



Nursing and health developments in Central and Eastern Europe

Name: Paul De Raeve
Qualifications: RN, MScN, MQA
Position: Secretary General of the European Federation of Nurses Associations (EFN)
Email: efn@efn.be

Introduction

The European Federation of Nurses Associations (EFN) was established in 1971 and is recognised by the European Institutions as the official liaison committee for nurses and nursing. EFN represents more than 1.2 million nurses, who are in membership of the national nurses associations. EFN is the independent voice of the nursing profession in the EU and Europe and its mission is to strengthen the status and practice of the nursing profession and the interests of nurses in the EU and Europe. By doing that, EFN will contribute to achieve the European Social and Health agenda.

Strategy

EFN supports and facilitates a qualitative and equitable health service in the EU and Europe by a strategic contribution to the development of a sufficient, effective, competent and motivated workforce of nurses. The nursing workforce, their competences and the mobility is essential within a single market but needs to be related to quality of care and safety of patients. Aggressive recruitment practices lead to under-resourced and disrupted health services. Countries are currently competing in the recruitment stakes and it becomes clear that recruitment from other countries is not the answer. We are “robbing Peter to pay Thomas”, or in other words, recruiting from each other, taking the more experienced professionals from countries who have surplus, but these most experienced nurses are needed to develop their own national and local health service. This is not the solution and is, to say the least, unethical, and in many cases that surplus may be as a result of an under-resourced and underdeveloped health service. Therefore EFN members developed a more practical guidance document promoting good practice with employers and recruitment agencies in any Member-States who are actively recruiting from other

countries, with EU Member-State Governments and with the European Commission, particularly in the light of discussions in the EU High Level Committee of Professional and Patient Mobility.

EFN wants to ensure that nurses and nursing is central to the development of Social and Health Policy and its implementation in the EU and Europe. The new Convention on the future of Europe and the introduction of Health and Public Health within the Convention is essential for nurses in order to achieve the European social and health agenda. Over more than 15 million people are currently looking for work and unemployment is considered as the main source of poverty and social exclusion, placing a strain on social security systems. We know that fewer people of working age need to support the non-active population and with regard to pensions there is a disparity between male/female pension entitlements. 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. EFN believes that although health services are the responsibility of Member States, exchanging best practice and experience in relation to clinical interventions and outcomes, is of significant importance in improving quality and raising standards across Europe. Within health care systems, nurses provide around 80% of direct patient care; therefore it is essential, when designing new systems, to include nurses and nursing to get the full picture on care in order to guarantee the outcome within an enlarged Europe.

EFN is concerned that if no benchmarks exist to measure the nursing resource requirements to meet health service demands it may prove difficult to assess whether they have a surplus or a shortage of nurses. The single most common reason in all countries in relation to the current labour crisis in all health professional groups is a lack of information in respect of the number of health service employees, the future healthcare needs and the delivery of services. Systematic information is needed about the nursing practice, which is featured by diversity of patient population (age, demographic features, pathology, and patient's need of care) and variation between care (different nursing care, medical treatment). Information about nurses and nursing is required at local, national and European level to inform health policy, to study and improve the quality/effectiveness of patient care, and to manage the nursing resources, including workforce planning and education. Countries should be assisted and encouraged to collate accurate and comparable quantity and quality data. Guidelines on the aggregation of data should be provided in order to use them at European level. Nursing data must be used for staffing, budgeting and evidence based nursing and policy development. Nurse leaders, clinical and political, need management tools to assist them in terms of pro-actively planning recruitment and retention strategies. Information should enhance the quality of the decisions, financial performance (cost effectiveness) and result in better quality of care. Therefore EFN believes that there is an urgent need for a Workforce Monitoring Forum to be set up at EU level which could perform an important role in capturing information about nurses and nursing within Europe in order to make

predictions for future trends. By doing this, we prevent substitution of ‘expensive’ nurses for more ‘cheaper’ care assistants or aides.

Finally, EFN members have a significant role to play in policy development, evaluation and implementation at EU level and bridge the gap between EU citizens and the decision-makers in the EU institutions. Online consultation is not enough; we need to have face-to-face contact. This is what nurses and other health care professions are doing on an everyday basis in Europe. The face-to-face communication will increase consumer/patient involvement in relation to the EU developments.

Opportunities and challenges for health and nursing posed by EU enlargement and other policies

While the EU accession process has concentrated on implementing the main body of EU legislation, the ‘acquis communautaire’, non-acquis related health concerns have been largely ignored in the process. One of the key challenges facing an enlarged European Union is the difference in health status, life expectancy between the 15 EU Member States and the 10 new members. The health status is under serious threat by the increasing prevalence of communicable diseases such as tuberculosis, hepatitis and HIV/Aids. Non-communicable diseases, such as cardiovascular disease, cancer and injuries are currently the biggest killers in the 25 Member States. These health threats are exacerbated through insufficient action to tackle the determinants of health status such as smoking, poor diet, alcohol, physical inactivity, environmental issues, social inequalities and poverty. These changes in care have led to a greater demand for public health and healthcare and, consequently, the need for more nurses in order to initiate change at local level.

The future of Europe will guarantee the compatibility between social European policy and the free market principles which are already introduced by EU legislation into health and health care. Therefore it is important to provide 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 care policy, including harmonisation and promotion and protection of European citizens' health. A new Committee within the European Parliament ‘Internal market, health and public Health’ could be a step forward in which both significant items are linked. For the European Citizens health is so important that a separate Directorate General should be responsible for Health and Public Health. Faced with competing economic policy in the EU, politicians need to understand that investing in health can promote economic development through reduced health care costs, reduced welfare payments and increased productivity through reduced morbidity. Therefore health and public health should be considered as a key economic driver in the EU and therefore should have a central place for proper policy development. Nurses can provide decision makers and politicians with timely and valid information about the general value of health and public health. The enlarged EU will be able to establish binding and non-binding cross-European standards in health care. A “health driven” approach, with a clear

coordinated health strategy built into the enlargement process, together with adequate measures and indicators would ensure that all developments and reforms move in the right direction.

As the recommendations of the European Health Policy Forum indicate, a lot has already been achieved and most health related chapters in the negotiation process are completed. Nevertheless, an updated assessment of the key issues identified in the European Commission Staff Working Paper SEC(1999)713 is needed. The Needle report (EP, 1999) and the Bowis report (EP, 2000) looked at health and enlargement issues and health and enlargement has been on many Council of Ministers' agendas. The 10 new EU members are actively involved in health related activities at EU level, such as the High Level Committee on Health, the European Health Policy Forum and the European Health Forum Gastein. It is inherently obvious that co-operation and collaboration is required, both amongst countries within the Single European Market and the Eastern European Association (EEA). Nevertheless, we all now that the orientation towards Public Health, so prevention and promotion, is essential in Europe. Nurses have a significant role to play within this organisational change and especially education. We need to start thinking different and leaving the traditional medical model, in research and practice.

Developments in nursing practice and education across the region

Although there is already free movement for the generalist nurse across Member States, we are still struggling with different levels of basic education, different programmes and different outcomes, from certificate to diploma to degree, different length of training, registration systems and regulation. The term 'nurse' may relate to a variety of workers, which may not be compatible – 1st level nurse, 2nd level nurse, state enrolled nurse, nurse assistants, etc, which has major implications on the quality of care. EFN can not tolerate lower standards of nursing preparation: a high educational level will lead to high quality of care and patient safety and satisfaction. It is essential that all nurses have been adequately trained and prepared for practice across the whole of the EU to remove disparities. It is important to install cross-European education measures for health care professionals and co-operation between health care institutions. Health care providers must be prepared for future challenges and ensure they are equipped with the proper competencies to enable them to help in promoting population health and preventing disease. If the educational outcome isn't guaranteed within Europe, the safety of patients will be in danger. Research indicates a relationship between the education level and the outcome of the patient (Aiken, 1999; Reis Miranda, 1997).

Therefore EFN supports bridging programmes in order to raise all nurse training to the EU standard. It is important that EFN encourage NNAs to stimulate their politicians and government to seek funding from the EU through TAIEX to complete the adaptation of their nurse training. Furthermore, structured post-registration programs for nursing to update professional skills and competencies and standardized educational programs and/or curricula are needed at EU level. It is therefore fundamental to the success of the service reforms that all nurses are put through a targeted program that will provide them

with fresh skills and competencies matching the needs of new revitalised services. Nurses face the necessity of continuous training, updating the competencies and skills, upgrading the qualification. This creates a need for nurses teaching nursing, who are aware of the state of the art achievements in nursing. All members should comply with the basic requirements emphasized in the EU legislation on nursing studies: "Nurses should be trained by nurses".

The role of EFN in the area.

In the autumn 2002, the EU announced that in May 2004, it will add 10 new Member States. This enlargement will affect the position of health professionals both in the existing Member States as the new ones. Already now nurses from different CEEC countries are allowed to work in EU-countries to fill existing gaps in tight labour markets. Although there are transitional arrangements planned for up to 7 years, some countries have already indicated that they will allow more migration from CEEC-countries. The issue of cross-border movement of health professionals, the free movement of workers, mutual recognition of professional qualifications, citizens' rights, and co-ordination of social security schemes are of particular interest to EFN. Applicant countries will need to ensure that, concerning the free movement of workers, there are no provisions in their legislation that are contrary to Community rules and that all provisions, in particular those relating to criteria on citizenship, residence or linguistic ability are in full conformity with the *acquis*. Two years hard negotiations with the Polish Government have proven that change is possible, especially when safety and quality for the public is the key driver. EFN advocated for this specific situation and will keep on doing it, as nurses are doing on a daily basis.

So we conclude that:

EFN supports the overall architecture of live long learning which involves not only all parts of education and training systems, but also health care professionals themselves.

EFN supports the development of a qualitative health care model instead of a purely economical model. Nursing is central to shaping education, public health and workforce policy and practice in Europe. Nurses should be trained by nurses!

EFN recommend the setting up of a European workforce monitoring forum to collect information about nurses and nursing, which will support workforce and health service planning and will give a better understanding of the consequences of EU enlargement for the position of health professionals.

EFN adopted guidelines for the ethical recruitment of nurses from abroad which will aim to set standards for employers and agencies to follow. These initiatives will enable the EU to develop a European labour market with better workforce planning and monitoring. The EU could have a particular role to play in relation to data collection on health

workforce and EU's role in helping to promote ethical guidelines with Member States governments and with the accession countries.

EFN developed a programme of continuing professional development for nurses in Europe, in the field of public health. The development of this training programme has been supported through European Commission funding and the project has involved national nurses associations throughout the EU. EFN has ended phase two of this successful project (DG Sanco). The free movement of nurses and services within all Member States enables harmonisation and a shift from illness orientated health care to promotion of health care is essential within the 25 European Member States.

The EFN enlargement seminar, where all new EU members were present, concluded to empower nurses by equipping them with the necessary skills to be involved in every area of social and health policy making at national and international level, both individually and collectively, through the identification of issues, education in political skills and creating allies. In relation to the regulation related to quality of care, the ten new members concluded that it is important to facilitate the free movement of nurses in the interest of quality patient care. There is a need for improved regulation by including competencies in the nursing directive, to test language prior to free movement and establish a mechanism whereby national programs are evaluated and accepted at EU level, in relation to the Nursing Directive. Finally, the ten new members stressed the importance of the provision and availability of comparable data to standardise the quality of nursing care.

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