



## **Nursing Powers in the EU: The Role and Outcomes of the European Federation of Nurses Associations**

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**The European Federation of Nurses Associations (EFN) was established in 1971 as the independent voice of the nursing profession and is recognised by the European Institutions as the official liaison committee for nurses. EFN consists of the national nurses' associations from the EU Member States and associate members are from countries in membership of the Council of Europe. The mission of EFN is to promote and protect nurses and the nursing profession with particular reference to the EU. The nursing workforce is the largest occupational group in the health sector.**

### **Strategy**

The strategy for working towards this mission includes ensuring that nursing is central to the development, implementation and evaluation of EU Social and Health Policy, in partnership with other health providers, health insurances, trade unions, patients organisations, civil society and the health industry. In order to obtain a social Europe based on the criteria of harmonisation, competition, accountability, effectiveness and solidarity, these partners need to develop common strategies for the implementation

of health and public health recommendations. Maintaining and developing a qualitative and equitable health service in the EU necessitates a strategic contribution to the development of a sufficient, effective, competent and motivated health workforce. Monitoring and lobbying the process on mutual recognition of professional qualifications, free movement of health professionals and outcomes is therefore the core business of EFN. The development of educational standards, accredited education programmes, improving the nursing workforce, planning and promoting effective, ethical strategies in recruitment and retaining nurses, facilitates and guarantees these outcomes. EFN's key role as a bridge between national nurses associations and key decision-makers in the European institutions will maximise the lobby effect at national and EU level.

### **Lobby Results**

The future of Europe needs to guarantee the compatibility between Social European Policy and the free market principles introduced by EU legislation. Providing a legal base for EU health policy in the EC Treaty to enable the Council and the Parliament to pursue more pro-active EU health and care policy, including harmonisation and promotion and protection of European citizens' health, is essential. Faced with competing economic policy in the EU, politicians need to understand that investing in health promotes economic development. Health and public health should be considered as key economic drivers and should have a central place for policy development. A dynamic "health driven" approach, with a clear coordinated health strategy, together with adequate measures and indicators should ensure that all developments and reforms move in the right direction. For example, approximately 90% of the nursing workforce consists of women and a large percentage takes a break during their career to have and raise children, which will affect their final pension. Women can in some cases retire earlier than men which could adversely affect the workforce pool. It is therefore essential to work towards improving and modernising the social model, based on accessibility, improvement of quality and financial sustainability. Within health care systems, nurses are involved in patient care 24 hours a day and it is essential, when designing new systems, to include nurses and nursing to get the full picture on care in order to guarantee the outcomes (Hancock, 1999). The content discussions in the European Health Policy Forum are examples of

involvement. Nurses provide decision makers, politicians and colleagues with timely and valid information about the value of health and public health and this should not be based on a voluntary basis.

A legally binding Consultation Mechanisms should guarantee this input and future developments of the nursing profession. The new proposed Directive on the Mutual Recognition of Professional Qualifications needs to be an incentive for this orientation. Education is one of the most powerful means of facilitating changes. Although there is free movement of money, goods, patients and professionals, we are still struggling with different levels of basic education, different programmes and different outcomes. EFN's recommendations relate to the core curriculum for nursing education, on which the training of qualified nurses should be based in the Enlarged Europe in order to remove disparities throughout the EU and Europe. Structured post-registration programmes for nursing to update professional skills and competencies and standardised educational programmes and/or curricula are needed at EU level. As an example, EFN developed a programme of continuing professional development for nurses in Europe, in the field of public health, supported by European Commission funding. If the educational outcome is not guaranteed within Europe, the safety of patients will be in danger (Aiken, 1999).

Within the nursing workforce, the theme of cost containment, leading to the substitution of 'expensive' nurses for more 'cheaper' care assistants or aides, has become increasingly apparent (Buchan, 1999). EFN's workforce agenda highlights concerns on aggressive recruitment from countries which cannot afford to lose their workforce. The main concern is the practice of agencies, hospitals who are profit driven and who do not always consider the ethical issues. Aggressive recruitment practices, taking the more experienced professionals from countries that have surplus, lead to under-resourced and disrupted health services. These most experienced nurses are needed to develop their own national and local health service. Standards for employers and agencies should be set out and implemented at European level.

Finally, globalisation is characterised by a continuous search to change in relation to technology, quality of care and job performance. The health sector is facing the problem that it has the ambition of flexibility and innovation, but the structures are

rigid which impacts on outcomes. We need to shift towards non-hierarchical co-operation between different levels of the organisation (Mishra, 1998). Despite the continuing emphasis on various versions of nurses' involvement, the ability to empower nurses is still not common in most managers' repertoire of skills. Nurses have a variety of forms of power available to them, including 'informational power', but empowerment is more rarely seen than prescribed (Malone, 1993).

## **Conclusion**

Successful implementation often requires people to think differently. The focus should be upon the processes of collective thinking, learning and creating rather than quantity and individual strategies. Europe needs to develop an overall architecture of lifelong learning which involves not only all parts of education and training systems, but the health professionals themselves. A well-motivated, well-educated and adequately resourced workforce will be the key to the success of any change. EFN supports the development of a qualitative health care model instead of a purely economical model and will monitor the EU Social and Health Policy development in relation to safe standards of goods and services, promoting a safe environment for patients, employment and social justice. Initiating changes and improvements at local level, in the health system itself and in the individual patient's experiences of health provision, are leadership capacities of nurses who benefit the European citizens and patients. Without nurses, the implementation of the European Health agenda will be different.

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