Community, integration and continuity of care will prove vital if Europe is to effectively strengthen its nursing workforce, argues the European Federation of Nurses' Associations' secretary-general, **Dr Paul De Raeve**

Nursing Europe

Many EU-funded projects and initiatives place the current EU Action Plan on Health Workforce into the political agendas of member states (e.g. Continuous Professional Development Study, Healthcare Assistants CONTEC/NIVEL study, Recruitment and Retention Study, RN4Cast, etc.). Many of these activities come to an end in mid-2016, at which point political steps will be needed. The European Federation of Nurses Associations (EFN) is reflecting critically on the outcomes achieved and numerous recommendations published; it has concluded that there is an urgent need for a modernised EU health workforce research agenda, which tackles the real needs and challenges of the nursing workforce and makes that new knowledge implementable for the frontline staff to benefit from directly.

A research agenda should recognise that the nursing profession, confronted with key societal challenges such as elderly care and dementia, is desperate for a real change in the health systems of the EU and Europe. That change can be built on successful initiatives and applied projects, such as the evidence-based guidelines already developed in ENS4Care. The following sections unpick EFN members' main concerns alongside current developments.

Refocusing EU workforce priorities

Although there have been significant investments in health workforce planning and forecasting – notwithstanding the investments of the OECD, WHO, EUROSTAT and ILO on collecting quantitative data – progress has been thwarted by a mono-professional focus on the numbers of healthcare providers. The recent EU Joint Action (JA) on the health workforce provides conflicting recommendations on the use of a joint questionnaire, while that same JA replicated methodologies used for doctors and dentists to plan and forecast the nursing profession. Unsurprisingly, EFN believes that with incomparable data and unfit-for-practice methodologies, it is difficult to design nursing workforce policies and establish an evidence-based workforce science.

Health policy experts and researchers rightly argue that current data tend to be fragmented, inconsistent, incomplete, and not comparable nationally or internationally. Within the same policy context, the draft WHO Global Workforce strategy unsurprisingly suggests: 'Capacity building efforts may also be aided by facilitating the development of an internationally recognised, postgraduate professional programme on human resources for health policy and planning, with an international mentoring and professional network to support the implementation of workforce science'. Is that the answer to support the frontline EU health workforce?

EFN Workforce Matrix 3+1

In order to prove to the OECD, EUROSTAT and WHO that things could be developed differently, and address the concerns of professionals working in the field, especially after austerity hit the nursing profession hard, the EFN developed an EU Workforce Matrix 3+1 and is in the process of collecting quantitative and qualitative data to understand the situation in all member states. The matrix, taken up by the European Skills, Competences, Qualifications and Occupations (2015), is intended to be easy to understand and comprises: 1) The general care nurse; 2) the specialist nurse; and 3) the advanced nurse practitioner (ANP) with recognition of the healthcare assistant (HCA) under supervision of the general care nurse.

The general care nurse is legally set by EU law in Directive 2005/36/EC (updated by 2013/55/EC), which sets the education and training of nurses responsible for general care to be recognised within the member states and EEA countries. Importantly, the modernised directive's Article 31 includes a list of competences highlighting the independence of the nursing profession, and the need to work together effectively within the health team to empower individuals. In light of supporting

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member states in the compliance process of the changes of the directive, EFN developed the EFN Competency Framework, which connects the requirements of nurses' education with the competences to be achieved.

There are different specialities and lengths of education across member states, but normally education of the specialist nurse starts after achieving the qualifications of a registered nurse (RN) through postgraduate studies.

The advanced nurse practitioner is a registered nurse who has acquired further knowledge and expertise, clinical judgement, skilled and self-initiated care, and research inquiry. Many EU countries already have regulation in place (Finland, Iceland, Ireland, the Netherlands, Norway and Slovenia), whereas others have officially started the legislative process (Denmark, France, Lithuania, Poland and Sweden). The ANP profile has become more and more important, especially in the case-management of chronic conditions since it is proven to be successful in delivering more sustainable and cost-effective care.

The healthcare assistant

The EFN Workforce Matrix 3+1 highlights the importance of the HCA and, being the representative voice of nurses across Europe, it is important for the EFN to have a clear position in relation to the development of HCAs in the future. It is very worrying that in some member states the role of HCA is not formalised, resulting in different nominations of the title 'nurse', which makes collected data un-comparable and creates confusion amongst citizens.

The EFN has therefore welcomed the launch of the DG Santé HCA CONTEC study, but regrets that a second phase is being carried out by another research institute. However, any future workforce strategy at EU level should recognise that HCAs are not nurses and cannot replace the care that nurses provide, though they do have constant patient contact. For this reason, it is crucial to have clarity on the division between the role of nurses and the role of HCAs. The EFN believes a clear articulation of the line of accountability between an RN and an HCA is needed with a commitment to develop a comprehensive and consistent framework to ensure HCAs can deliver safe and effective care, and to ensure public protection in each member state. EFN believes a robust quality assurance system for all HCA programmes carried out in individual member states needs to be put in place with a commitment to continuing education and training for all HCAs. EFN members strongly believe in exchanging and facilitating good practices at EU level, and have many good examples of effective training and development of HCAs and of best practice working relationships between them and nurses.

E-health is key to dealing with societal challenges by contributing to a better health service delivery and co-ordination

Using this matrix, the EFN is in a position to start developing different workforce frameworks/models for different sectors with the ambition of linking patient outcomes and quality of care to the different models, going beyond patient satisfaction. Collecting data should address the challenges confronting the EU nursing workforce with regard to an ageing population, changing demands closer to where citizens live and their communities, a shrinking workforce faced with more responsibilities and lesser resources, those who want integrated care, and the implementation of e and m-health services, including the e-skills needed to realise the continuation of care.

A shrinking workforce

Although the shrinking of the nursing workforce is of great concern, equally important is the composition of workforce frameworks for different settings. Hospitals are the ones traditionally looked after when a multidisciplinary team composition of primary centres and community care is lacking. It is not just about ratios but the different qualifications and competences needed to achieve high quality and safe care, especially in the field of elderly and primary/community care.

A modernised EU workforce strategy should focus on workforce development in integrated care, including primary/community care. Building a sustainable health and social care workforce implies one that is able to deliver personalised care to be managed in the community and freeing hospitals to provide more complex, specialised and emergency care. This can ensure that continuity of care strengthens the design of new community care pathways managed by a vibrant, motivated and highly qualified nursing workforce addressing the real, daily challenges of patients and citizens.

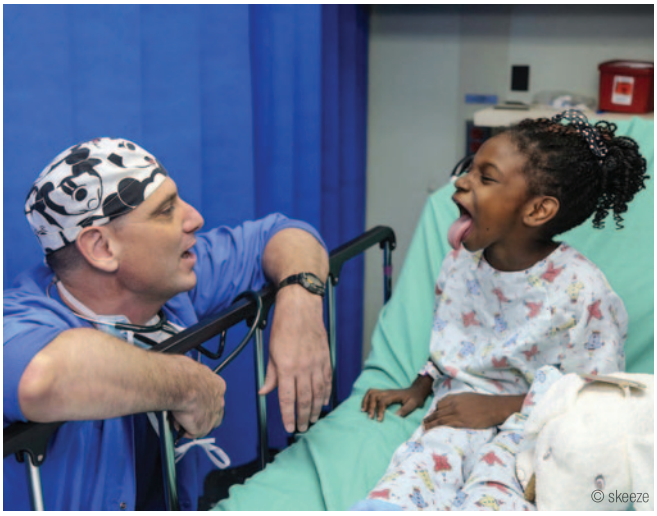
Scaling up EU workforce activities

Developing the interface between acute and community care, focusing on health promotion, prevention, and self-management, and providing support to patients transitioning across secondary and primary care should become the key drivers in designing a modernised EU workforce. This implies the recognition that we need to be in the business of health and social care and not in the business of illness and primarily hospital-based care. That being the case, we require a community, primary care and public health workforce competent at delivering multi-domain interventions, strengthening health promotion and disease prevention to alleviate the burden of chronic diseases on individuals and the health system. Nurses have a primary role in the provision of care, and governments must support this by providing highly educated, motivated and, more importantly, enough nurses, with a clear sectoral distribution between registered, specialist and advanced nurse practitioners. The EFN believes that EU activity will be better placed focusing on the common challenges toward the development of an EU health workforce based on core principles underpinning accessibility, quality and safety.

The ultimate goal is to design an EU workforce capacity ensuring that people get care close to home with access to a greater range of health and social care services in their community. Finally, when reforming the health systems throughout the EU, workforce discussions will need to recognise that nurse-led clinics composed by multi-professional teams are becoming more common, and are seen as an effective method for supporting outpatient care after the acute phases of a disease. Sweden was one of the first European countries to create nurse-led clinics for patients with long term conditions such as diabetes and heart failure, but these clinics are becoming integrated in many countries such as Denmark (municipality health clinics are mainly led by nurses and provide prevention and rehabilitation care), England, Estonia, Finland, France, and two regions of Spain, Andalucía and Catalonia.

Horizon 2020: connecting workforce and integrated care

Acknowledging the advances in technology, e-health is key to dealing with societal challenges by contributing to a better health service delivery and co-ordination. Through e-health it is possible to shift the traditional workforce discussion towards a workforce design focused on upscaling person-centred care, enhancing patient empowerment, and ensuring continuity across the primary and secondary health and social care sectors. Within a policy context of efficiency, safety and quality in healthcare, the EFN-led ENS4Care project brought together a diverse group of stakeholders (from academia, industry, patient and professional organisations) to promote the deployment of evidence-based e-health services by frontline healthcare staff, nurses and social workers in particular, across the EU and in the areas of prevention, clinical practice, integrated care, advanced roles and nurse e-prescribing. These outcomes are delivered within the Commission's Digital Agenda and Action Plan on E-Health 2012-2020, both acting as the driving force toward clear implementation proposals in the field of nursing and social care.



There is an urgent need for a modernised EU health workforce research agenda which tackles the real needs of nurses and makes that new knowledge implementable

The ENS4Care guidelines can help to ensure that e-health services are flexible enough to meet changing budgets as well as rapidly evolving health and social care needs.

Examples of best practices collected through the ENS4Care survey and the experience of the project partners give credence to published reports that identify a number of aspects that need to be considered when implementing e-health services. This doesn't affect the involved health and social care professionals only, but the entire organisation. Implementation of e-health can result in new units and different structures for, for example, internal communication, deployment of new staff living far away from the workplace, a different and more positive attitude towards technology, and changed patient flow through health systems.

ENS4Care has demonstrated the benefits of combining evidence-based practice and expertise from a diverse range of stakeholders, leading to valuable lessons for real-world implementation that can be taken forward within Horizon 2020. Policy makers, professional associations and health professionals can use these lessons as a guide to sensible decision making and to inform the development of a common approach. Patients and citizens may also benefit by engaging with the implementation phase of ENS4Care through raising their awareness of the options and

pathways available to organise the delivery of their health and social care. In this way patients and individuals across Europe can be empowered to help shape their local health service and take charge of their health and illness trajectories. Looking at the guideline on nurse e-prescribing, it has helped the Polish nursing leaders to promote the implementation of good examples of nurse prescribing from Spain and Ireland. These are supported politically and a law has passed in the Polish Parliament promoting nurse prescribing (June 2014).

Conclusion

Health workforce research for the provision of people-centred integrated health and social services should become a priority in Horizon 2020 and knowledge development and transfer should be a key outcome of a three-year multistakeholder project. Any research study should aim at helping the EU nursing workforce to make immediate change building on a professional consensus. This consensus is possible, as shown through the thematic network ENS4Care, in which guidelines drive change and provide support to those willing to change.

As the EFN Workforce Matrix 3+1 provides a clear quantitative and qualitative understanding of what exists in the EU, research needs to support the design of a fitting community nursing workforce which operates within an integrated care system, deploying continuity of care. Research needs to take into account the EFN Competency Framework and the EFN Workforce Matrix 3+1 – both building on the Directive 2005/36/EC amended by Directive 2013/55/EU on the mutual recognition of professional qualifications – which are key starting points for any EU workforce strategy that can respond to the well-known societal challenges we face, and strengthen the criteria for the free movement of nurses within the EU, which is in fact the largest occupational group in the healthcare sector.

Furthermore, the designed workforce models for integrated care should incorporate inter-professional collaboration with specific attention to gender. Directive 2013/55/EU clarifies that nurses should not only learn to work in a wider team but also to lead a team. Workforce models increasing the responsibilities of nurses within an inter-professional team can result in a more efficient delivery of care with better patient outcomes. This idea could lead to an interesting conceptual model for the EU, moving the current 'planning and forecasting' discussions and recommendations towards a more realistic investment in health, driving change to respond to professionals' needs. There is an urgent need to move the workforce research agenda away from traditional thinking, the traditional push and pull factors, discussions, and the time-consuming data collection which stays un-comparable regardless of huge efforts to educate and train civil servants in the ministries of health. We don't need more trained policy makers on workforce planning; we need a fit-for-practice nursing workforce in the community to work closely with the secondary care environments to make continuity of care a reality.

Although there are many EU-funded projects and initiatives that place integrated care at the centre of political and professional discussions, from the political Steering Group of the European Innovation Partnership to the line of funding on integrated care in Horizon 2020, many of these activities focus on innovation, new technology, designing sophisticated clinical pathways and revolutionising healthcare etc., but none address the gender component that makes that revolution different. Women play a central role in healthcare, and as healthcare professionals they possess the skills to lead and make the healthcare system more accessible and efficient. Mastering gender in the design of new models of integrated care and continuity of care, to achieve better patient and citizen outcomes, needs to be part of the conceptual model.

As multi-morbidity is the blind spot of health science, and workforce planning and forecasting across services becomes the Achilles' heel of the healthcare system, integrated and continuity of care should drive the complexity of an EU workforce agenda for each ecosystem of health and social care, ensuring outcomes become the evidence for workforce investments.

In conclusion, there is a need for a co-ordinated and comprehensive approach to workforce research at EU level whereby all relevant health and social care professionals can provide input and work together to manage the knowledge transfer and to tackle the key burdens of European health systems. An EU nursing and social care workforce that underpins and operates in an integrated care system needs to be developed. Therefore, prompt and decisive action in research is needed to contain the workforce challenge before it escalates beyond control.

HORIZON 2020

Dr Paul De Raeve, RN, MSc, MStat, PhD
Secretary-General
The European Federation of Nurses' Associations

EMAIL efn@efn.be
BROWSE http://www.efnweb.be/