**



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(Blumberg & Pringle, 1982, De Raeve, 2003).

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Clinician

Guidelines

Regulator

Cross Border Care

Client

Ministry  
Of  
Health

Government

Provider

Professional  
Society

EU Directives

Qualification

Patient

Evidence based practice

Professional  
License



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## **World Health Report 2006**

### Chapter 4 - Making the most of existing health workers

#### **Strategies to improve health workers performance (1/2)**

- 4.1 Develop clear job descriptions
- 4.2 Support norms and codes of conduct
- 4.3 Match skills to tasks
- 4.4 Exercise supportive supervision
- 4.5 Ensure appropriate remuneration





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## **World Health Report 2006**

Chapter 4 - Making the most of existing health workers

### **Strategies to improve health workers performance (2/2)**

4.6 Ensure adequate information and communication

4.7 Improve infrastructure and supplies

4.8 Promote lifelong learning

4.9 Establish effective team management

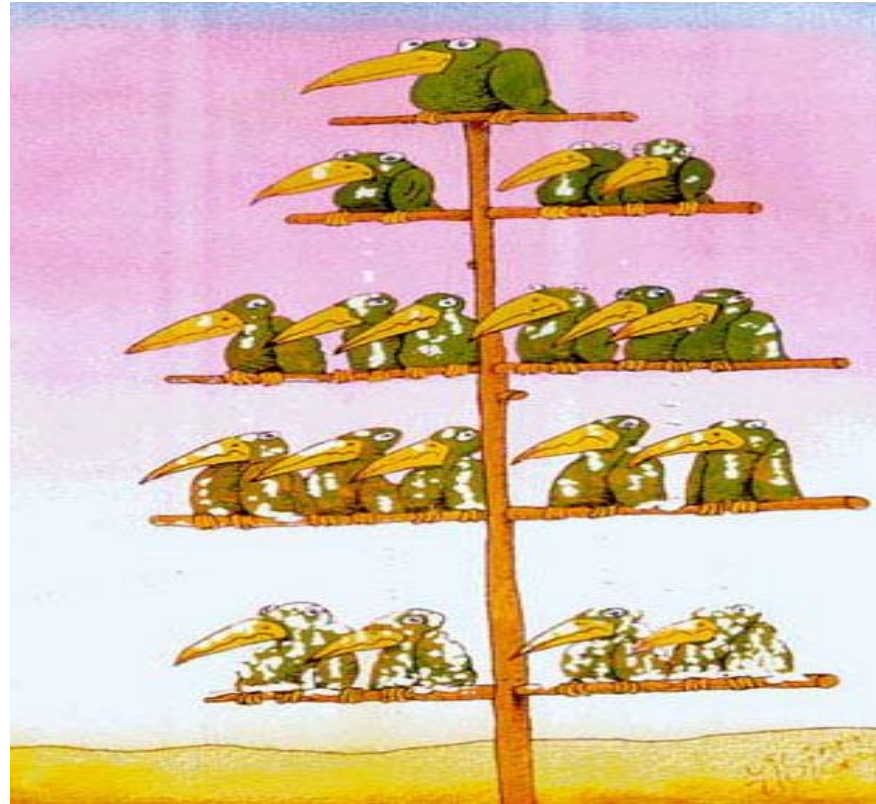
4.10 Combine responsibility with accountability



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As *Nietzsche* once noted:

**“forgetting our objectives is the most frequent act of stupidity.”**



brussels' office  
statutes - constitution  
statutes - internal reg.  
statutes - working reg.  
statutes - terms of ref.

Euro

nurses Associations



EN | FR

Related links

**VISIT EFN HOMEPAGE**

**[www.efnweb.eu](http://www.efnweb.eu)**

The EUNetPaS project officially launched 18/07/2008



The European Union Network for Patient Safety (EUNetPaS) has been officially launched on 26-29 February 2008, in Utrecht, The Netherlands. Coordinated by HAS (Haute Autorité de la Santé - France)



and financed by the European Commission within the 2007 Public Health Programme, the project aims to establish an umbrella network of all 27 EU Member States and EU

**Thank you**

March Update



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Safety. its main objective is to produce a European added value of Member States collaboration by mutual support, transfer of knowledge and good practice and exchange of ideas and materials for accelerating progress in Patient Safety. As associated partner, the EFN will be involved in the Working

AGENDA

7th European Regional Conference Commonwealth

