

# IRISH NURSES ORGANISATION

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Commissioner Vassilliou  
European Commission  
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**By E-mail:** SANCO-health-workforce@ec.europa.eu

**RE: EU Consultation on Green Paper for EU Workforce for Health**

Dear Commissioner,

The Irish Nurses Organisation welcomes the opportunity to respond to the consultation on the European Commission's Green Paper on Workforce for Health.

The INO, as a member the European Federation of National Nurses' Associations and the International Council of Nurses (representing more than 120 countries worldwide), recognises the importance of the Green Paper on Workforce for Health. The INO would advocate that the European Commission set clear actions and timetables to enable EU countries to achieve self-sufficiency/sustainability in the area of their healthcare workforce. This is particularly important in the current recession when the challenges in relation to employment will be different.

The Irish Nurses Organisation has outlined the following key areas of influence and action by the European Commission (with reference to the sections 1-8 within the Green Paper)

- Co-ordination and integration of the work being undertaken across the directorates which relate directly and indirectly to healthcare and its workforce.
- Provision of a monitoring system to support decision-making for collective planning by governments, health service organisations and healthcare professional organisations, in order to match supply and demand;
- The development of a framework of core competencies for health professionals;
- The development of a European Human Resource Minimum Dataset;

- A mechanism to support and foster continuing professional development.
- The Social Cohesion Funds should be used to transform policy into action, investing in human capital by creating positive working conditions.

In conclusion, the INO believes that in order to create more jobs, economic growth and to further raise the level of European healthcare expertise in line with the Lisbon objectives, in this time of economic crisis, the European Commission needs to take a definitive lead in responding to the demands on the health workforce. A detailed response is attached.

If you require any further information or clarity on any issue please do not hesitate in contacting me.

Yours sincerely



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## EC Consultation on Green Paper for EU Workforce for Health

### Introduction:

The areas outlined in the Green Paper on Workforce for Health are inextricably linked by virtue of the mobility of citizens and professionals.

The issues which need to be addressed cross all borders and boundaries and need both collective and national action. The European Commission has a central role to play in this area in order to secure an appropriately skilled and competent health workforce into the future.

This is dependant on matching the workforce to the healthcare needs of the population and identifying the appropriate systems and places whereby the care will be delivered, whether primary, acute, or tertiary, and enabling a co-ordinated integrated client journey through the service.

However, there are a number of significant challenges –

- The economic crisis affecting countries worldwide;
- The pressure on health systems;
- The mobility of health workers;
- The mobility of citizens;
- Ensuring that health professionals are competent and that competence has components that are recognisable across all borders;
- The Safety and Protection of the Client.

The emphasis both in Ireland and elsewhere is to match the resources to the healthcare demands. This involves transforming the way in which healthcare is currently delivered, increasing resources and emphasis on primary care. The majority of the healthcare budget is given to acute care to the detriment of primary care. However, there is growing recognition that the way forward is to ensure that appropriate supports and treatment are available in order to keep citizens in the community for as long as possible.

Health systems throughout the world have been under significant pressure in recent years to balance increasing service demands within the resources available. While aspiring to deliver high performing health systems, most western democracies are confronted by an ageing and growing population, widening gaps in health status, escalating demands on hospital care, increasing cost of technology and projected workforce shortages. (OECD 2004)

Added to these challenges, all countries are now faced with growing economic difficulties due to the current recession, which makes it even more important that the European Commission takes a definitive lead in responding to the demands on the health workforce.

According to the World Health Organisation (WHO) the next 20 years will be marked by changing patterns of health problems including rising chronic and disabling conditions, significant increases in people suffering from mental health problems, continued impact of deaths from HIV/AIDS and related infections, increasing numbers of deaths from injuries (road traffic accidents, war and violence) and non-communicable diseases are expected to rise from 28.1m in 1990 to 49.7m in 2020 - an increase of 77%. (WHO 1996)

Given that many non-communicable diseases can be positively affected by population healthcare measures, the WHO promotes a pro-active approach to prevention. The World Health Report (2002) – Risks to Health – highlights the leading risk-factors to health and examines opportunities to reduce risk through population-based strategies.

Nurses are the key to transformation and change and are recognised for their expertise, innovation and flexibility in adapting to new ways of working. Once empowered and supported by the appropriate legislation, policies, education, management and resources, nurses and midwives have the capacity to innovatively solve problems and implement sustainable solutions to healthcare delivery. (The European Observatory on Health Systems and Policies 2006)

This capacity will need to be harnessed and mobilised to ensure cost-effective and efficient healthcare.

### **Demography and the Promotion of a Sustainable Health Workforce:**

Possible actions may include:

- Ensuring the effective utilisation of nursing and midwifery skills.
- Providing a platform for sharing of innovative nursing / midwifery practices across the EU.
- Exploring the effective deployment of nursing and midwifery resources through the removal of non-nursing tasks (approximately 20% of nursing / midwifery time is given to such tasks as stock-taking, sourcing equipment, charts, x-rays, etc, cleaning, taking telephone calls not directly related to client care, etc. This is common to all countries to varying degrees, depending on the support structures and IT infrastructure).
- Initiating and stimulating research into nursing / midwifery sensitive outcome indicators.

The use of nursing / midwifery sensitive outcome indicators helps focus attention on the safety and quality of client-care and the measurement of care outcomes. Using nurse sensitive outcome indicators is important to demonstrate that nursing input makes a critical cost-effective difference to client-care.

- Supporting the expansion of the nurse / midwife role and monitoring and auditing outcomes.
- Examining opportunities for recruiting men into the predominantly female occupation of nursing / midwifery (particularly in light of the current economic crisis where primarily men are loosing jobs.
- To seek retention initiatives for maintaining older experienced workers in the health workforce.
- Promoting a positive practice environment.
- Ensuring that employment practices comply with ethical codes, human resource management principles and legislative requirements. Promoting equality and diversity.
- The costs and benefits of diversity includes -
  - Helping to attract and retain highly talented people.
  - Improved motivation and efficiency of existing staff.
  - Strengthened cultural values within the organisation.
  - Enhanced corporate reputation.
  - Improved innovation and creativity among employees.
  - Enhanced service levels and customer satisfaction.
  - Helping to overcome labour shortages.
  - Reduced labour turnover.
  - Lowered absenteeism rates.
  - Improved access to new market segments.
  - Avoided litigation costs.
  - Improved global management capacity.

(EC 2003 Costs and Benefits of Diversity)

## **Public Health Capacity:**

Nationally and internationally there is growing recognition that the traditional models of healthcare delivery are inappropriate to meet the challenges of a dynamic and complex healthcare system.

In response to these challenges many new initiatives, involving nurses and midwives, have been reported internationally, e.g. in the WHO Global Plan for Action, a strategic direction for strengthening nursing and midwifery services: the WHO recognises that health gaps cannot be solved merely by increasing the size of the workforce. Integral to capacity building is the need to prepare nurses and midwives to take up new roles in an environment which challenges traditional ways of working and to educate and skill nurses and midwives for roles “*within different health service delivery contexts*”. (WHO 2002)

As already indicated, there is increasing need for health promotion and disease prevention. Obesity, high cholesterol, addiction and sedentary lifestyles are leading to chronic diseases. Public Health Nurses are in a key position to provide advice, education, screening and disease prevention.

### Possible Actions May Include:

- Strengthening the role of community nurses in health promotion and disease prevention.
- Collecting information on population risks at EU level.

## **Education and Training:**

The expansion of the nurses and midwives role in areas such as diagnosing, prescribing and nurse/midwifery led clinics requires the establishment of processes for good governance, audit, accountability and continuing competence. A platform for the sharing of information related to these systems across the EU is required

### Possible actions may include:

- Working with member-States to identify future skill needs and training requirements.
- Developing a framework of competency assurance which is transparent and recognisable among all countries. These competencies may include Client Context, Service Provision, Accountability, Ethical Practice, Legal Practice, Communication and Continuing Competence.
- Monitoring and examining student nurse / midwife attrition rates.

- Ensuring sufficient training places, both from the educational prospective and from a clinical placement prospective, with appropriate supervision and mentoring support.
- Setting EU standards of education and practice for the profession from entry to registration and for the on-going professional development of the nurse and midwife.
- Ensuring the knowledge, skills and competencies of the health workforce match the changing client needs and advances in medicine and technology.
- Ensuring that the education sector takes cognisance of the changing skill needs of the workforce in developing curricula.

### **Managing Mobility and Global Migration of Health Workers:**

A major challenge for all countries is to establish workforce planning mechanisms that effectively meet demands for healthcare and provide stability. However, few nations have developed strategic plans for meeting nursing / midwifery resource requirements that effectively address supply and demand. Instead, over the last decade many developed countries choose to implement short-term policy levers such as an increased reliance on immigration, sometimes to the detriment of developing countries. This has prompted calls for developed countries to employ a model of so-called self-sufficiency/sustainability in addressing nursing and other health human resource shortages.

Since 1999 Ireland, like other European countries, has become dependant on international recruitment. Currently, one-fifth of the nursing and midwifery workforce in Ireland is from outside the EU, with the majority from India and the Philippines. In 2004, when examining the policy implications of nurse migration, Aiken (et al) highlighted that the most promising strategy for achieving international balance in health workforce resources is for each country to have an adequate and sustainable resource of health professionals which includes developed countries being more diligent in exploring actions to stabilise and increase their supply of domestic nurses. (Aiken et al 2004)

Similar arguments have been put forward in relation to the medical and paramedical workforce. The same point was recently reinforced by HEAL, a Canadian coalition of more than 30 health professional and employer organisations who identified self-sufficiency as one of the ten principles to guide health human resource planning (HEAL 2006).

The impact of migration on health systems, the quality and safety for citizens and the nursing profession has both positive and negative consequences and therefore cannot be underestimated (Kingma 2006)

The movement of both nurses and citizens has created its own challenges. These include: cultural values and beliefs, expectations, language and disease. Assessing and recognising language and clinical competency across borders has posed challenges. It is imperative that the safety and welfare of clients is paramount and every effort must be made to ensure that health workers (nurses and midwives) can communicate effectively with citizens and deliver the same standard of nursing and midwifery care to clients irrespective of country.

In the nursing world there has been increasing emphasis on cultural competence and the need for receiving countries to introduce appropriate orientation programmes, both for the internationally recruited nurses and the nurses in the home country.

However, the success of a cultural competency initiative cannot depend solely on an education programme. The development of cultural competency, inter-cultural and anti-racism awareness is an important component of an overall whole organisation approach. Cultural competency, cultural awareness and embracing diversity must be part of a larger play that includes the organisational philosophy, strategic direction initiatives, policies and practices, employee and patient resources, multi-disciplinary approach, monitoring and evaluation, ongoing staff development programmes and an infrastructure of accountability.

Additionally, organisational efforts must be given time to succeed, grow and develop and to benefit from the nurturance of staff and the leadership committed to achieving the goal of cultural diversity. There is much evidence to support the belief that integration from one society to another takes on average 10 years.

Possible actions may include:

- Analysing current policy, generating new policy options based on evolving HR issues and advocating for sound policy concerning health workforce.
- Tracking challenges and leading issues in human resource management.
- Developing European standards for human resource planning and management.
- Providing a platform for good human resource management practice.
- Promoting, undertaking and disseminating research that addresses critical issues relevant to the health workforce such as recruitment, retention and workforce planning.
- Fostering bilateral agreements between countries on such issues as training, practice and cultural competence.
- The prohibition of language testing of EU health workers is a major concern. It is imperative that health workers can communicate effectively with clients. Client safety is paramount and employers should have the right to ensure health workers have appropriate language skills.



## **Data to Support Decision-Making:**

Much of the data currently being collected in relation to the health workforce is not sufficiently robust to make comparisons across countries. There is no consistency in the definitions, source of data, interpretation of numbers of nurses working etc. Many of the countries provide head counts, others provide numbers registered, whilst others provide both working nurse and retired nurse numbers.

The EU has a key role in collecting data to support evidence-based policy decisions. Such data may include: -

1. The number of qualified nurses available for employment in each country. The source of this data.
2. Demographics of the existing nursing workforce by country, age, gender and the number who work full-time and the number working part-time.
3. Migration information, i.e. the numbers and proportion of the existing workforce who leave the country annually. Also the number and source of nurses entering the country annually. Any barriers to recruitment from other countries.
4. The average age of the newly qualified nurse by EU country.
5. The usual retirement age for nurses by EU country.
6. The proportion of the workforce working in the public and independent sector and also the proportion working in hospitals and community settings.
7. Nursing workforce turnover rates and whether the workforce is in surplus, shortage or in balance. Any particular recruitment and retention issues.

## Suggested Actions:

- A map of all the sources of workforce information by EU country.
- The number of years leading to registration by country, attrition figures for nursing students, and the number of student nurses / midwives currently in training.
- Any new legislation of major policy shifts that might affect the nursing workforce.
- National unemployment figures and nursing unemployment figures if known.
- A national survey of the work and related health problems of nurses / midwives should be undertaken using social cohesion funding. The Institute of Health Information in Canada found a direct correlation between workload, physical and mental stress, poor supervision and poor general health among nurses, (IHIC, 2006).

## **New Technology**

There are numerous ways in which technology can assist nurses and midwives in healthcare delivery ensuring efficiency, cost-effectiveness, client safety and quality of care such as:

- Electronic Prescribing
- Use of Swipe Cards and Bar Coding
- Tele-nursing
- Electronic Medical Record, Clinical Information Systems, to name but a few.

These systems have been found to be cost-effective, efficient in improving client safety.

It is imperative that nurses and midwives are involved in all aspects of design and implementation of new technology as they will be the most frequent users of most systems. Many systems are not user-friendly and inputting information can be slow and time-consuming. Touch screens and script pens with memory can be more efficient than typing, particularly as healthcare professionals rarely have typing skills. There are numerous simple IT support systems which are inexpensive but can provide enormous efficiency and savings.

### Possible actions may include:

- Promoting the use of technology to assist the health workforce in the delivery of care.
- Ensuring tried and tested user-friendly IT systems.
- Fostering collaboration between member-States in the use of technology.

## **Cohesion Policy:**

The way in which the healthcare workforce is recruited, educated, rewarded, regulated and managed has often struggled to keep pace with the changing demands facing healthcare systems. Many countries have experienced a considerable transformation, requiring their workforce to develop new skills and adopt new behaviours in the market economy that has established new relationships with employers and clients. Therefore, all nurses/midwives need to have access to continuous professional development that includes skills for performance management, management of contracts and other new ways of operating in changing healthcare systems. There is a growing body of evidence on the potential benefits of more effective human resource management, in terms of both organisational and client outcomes. Human resource practices that incorporate commitment to ensure adequate staffing, investment in education, teamwork, employee autonomy and empowerment are associated with high levels of retention and enhanced organisational outcomes and performance. (The European Observatory on Health System and Policies 2006)

Possible actions may include:

- That Social Cohesion Funds be used to address the challenges facing the EU Workforce for Health, particularly nurses and midwives.

Investing in the health workforce by ensuring an appropriate supply of educated competent nurses and midwives will contribute to the quality of the health service. (Nursing and midwifery is the largest group of healthcare workers – around 35% of the total workforce.)

In every downturn there is a danger that strategic planning to ensure a competent, educated, skilled health workforce appropriate to meet healthcare demands into the future will be overlooked as unemployment rates rise and employed workers remain static. However, investment in human capital is more important at this time than at any other.

- The EU needs to put strategies in place to assist countries in maintaining a sufficient competent workforce during this current crisis and into the future.
- The EU needs to encourage a partnership approach by all stakeholders to workforce planning and human resource decision-making.

**Irish Nurses Organisation**

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