

The Importance of Nursing Services in the European Union

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The financial crisis has hit nurses and nursing very hard, impacting on the access to care and the quality of the care provided^{i ii}. As mostly noted by politicians and policy-makers, the crisis must be used as an opportunity for health system reforms. Nurses need to be in the frontline to review and optimise the healthcare delivery by improving access, promoting higher quality of care, developing new roles and taking up the leadership more intensively. In the years to come, EU Member States will continue lowering public spending with negative consequences on health budgets, access and quality. Although the picture is gloomy, there are areas where EU institutions and Member States can cooperate with the nursing profession to counter negative effects on public health and patient safety. The voice of those operating daily in the health systems need to be taken into account for initiatives to be successful. This article outlines a few reform initiatives which have a potential to positively affect health outcomes.

Firstly, the modernisation of DIR 36 (Dir2005/36/EC) is essential to safeguard quality and safety of the services delivered by all health professionals. The review of the Directive is an opportunity to ascertain that “fit for practice” remains a professional priority. The review of the Directive is linked to the European Commission Agenda on ‘New Skills and Jobsⁱⁱⁱ’, in which a highly skilled health workforce is prioritised at the same level as modernising labour markets. Enhancing mobility of professionals is one of the central targets of the Single Market Act^{iv}, to boost the economic growth in the European Union. Interestingly, laying strong and sound foundations on the EU health workforce became an essential driver in the EU health policy domain, with nurses—as the largest group of health professionals—playing a central role.

Secondly, for EFN, the European Council Conclusions on the EU health workforce provided the good political framework to move into actions and join efforts within the context of the upcoming Joint Action on the EU Workforce for Health and the EU Action Plan. This is an initiative that deserves our attention. Skills mix and extended responsibilities for nurses are key components when reforming existing health systems, for both the primary and hospital care systems^v. Consequently, the establishment of a Sectoral Skills’ Council constitutes policy opportunities for nurses to frame the optimisation of the scope of the nursing services when redesigning healthcare systems in the EU. The establishing link between the primary and secondary care stays often discussed and debated but drastic cuts in frontline makes it very difficult to engage service providers and end-users in redesigning delivery of care.^{vi} The re-engineering of health systems in the EU implies taking up nurses’ views and experiences which are mostly very practice oriented. It is also crucial to provide standards of care which facilitate the patient to become central in systems and safeguarding quality and safety in a well governed continuity of care system.

As a third area, the concept of 'Innovative Partnerships' is a step in the right direction to scale up 'frontline initiatives' into an EU added-value for citizens, as patients or as health professionals. The concept of the 'advanced practice nurse' is an innovate example, not only in relation to safety and quality, but in many other aspects of making health systems effective and efficient. Therefore, research in the social sciences and humanities plays a pivotal role in promoting the links between actions and interactions and between interaction and integration. Promoting an integrated innovation of advances coming from social, technological and financial fields, as supported by the Horizon 2020^{vii} and its focus on societal challenges, can constitute a model out of traditional paradigms. In particular, the 'European Innovation Partnership on Active and Healthy Ageing' is looking for integrated care models to support the sustainability of health systems. The EFN works at this level, currently in alliance with regions in Romania to spread the implementation of good practice of the Northern Ireland experience^{viii} with continuity of care. The shift includes bringing upfront innovative 'fieldwork' in patient empowerment, putting gender into the equation, embracing healthy and productive life years and quality of life while emphasising an integrated approach of service planning and financing, also strengthening the primary health care system as a major tool to improve access to healthcare^{ix}. And by the way, this is all led by nurses.

A fourth area with potential to mitigate cuts in health budgets is e-health. E-health is a tool to decrease the nurses' workload, standardising activities such as documentation, patient records, referrals and discharge. Proper e-health systems must help nurses to reduce burden of administrative work providing them more time for direct patient contact, bringing the nurse closer to the patient. The condition for success is the end-users' engagement in the design and deployment of new innovative e-health solutions, which must be used as tools to improve the communications processes, promote the use of standards and inter-professional communication channels, and as a supporter of continuity of care. E-health is a vital partner in the delivery of nursing services but would never solve the shortages of nurses in the EU. E-health does not replace nurses, it supports nurses' services. The EU will need a sustainable nursing workforce to give true effect to the potentially positive effects of e-health initiatives.

As touched on above, a fifth area for innovation and reform is concerned with skills mix and task shifting. Within the 'Europe 2020' strategy, there is an urgent need to development within the health care system a highly skilled nursing workforce with the right skills to respond to the future demands of patients^{x,xi,xii}. This is about elderly care, healthy ageing, not just technological and medical innovation. To control the growth in health spending necessitates the implementation of advanced roles for nurses which gained already momentum in many European countries^{xiii}. Most of the reasons that incite the development of new roles for nurses are related to improved access to care, in the context of a limited supply of other professionals, and to promote higher quality of care by leadership and more intensive follow-up and counselling in primary care and community level. The new roles reduce health spending in the longer term by avoiding unnecessary hospitalisations, specifically through the role of Nurse Case Management in Chronic Diseases.

There is a large body of evidence showing that advanced practice nurses are able to deliver the same quality of care as physicians for services transferred to them, provided they have received proper education and training^{xiv}. Furthermore, many evaluations have found a high patient satisfaction rate with services provided by advanced practice nurses and, in many cases, a higher rate compared to physicians. This seems to be due mainly to the fact that advanced practice nurses tend to spend more time with patients. No study has found any negative impact on patient outcomes following the transfer of certain fields of activities from physicians to nurses^{xv}. The evidence reviewed also shows that challenges to implement this role include the need for enabling legislative environment, funding and implementation of educational programs, and the creation of employment mechanisms. One of the main barriers to the development of more advanced nursing roles is the opposition from physicians, as physicians are reluctant to new roles as substitutes for their tasks. Improved collaboration between the different health professionals is thus central.

The Patients' rights in Cross Border Healthcare EU Directive (2011/24/EU), and the European reference networks (Article 12) between healthcare providers and centres of expertise should be built on evidence based nursing sensitive criteria^{xvi,xvii,xviii,xix} to improve access to the provision of high-quality services while maximising efficient use of scarce resources and upholding an integrated approach empowering patients. Establishing systems to measure outcomes of continuity, quality of care and patient safety^{xx} is important along with the use of e-health to obtain accurate, comprehensive, user-friendly, and secure patient records^{xxi,xxii,xxiii}. Interoperable e-health services to support communication and information sharing among healthcare professionals are essential^{xxiv} if this is to be achieved.

Although the current difficulties in Euro zone are clouding down initiatives, nurses will keep on seeing opportunities, advocating for the weakest in society and taking concrete measures to promote patient safety, producing more effective health systems in which nurses lead to achieve positive patient and health outcomes. This is in everyone's interest and it should be on top of everyone's agenda.

The [European Federation of Nurses Associations \(EFN\)](#) was established in 1971 and is the independent voice of the profession. The EFN consists of National Nurses Associations from 34 EU Member States, working for the benefit of 6 million nurses throughout the European Union and Europe. The mission of EFN is to strengthen 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

ⁱ EFN Report on the Impact of the Financial Crisis on Nurses and Nursing

ⁱⁱ Health at a Glance 2011: OECD Indicators. Available online: <http://www.oecd.org/health/healthataglance>

ⁱⁱⁱ European Commission Communication "An Agenda for new skills and jobs". COM(2010) 682 final.

^{iv} European Commission Communication "Single Market Act: Twelve levers to boost growth and strengthen confidence". COM(2011) 206 final.

^v Aiken et al. Importance of work environments on hospital outcomes in nine countries. *Int J Qual Health Care*. 2011 Aug;23(4):357-64.

^{vi} King's Fund. Making shared decision-making a reality: no decision about me without me.2011.

^{vii} European Commission Communication "Horizon 2020: The Framework Programme for Research and Innovation" COM(2011) 808 final.

^{viii} Lupari M. Chronic Illness Case management Service. Northern Health and Social Care Trust. (<http://frontlinefirst.rcn.org.uk/sites/frontlinefirst/index.php/innovation/entry/marina-lupari>)

^{ix} World Health Organisation WHA62.12 Primary Healthcare, including health systems strengthening. Sixty second World Health Assembly. 2009.

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- ^{xv} *Nurses in Advanced Roles*, OECD, July 2010
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- ^{xxii} Royal College of Nursing (2010). *Consent to create, amend, access and share eHealth records*.
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- ^{xxiv} RCN Position Statement. *Measuring for quality in health and social care*.