

Presentation, verbal version

Session: 'New skills in changing context - population perspective : Do we have other options than producing more health professionals?

Title: ' The key principles of nursing in today's European health workforce'
Ber Oomen, European Specialists Nurses Organisations

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Dear ladies and Gentleman.

Thank you for inviting the ESNO for this conference and on behalf of our president Francoise Charnay-Sonnek I like to congratulate the leading persons of this Joined Action with the results.

Before starting this presentation I invite to look to the ESNO as a relative new organisation, with a lot to learn about our constancies, our partners and the mechanism of the European health context. And adding to this, we appreciate to see so many open doors at the EU institutions and European networks and feel very welcome.

The character of the presentation is to give you a more inside look of our profession, too often we see that the nurses are address in a quoted, in terms of quantity and container concept and so you might overlook the variety of specialism's to have better picture before you mention next time 'the nurses'.

My aim is to do this in four chapters:

1. our newer roles
2. Education and Expectations.
3. the diversity and unity of the healthcare workforce
4. And Nurses in community care.

This all leading to the question if we need to produce more health professionals

When I got the invitation to do a presentation, I was asked to address the aging issue and I asked to do this differently. To my perception aging is a cradle to grave issue, a life-span phenomenon. When talking about aging I prefer address this in the term of Elderly.

1 our newer roles

But before heading on to the new nursing professional and ongoing shifts in role, it might be usefully to grasp the context when having first a focus on what nursing is.

Let us look at the definition of Nursing of the ICN short version!

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings.

Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people.

Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.

So nursing do not only preformed in hospitals. By the definition they are expected to be throughout the extended society and community. But what you also see 'shaping health policy' and that is what I do here. So while having to opportunity to address you talking about nursing, this is also a nursing activity, we some time seems to overlook this.

About the 'shaping health policy' it is good to mention that the ICN International Nursing day 2016 – 12th May- has the theme' Nurses: A force for change: Improving health systems' resilience. [LINK](#)

With this slide looking at the overview of the ESNO member I always feel some pride but also the privileged working with dedicated leaders and professionals

- ACENDIO - First you see the more administrative organisations such as the Nursing Research and Development, intervention and outcomes with Walter Sermeus leading this organisation for many years.
- FINE, the federation of nurse Educators and
- ENDA the Nursing Directors, who contributes so much from the Leadership perspective.

Then you find the very technical areas such as

- Operation,
- Aesthesia and
- intensive care.

Thirdly we see the group with a stronger disease or organs related nursing experts

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| <ul style="list-style-type: none">• Dialysis and Renal care• Oncology• Diabetes• Psychiatry• Urology• Gastro and endoscopy• Endocrinology• Respiratory | <p>In process</p> <ul style="list-style-type: none">• Cardio Vascular,• Neuro Science,• Skin-Dermatology,• Bone and Marrow transplant,• Pediatric• Rheumatism |
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While some members are in a state of beginning with a modest network, many organisation have a long history, close to 40.000 members in their network with congresses, e-learning projects, journals, research projects, doctoral working groups, and often in multi disciplinary context.

As representing the specialist nurses in the advanced area, we see many role and expectation. The nurse in the advanced practice has many roles and at the end contributes to recovery process:

There is no researcher without innovator, No educator without the influencer and No counselor without clinical experience. And in contrast to this, this is not multitasking but the ability to shift in roles and tasks required to situations. And this can be achieved without continuing professional development.

2 Education and Expectations.

Every nurse has the right to be a starter, although this is not always understood. We see too often that a nurse is blamed and are overloaded with expectation beyond realism and going through difficult times and feel alone

or left out from true interest and support. Education is of such vital importance, this is not always well understood. From my perspective, real nursing teaching and growing starts after first graduation and after some clinical practice. When at ease at the job, the real learning starts.

We do however understand that not all institutes are able to deliver a full range of education activities, and there for the national nursing association and ESNO member related organisation can come in, there is so much going.

We frequent need to encourage nurses to wider their scope, that this is only the duty of the hospital but a personal professional career path but it is not so hard to give them some help in extra day off or in some way some financial redundancy. Nothing can be achieved with ongoing education and training on all levels.

The achievements in health are so rapidly changing. So many research shows that there is a need for increasing knowledge and there seems no end in the raising altitude of possibilities. This means that not only training can be done by on site learning activities but only by higher standards.

And education and meeting expectation we cannot do this without our partners, because if you exclude one, you exclude yourself, so we aim to be very open in order to address good health policy.

Medical Specialist colleagues, Hospital Pharmacists, Hospital organisation, employers, the EMA, European and National Nursing organisations, in process with the Health Care Assistant initiative and above all the European Patients Forum with the Patient Empowerment initiative.

3 the diversity and unity of the healthcare workforce

In the Health care there are so many actors and partners.

Research shows that “the more divided a society is, the less likely it is to adopt public health policies”. How can we work to improve cohesion in the communities we seek to serve? We believe strongly that nurses can give a significant impact for a positive outcome but we cannot do this alone, it take two side to make a bridge.

To make a bridge, it has no use to start only from one side, you need two sides.

To set an effective agenda we need to do this with cross sectional Professional understanding in the first place. While a lot of NGO's work on a common training framework, to address the Directive of the professional qualification and the mobility, it has no use to work for the same contractor on a single assignment with building blocks what by origin do not match.

The ESNO works on a Continuing Professional Development by a Common Training Framework, actively join the European Professional Card process and we are proud to say that last week the ESNO accreditation program has started. This is a wonderful instrument to meet standards of the future, the Life Long learning and Continuing Professional development in European context.

At work, in daily practice we work together, form a team, do research, do innovations, share mistakes and have good laughs, we can do this in micro level, more often we this at mezzo level and it would be a classic mistake to do this effective on higher cross national level.

In this all we talk often about health, but how do we define health and how do we define health professionals?

If we do not understand the essentials of Health we might harm the Health System we compose and if a Nurse does not understand the essentials of Nursing, it might harm the persons who is Nursed.

Without cooperation it even harms the patient we like to serve and to serve the workforce of the next generation.

When talking about the health workforce of the future and the mobility it is also good to look at this next generation .

As we often speak on the new generation of nursing related to the mobility, who are they? The new generation, as we might know from our own children, there are not seeking status but they like to make the difference , take access to new possibilities or create them and have a greater sense for entrepreneurship. If we like to address the Recruitment and Retention, we need grab these nurses with an open mind and wider health scope. We might also challenging them and maybe also a little provocative.

“ Have you courage and guts enough to be a nurse ?”

We have to trigger an professional adventure component, and accept that this is not a fixed product but humans in their willingness to commit a great part of their live for health care, in one way or another fitting to their personality and personal growth. We have to step down from the massive army mind set to in seeking good professionals.

With the today “sharing economy” services like Uber, Blablacar and Airbnb spreading among consumers, there is are new collaborative professionals and actors capturing and shaping the health market from traditional. The so-called “Uberisation” of commerce is both rising in volume and spreading across an ever-larger number of health sectors. So maybe we do not have to change the system we compose but alter our state thinking when addressing policy.

We see they share so much on Facebook, not only selfies, we should not look down too much on the world they live in. There are hundreds of Facebook groups related to their work. Beside this there is also a lot sharing on experiences on Twitter and of course LinkedIn, to take part in interesting discussion groups and sharing innovations. These social instruments are for the ESNO very effective way to share good practice to our network, but also to show we are here, what we do. This to make them involved and connected.

If you look at the statistics, you might also see what is in their inertest. These data give a direct and instant insight on what is appealing, attractive to nurses. We see in the followers the likes, the shares, how far post reaches persona, nations and their interest and what they do with it. These are data not known to the classic data institutes policy is based on.

And last remarks what also not is seen the retention and recruiting factor on micro level what Marcus Buckingham and Curt Coffman state:

“ So much money has been thrown at the challenges of keeping good people –in the form of better pay, better perks, and better training- but at the end the turnover seems mostly due to a managers issue”.

Technical achievements, blessings and concerns.

We are highly convinced about the benefits about the new technology. It add so much more to the future health and nurses are eager to use the benefits for health improvement and patient safety. If it results in higher performance there should not be any obstacle to use it. Many nurses today rely highly on the technical equipment and respond accurate and also a pleasure to perform on high standards, it is also a bit their personal world.

The concern is if health organisations can handle the huge amount of data, Mb’s costs money, there is a greater dependency on technology and they can fail. We need to look frequent the if we talk about health related to technology and financial market sensitive activities.

And last remark, we need to emphasize also on health promotion and education. If citizens are too dependent on technical instruments, how can they learn to recognise their own physical condition and act before problems occurs, maybe live with lesser stress, have the guts to change life styles.

There is also the aspect of 'Over-Value' and ' Under-Value' signals from technical instrument. Because of the first and unique relation between patient and nurses, the nurse needs to know more about the patient before setting a switch in an intervention. A abnormal glucose rate in the blood, does not always means to give more or less insulin, it may also good to see what the situation is, and how to respond in life style, their very personal eco-system and .

4 Nurses in community care.

This is the last slide and invite you to take a look at some community domains.

1. First of the children, we see today more and more children with Respiratory illnesses in their home situation and I think this is a great blessing. Specialist Respiratory Nurses visit them at home and support their families.
2. Secondly the nurse in Mental health is more often in the community. To reach out to those in psychiatric need who distrust institutions. But also visit persons at home and have a nursing post at the general practitioners office.
3. Thirdly, we see here Meryem Donk. This is the director of a nurse leading home care for demented elderly Muslim in the Netherlands. The way Donks employees and clients serves the community earned her the Dutch Care Award 2015.
4. Needless to say to address the challenged of the cross border communicative disease such as Ebola and now to know already about the Zika. And this also related to the resistance of the antimicrobial resistance issue.

On our social media there is already a lot of information circling around and at wards this is also discussed.

Following these examples, good to understand that all ESNO specialties have a role direct and indirect in the community. Even the anesthesia nurses when I asked them in preparing this presentation, one nurses expresses a response of a patient just before going to sleep for the operation " Nurses, bring me back home safe"

This teaches me that even the operation room is a part of our community, despite the doors, a hospital is a part of the community and we some time seem to forget this.

Here my presentation ends.

And you might have seen that I have not used the familiar stock photos for the presentation but all real time pictures but also a real time story about our profession.

To answer this the question, if there is a need to produce more health professionals?

Yes, but by ensuring a diverse, effective and good educated, qualified and recognised health care professionals with empowered patients.

Thank you for your attention