

**"Nurse Autonomy & Patients' Mobility"**

by

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Dear Colleagues

It gives me great pleasure to be amongst you today at the 2009 FNIB congress to speak on the issue of Nurse Autonomy & Patients' Mobility. Before I begin, I would like to express best wishes from the President and all Members of EFN across Europe, to which the FNIB is a part of. My speech will be kept concise and commence with a brief introduction to EFN, followed by a reflection on the importance of Nurse Autonomy, with a particular reference to DIR 2005/36 as our legislative basis for action, and will conclude highlighting the mobility of Patients.

The European Federation of Nurses Associations (EFN) was established in 1971 and is the **independent voice of the nursing profession in the EU**. The EFN consists of National Nurses Associations from 32 EU Member States and its work has an effect on the daily work of 6 million nurses throughout the European Union and Europe. EFN's mission is to work and lobby towards "*strengthening the **status and practice of the profession** of nursing for the benefit of the health of the citizens and the interests of nurses in the EU & Europe.*"

The matter of Nurse autonomy has been, and will continue to be, the subject of debate for many years. However, this debate is increasingly gaining momentum as the Nursing profession upgrades to a University based discipline with advanced skills, unique expertise, and a distinct knowledge base. Modern Nurses are envisioned as knowledgeable clinicians, confident to act as advocates for safe and quality care, challenging systems as and when needed.

As the healthcare environment continues to be subject to constant change due to the ageing of the population, rapid technological advances, and public demand for quality care, Nurses are being asked to practice at a higher technical level and with specialised knowledge. The international literature and political scene has been paying attention to this with the International Council of Nurses reporting that maintaining a level of autonomy over their work allows nurses to feel that they are **respected** and valued members in their places of employment. Similarly, the European Observatory on Health Systems and Policies frequently sites research highlighting how **patient outcomes** are mediated by key attributes of professional nursing practices, including nurse staffing, nurse-physician relations and importantly **Nurse autonomy**. Finally, it is widely accepted that in the current era of workforce shortages, Nurse autonomy plays a crucial role both in the recruitment and retention of skilled and experienced Nurses.

However, within all of this demand for more autonomous practice Nurses all over Europe are faced with legislation constraints as to how far their National Law allows them to practice. EFN realises that most often than not, National legislation constricts Nursing practice into following medical instructions and adhering to strict protocols. Perhaps it is about time to take a step forward!

Directive 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications has been in force since September 2007. Within this directive the minimum requirements for Nurse training as well as the accompanied acquired rights are set out for Member States to transpose into domestic law. For the purposes of the current speech, articles 31 and 33 shall be examined closer.

In stating the minimum requirements for Nurse training, article 31 sub-section 5 refers to student nurses' clinical training in which they must *"learn, as part of a team and in direct contact with a healthy or sick individual and/or community, **to organise, dispense and evaluate the required comprehensive nursing care, on the basis of the knowledge and skills** which they have acquired. The trainee nurse shall learn not only how to work in a team, but also **how to lead a team and organise overall nursing care**, including health education for individuals and small groups, within the health institute or in the community."*

Furthermore, article 33 speaks of the acquired rights specific to Nurses and states that where Nurses are found to be complying with the directive, their acquired rights *"must have included **full responsibility for the planning, organisation and administration of nursing care** delivered to the patient."* Therefore it is also clarified that in addition to the aforementioned rights, the administration elements of Nursing must also be under the full responsibility of Nurses.

It then becomes clear that it is expected from student nurses to be proficient, skilled and confident in **leading and organising nursing care**, including the provision and evaluation of relevant nursing interventions. Moreover, qualified Nurses are required to have **full responsibility over their practice** and administration of their work. This is a strong legislative basis with massive potential.

Understandably this does also raise concerns to some since with responsibility in Nurses leading primary decision making also comes accountability for any subsequent outcomes, either positive or negative. Nevertheless, it is important to note that according to the directive 36 care should be given within the context of a health team which suggests accountability is in fact shared amongst the professionals composing the health team. Being brave enough to spring from this legislative basis in order to seize control over our future may not be easy, but nothing worth having is!

When it comes to patient mobility it is important to stress the upcoming Cross Border Healthcare Directive in which patient centred care becomes central to the political debate. The proposed directive, which the EFN believes is a major step forward to improve "Patients Rights", "Quality and Safety" and "Cooperation", aims to ensure that there are no obstacles to patients seeking care in another EU Member State than in their home country, and that a clear and transparent framework for high-quality, safe and efficient cross-border healthcare within the EU is provided. The Directive also clarifies the right for a patient to be reimbursed after a treatment in another EU Member State, and establish health care co-operation mechanisms among the EU Member States.

From the literature (Aiken) we know that patient centred nursing care has contributed positively to patient outcomes due to the increased ability of nurses to identify, at an early stage, deterioration in a patient's condition and to instigate appropriate interventions. Consequently, we are coming into the discussion of nurse prescribing and e-health. In fact, it is all about health system reform and who is doing what, and at what price?!

Therefore, it is important to identify a common set of patient sensitive indicators, to gather information on quality of services and to put in place safeguards and mechanisms to address complaints. It is also necessary to develop clear lines of accountability for the continuity of patient care, and a clear system of information exchange to assist patients to make informed choices about their healthcare.

To conclude, it is clear that currently the Nursing community has a number of challenges ahead in advancing its practice while at the same time safeguarding its disciplinary rights. Unfortunately, these challenges are intensified in the aftermath of the financial crisis where we are witnessing efforts in many countries to downgrade nursing in desperate and short-sighted attempts at

saving money. The EFN shall continue to support its members in strengthening our discipline and defending our rights as healthcare practitioners. Nurse autonomy is a valued possession which should be pursued, especially during these threatening times of financial crisis, if Nursing is to continue walking the evolving path of professionalism, academic distinction, and disciplinary recognition.

Thank you.

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