



Reflections and Thoughts on the European Nursing Scene: 2018 and Beyond

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Introduction

November seems to be a timely month to reflect on Nursing. My work is mainly rooted within Europe and therefore I am limiting myself to this part of the world for this observational piece of writing. However, it will find resonance wider afield, but I do not wish to assume to have the same detailed knowledge.

The word “assume” leads me to touch on my first ever lesson in management. It was in 1966 (this is not a typographical error!) and it occurred in Central Africa. My husband and I had gone out to work there, he in agriculture and I in my nursing capacity, was to work in a newly built hospital. I had just registered as a nurse in Switzerland and I assumed that “a newly built hospital” was just that: a hospital with beds, water, electricity, drugs and more. The reality was that it was an empty, newly erected shell of a hospital in the bush with patients lying on rush matting and tended by their relatives and able medical assistants under a corrugated metal roof. Initially, I spent more time in organizing things than in clinical work.

Over the years, working in different countries and capacities, a nursing network has evolved that is rich and varied. There are fundamental characteristics which form a bond: The wish to care for patients, their families and the wider community. It involves nurses who work in clinical as well as educational fields and leadership positions.

My reflections on nursing start at home and in this instance, it is the United Kingdom. When walking the wards, visiting somebody in hospital or in the community, the care, skill and dedication of staff is evident in manifold presentations. What is palpable almost everywhere is the pressure under which they are working. The touch is fleeting, the pace is rushed. Paul Conroy, Chief Executive of the Institute of Healthcare Management reflected in a letter to its members that “it is not ‘I need to do this and that’ it is ‘I need to do this or that’” [1]. The workload demands are often not reflected in staffing levels or in skill mix. The effects of this on patient safety and outcomes are well documented within the nursing literature. Recruitment of registered nurses is increasingly difficult and has resulted in nurses as well as midwives leaving the profession either through retirement, seeking other employment or, worse, being off sick with burn-out syndrome. The problem is compounded by increasing demands on the National Health Service (NHS) leading to cancelled operations and long waiting times. The difficulties are not helped by incompatible IT structures as well as enduring financial pressures.

Although the number of registered nurses and midwives in the UK has risen by almost 4,000 in the past 12 months, the number of Nurses and midwives from other European Union (EU) countries continues to decline with 2,385 fewer registering to work [2]. The uncertainties that these valued staff are facing in relation to their right to stay in the UK (depending on the outcome of UK negotiations with the EU with regards to Brexit) will continue for the foreseeable future.

Casting our attention on education, an added significant contributor to the recruitment problem is that the bursary for nursing education was withdrawn. The full impact has yet to be felt.

Whilst participating at events in the EU, I hear about similar workforce concerns, but I also see encouraging developments on other fronts. In preparation for writing this article, I contacted some colleagues in order to obtain their briefly stated views on the following three themes.

1. describe something which occurred in your country and which was particularly good in relation to nursing in 2018 (either in the field of practice, education or research in nursing)
2. describe a present-day situation which is of concern and relates to nursing

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3. describe a development (practice, education, organisation, policy/law) which will affect nursing in your country in 2019

The countries were randomly chosen to give a flavour of status quo from within the EU. It is important to note, that confidentiality of the respondent was assured.

Collated Response from 6 Countries: Italy, Germany, France, Croatia, Finland, United Kingdom

Italy

Theme 1: Several new developments have begun: Community nursing/district-nursing is receiving much attention through research and education. New organizational models are already in place in northern parts of Italy. Although community/district-nursing is only partially recognised as a specific field in nurses' contracts, the same clinical nurses are at the forefront of leading those changes.

Theme 2: Workforce issues are cited as follows: Insufficient staffing (mainly in southern regions of Italy), lack of progression opportunities which are exacerbated by open-ended and unspecific contracts. Also of concern is the lack of a welfare model that is responsive to intercultural and diverse needs of the person. Despite ongoing organizational developments, models of care tend to remain traditional and change very slowly especially in central and southern parts of Italy.

Theme 3: There is a strong drive by nurses and their organizations to participate in shaping and defining strategies for nursing and other health professionals. A new interest in the development of clinical as well as organizational skills is emerging which demonstrates a willingness to assume power to influence change. Sharing platforms and diverse environments for meeting and exploring ideas are being created in order to facilitate high participation of nurses and other health professionals.

Germany

Theme 1: Members of the German Association for Nursing (Deutscher Bundesverband fuer Krankenpflege (DBfK)) work hard to change the nursing politics in Germany. Their well-presented manifesto on nursing targets actions that need to be addressed [3]. As of 2018, the education of nurses is now at degree level. These first general nursing courses will commence in 2020. After five years, the number of qualified new general nurses will be evaluated against the number who has followed the traditional route for separate children nursing and elderly care nursing branches. If the figure for general nurses outnumbers those of the other branches, then these branches will be abolished. A welcome new development is the master's level Advance Nurse Practitioner (ANP) courses which are being developed in universities. The DBfK and other nursing organizations are joining in making change happen.

Theme 2: The big gap in nurse staffing was widely known and is affecting patient safety, nurse recruitment and retention. The government is beginning to react, but it is too late. Nursing associations work hard to influence the political scene, but this is not always recognised by the profession. Influential leaders in organizations as well as in education and clinical fields are not sufficiently supported by others.

Theme 3: Accelerated progress is anticipated with the move of nursing into higher education. This change was finally enshrined

in law in 2018 and needs consolidation and a change from medical model to a nurse-led and patient-centred model. Already, there are pockets of good practice emerging.

France

Theme 1: Recently, a region was hit by flash floods, claiming lives, destroying villages and flooding the hospital. The solidarity and courage of both staff and patients will stay with them for a long time. Everyone helped: The medical director and a patient, both armed with brooms sweeping the water down the corridors and out of the emergency exits. All worked extra shifts to cover for nurses, who could not reach the hospital, in order to support and care for the anxious patients in hospital.

Theme 2: Nurses in France do not have the same autonomy as in some other countries. Workforce issues underpin many of the problems. The aides soignants (nursing assistants) are giving most of the bedside care. They are well established and train for 2 years. Examples of skill mix are: On rehabilitation ward for 30 cardiology and neurology patients: 1 nurse and 2 nursing assistants; acute mental health ward with 18 patients: 2 nurses and no nursing assistants. In a secure mental health unit with 30 patients: 2 nurses with only untrained assistance when required.

Theme 3: Since the 2009 reforms of nursing education in France [4], nurses are educated to degree level. This brings opportunities for the profession to embed leadership concepts into practice. Slow but solid foundations have been laid and ANP developments are planned for 2019. It is a move that is supported by many stakeholders. Patient care and nursing practice will be enhanced. New career opportunities will arise.

Croatia

Theme 1: Nurse Education in Croatia follows the Bologna process since 2001 and has seen rapid developments and progress. Nurses are now able to progress from a master's degree to a PhD in nursing. This ensures that nurses, via the Croatian nursing council and other nursing associations, continue to set standards and ensure ethical nursing care.

Theme 2: The main goal of the Croatian nursing council is to ensure the continuous education and competence of nurses thereby protecting the public. However, a major problem is the migration of nurses into other parts of the European Union.

Theme 3: 2019 will mark the 90th anniversary of nurse education in Croatia and we aim to continue along the path started by our visionary nurse LUIZA. It should be a goal to include well educated nurses in the political arena in order to influence health care strategies. Good progress will continue with documenting nursing interventions digitally. This will contribute to statistically analyze outcomes and contribute to daily quality control in the fields of decubitus ulcers, patient fall and pain control.

Finland

Theme 1: The number of Registered Nurses (RN) working in advanced practice roles continues to increase. There are growing number of Nurse Practitioners (NP) and Clinical Nurse Specialists (CNS) working in primary health care and in specialized care. There are now nearly 400 RNs with limited right to prescribe medication in Finland. This enables new career pathways and opportunities for competence development for RNs [5].

Theme 2: The challenge for nursing is high patient-to-nurse ratios, especially in the elderly care. This causes negative nurse outcomes including burnout, job dissatisfaction and turnover intent. Continuous changes in the organizations and healthcare service system (such as privatization), workplace violence and bullying affect the meaningfulness of RNs work.

Theme 3: In Finland, parliamentary elections will take place in April 2019. Elected government decides on future legislative projects that also affect nursing education and practice.

United Kingdom

Theme 1: Advanced nurse practice is embedded into education and practice. Significant numbers of clinics are run by Advanced Nurse Practitioners (ANP) who assess, diagnose, prescribe and care for patients. The 6C's launched in 2012 (care, compassion, courage, communication, commitment and competence) remain and integral part of nursing [6]. Innovative learning methods are being introduced to better meet student's needs. In Wales, a historic nurse staffing level act (Wales Act 2016) has become the first country in Europe to introduce a safe staffing law for nursing [7].

Theme 2: Difficulties relating to workforce staffing is a central problem in most of the 4 countries of the UK. Budgetary restraints add to pressures and vacancies are either kept vacant or are filled with (unregulated) healthcare assistants who have limited mandatory training. ANP vacancies are now often advertised as Advanced Clinical Practitioner (ACP) posts which offer opportunities to other healthcare professions.

Theme 3: If ANP's and ACP's work together and join forces, there are significant opportunities to make organizational changes which benefit patients. It may reduce middle management posts and increase a highly skilled clinical workforce with good leadership.

In summary, the responses from senior nurses within the EU highlights that common threads of concern are shared. It is not surprising that the workforce issues are mentioned by all. Even if one could recruit more nurses, consideration must be given to the ethical issues of depleting one country of its nurses in order to fill gaps elsewhere but often there is no choice. In such cases it is necessary that both countries understand each other's nursing culture and language and are prepared accordingly. There are several ways to acquaint one with those skills and English for Nurses is such an organisation which fills that gap [8].

Nursing education has been mentioned by all and the reliance on Healthcare Assistants (HCA) is evidenced by some respondents. The fact that in the UK they are not registered or regulated is a concern [9], risk factors are increased and patient care can be compromised. This has been recognised by developing the role of Assistant Nurse Practitioners (ANP). They normally follow a 2-year work assisted further education pathway which opens the door to access a shortened RN program. Opportunities for HCA to progress to Assistant Nurse Practitioners (ANP) and beyond are welcome. However, not wishing to assume that it is merely a way of employing less expensive staff than RN's, it is an acknowledgement that the workforce landscape is shifting sand territory: The present role of RN's will change with further up skilling and added autonomy whilst Assistant Nurse Practitioners will increasingly take on aspects of the present RN's responsibilities. Thus, a new nursing landscape is on the horizon which requires leading input from the nursing profession.

Despite the difficult workforce issues raised from every country, the determination and resilience of nurses shines through: It is achieved through involvement with organizations, influencing the political agenda for Health and Education and being visionary. They are action-ready for making change happen.

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