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Answer of the President of the European Parliament to the letter of ENC President, Mr. Mircea Timofte

We have the pleasure to share with you the answer that the President of the European Parliament, **Mr. Sassoli**, has sent two days ago to the letter of our President **Mr. Timofte**,

“Dear Mr Timofte,

I would like to thank you very much for bringing to my attention the serious concerns you are referring to in relations to the situation of nurses across Europe who are at the frontline to address the dramatic consequences of this health crisis. I, together with so many Europeans, are truly grateful for your dedication and sacrifices in the extremely difficult current circumstances.

As you may have seen, many major initiatives have already been presented by the European institutions, and more will be done given the severity of the situation in order to protect most and foremost the health of our citizens. The situation that specifically concerns your profession must obviously be taken into account in proportion to the issues that this crisis shows it is facing. I am therefore grateful for the suggestions that you have communicated to me and will not fail to forward them to the competent committees of the European Parliament.

I would also like to refer to a Resolution adopted by the European Parliament on 17 April stating that joint European action to combat the COVID-19 pandemic is indispensable: not only must the European Union emerge stronger from this crisis, its institutions should also be empowered to act when cross-border health threats arise. This would enable them to coordinate the response at European level without delay, and direct the necessary resources to where they are most needed, be they material like face masks, respirators and medicines or financial aid. This resolution also supports for increasing EU production of key products such as medicines, pharmaceutical ingredients, medical devices, equipment and materials, to be better prepared for future global shocks.

This health crisis must not result in a social crisis whose scale would undermine the foundations of our democratic societies. You can count on me to relay this essential message to my interlocutors at European and national level.

Yours sincerely,

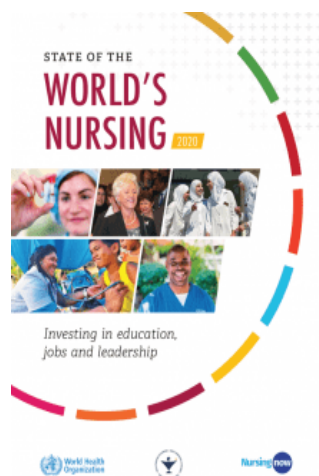
David Maria SASSOLI »

Here in ENC we are obviously pleased with this answer that constitutes a proof of the fact that the pandemic has begun to change the view of the EU decision-makers on Nursing. We feel that it is now time to draft an ENC position on the steps the Union needs to take in order to strengthen Nursing and Patient Safety in the post COVID 19 emergency. For this we need of course your feedback.

State of the World's nursing 2020

The *State of the World's nursing 2020* report, published on 7th of April by the **World Health organization** (WHO), in partnership with the **International Council of Nurses**, the **global Nursing Now campaign** and with the support of governments and wider partners, provides a persuasive case on the value of the nursing workforce globally. The release of this report was planned by WHO to coincide with the **2020 International Year of the Nurse and the Midwife**.

The report is a trigger aiming to motivate commitment to an agenda that will drive and sustain progress to 2030. No global health agenda can be realized without concerted and sustained efforts to maximize the contributions of the nursing workforce and its role within interprofessional health teams.



Nurses have a central role, critical to deliver the promise of “leaving no one behind” and the global effort to achieve the Sustainable Development Goals (SDGs).

The report highlights opportunities for advanced nursing education and enhanced professional roles, which can drive improvements in public health. However, there still are large inequities in the distribution of nurses around the world.

What is the current status of evidence in 2020?

The nursing workforce is expanding in size and professional scope. However, the expansion is not equitable and insufficient to meet rising demand. **The global nursing workforce is 27.9 million, of which 19.3 are professional nurses. It confirms that nursing is the largest occupational group in the health sector, representing 59% of the health professionals.**

Nevertheless, the world is facing a global shortage of 5.9 million nurses. An estimated 5.3 million of that shortage is concentrated in low- and lower middle-income countries, where the growth in the number of nurses is barely keeping pace with population growth. The nursing workforce is globally relatively young but there are disparities across regions. **Countries with higher proportions of nurses nearing retirement compared to countries with many young nurses will face major challenges in maintaining the nursing workforce in the future.** Such countries can be found in the American and European regions.

To address the shortage by 2030 in all countries, the total number of nurse graduates would need to increase by 8% per year on average, alongside an improved capacity to employ and retain these graduates. Regarding nurses' studies, the majority of countries reported that the minimum duration for nurse education is a three-year program. There is still considerable variety in the minimum education and training level of nurses, alongside capacity constraints such as faculty shortage, infrastructure limitations and the availability of clinical placement sites. **Still, the report underlines that 78 countries reported advanced practice roles for nurses. There is strong evidence that advanced practice nurses can increase access to primary health care in rural communities and address disparities in access to care for vulnerable population in urban settings.**

The *State of the world's nursing 2020* report indicates that international mobility of the nursing workforce is increasing. Unfortunately, unmanaged migration can also exacerbate shortages and contribute to inequitable access to health services. According to experts, many high-income countries in different regions appear to have an excessive reliance on international nursing mobility due to low numbers of graduate nurses or existing shortage vis-à-vis the number of nursing jobs available and the ability to employ new graduate nurses in the health system. Although most countries have a body responsible for the regulation of nursing, the regulation of nursing education and practice is not harmonized beyond a few sub-regional mutual recognition arrangements. **Regulatory bodies are challenged to keep education and practice regulation updated and nursing workforce registries current in a highly mobile, team-based and digital era.**

Finally, the survey reports that nursing remains a highly gendered profession with associated biases in the workplace. Legal protections, including working hours and conditions, minimum wage, and social protection, were reported to be in place in most countries, but not equitably across regions. **Approximately 90% of the nursing workforce is female. However, few leadership positions in health are held by nurses or women.**



Nonetheless, the report shows that a national nursing leadership development program was in place in 78 countries and both the presence of a government chief nursing officer (or equivalent) position and the existence of a nursing leadership program are associated with a stronger regulatory environment for nursing.

Looking at the current situation, actions have to be taken and the WHO brings forward ten key ones regarding future directions for nursing workforce policy.

- 1) **Countries affected by shortages will need to increase funding to educate and employ at least 5.9 million additional nurses.** Further investments would be required to employ nurses upon graduation. Actions must include review and management of national wage bills and, in some countries, lifting restrictions on the supply of nurses. **Investments in the nursing workforce can also help drive progress in job creation, gender equity and youth engagement.**
- 2) **Countries should strengthen capacity for health workforce data collection.** Collation of nursing data will require participation across government bodies, as well as engagement of key stakeholders such as the regulatory councils, nursing education institutions, health service providers and professional associations.
- 3) **Nurse mobility and migration must be effectively monitored and responsibly and ethically managed.** Partnerships and collaboration with regulatory bodies, health workforce information systems, employers, government ministries and other stakeholders can improve the ability to monitor, govern and regulate international nurse mobility.
- 4) **Nurse education and training programs must graduate nurses who drive progress in primary health care and universal health coverage. Nursing should emerge as a career choice grounded in science, technology, teamwork and health**

equity. Curricula must be aligned with national health priorities as well as emerging global issues to prepare nurses to work effectively in interprofessional teams and maximize graduate competencies in health technology.

- 5) **Nursing leadership and governance is critical to nursing workforce strengthening.** Actions include establishing and supporting the role of a senior nurse in the government responsible for strengthening the national nursing workforce and contributing to health policy decisions.
- 6) **Planners and regulators should optimize the contributions of nursing practice.** Effective nurse-led models of care should be expanded when appropriate to meet population health needs and improve access to primary health care, including a growing demand related to noncommunicable diseases and the integration of health and social care.
- 7) **Policy-makers, employers and regulators should coordinate actions in support of decent work.** Countries must provide an enabling environment for nursing practice to improve attraction, deployment, retention and motivation of the nursing workforce. Remuneration should be fair and adequate to attract, retain and motivate nurses.
- 8) **Countries should deliberately plan for gender-sensitive nursing workforce policies.** Actions include implementing an equitable and gender-neutral system of remuneration among health workers, and ensuring that policies and laws addressing the gender pay gap apply to the private sector as well.
- 9) **Professional nursing regulation must be modernized.** Regulatory frameworks, including scope of practice, initial competency assessments and requirements for continuous professional development, should facilitate nurses working to the full scope of their education and training dynamic interprofessional teams.
- 10) **Collaboration is key.** Action include intersectoral dialogue led by ministries of health and government chief nurses, and engaging other relevant ministries (such as education, immigration, finance, labor) and stakeholders from the public and private sector.



In conclusion, this report has provided robust data and evidence on the nursing workforce. Despite signs of progress, it has also highlighted key areas of concern for low- and lower middle-income countries but also for upper-middle- and high-income countries.

National governments, with support where relevant from their domestic and international partners, should catalyze and lead an acceleration of efforts to:

- **Build leadership, stewardship and management capacity for the nursing workforce** to advance the relevant education, health, employment and gender agendas;
- **Optimize return on current investments in nursing through adoption of required policy options** in education, decent work, fair remuneration, deployment, practice, productivity, regulation and retention of the nursing workforce;
- **Acceleration and sustain additional investment in nursing education, skills and jobs.**

Investments will also drive progress across the Sustainable Development Goals, with dividends for gender equity, women's economic empowerment and youth employment.

Nurses ‘stepping up’ to COVID-19 crisis

Last year, the World Health organization (WHO) dedicated 2020 to nurses and midwives, providing a “once in a generation opportunity” to showcase them. **Mr. Howard Catton, chief executive of the International Council of Nurses**, explained that **raising awareness on modern-day nursing, as well as highlighting the power and potential of nurses to address big health challenges, were all aims for the year of the nurse.** Therefore, the nursing response to the coronavirus crisis has gone way beyond the core purpose of 2020 as the International Year of the Nursing and Midwife. According to Mr. Catton, **COVID-19 is a powerful and practical demonstration that nursing and midwifery professions need better support, better investment and better resourcing. The global response to the pandemic showed to the world that nursing “really is saving lives”.**



Even if all the events that were intended to celebrate the profession this year have been put on hold or postpone due to the crisis, **Mr. Catton** thinks that nurses should take a moment to feel immensely proud and that they are not alone despite massive work and fatigue. He proposed to extend year of the nurse and midwife and even mooted the idea of a “decade” of the professions instead.

COVID-19 exposes the fragility of preparedness plans in some systems. In recent weeks, the WHO signaled the effectiveness of “international solidarity” to ensure efforts against the virus are “harmonized”. Concerning the COVID-19 response, **Mr. Catton** joined the WHO’s statement and highlighted the importance of various countries sharing and learning from one another and said he had seen relationships between nurses in different regions strengthened through this. They share best practice for personal protective equipment (PPE), advice on the psychological impacts of the virus and how to address the general public’s anxiety and panic.

The supply of PPE is a current problem for many countries. The INC CEO pointed out the issue around a lack of supply since nurses in China had to use supplies for a longer period of time than they would ideally have liked to. This problem is still one of his biggest concerns globally. Consequently, health worker infections increase. **Mr. Catton** noted that they are related to the supply of PPE.

“I’m worried about health worker infections, exposures and in the worst and tragic consequences of what that can be”

Nursing Time reported on nurse’s deaths in Iran, Indonesia and Spain and latest figures from Italy showed 9% of the country’s COVID-19 cases were among healthcare workers. Mr. Catton stressed that some nurses had already “paid the ultimate price for caring for people” and that “better data and information” on health worker infections was needed.

“If more health workers get sick, if demands and numbers of sufferers are going up, have we got enough people, are they in the right place, how are they trained, how are they supported as well?”

Alongside lack of personal protective equipment, there are nurses who are suffering from issues around breaks, psychological support and financial compensation for the hours they work. Mr. Catton warned of the need for ongoing support once the crisis was over due to “pressures and demands”.



Mr. Catton is the chief executive of the International Council of Nurses

A major point in this global crisis is that countries are listening to nursing input at senior level to help with the response and inform policies. Nurses are deeply involved at a top level in terms of putting the preparedness and the response plans together and in place all around the world. One of Mr. Catton’s ongoing ambitions is for every government in the world to have an executive chief nursing officer advising their teams since they recognize the importance and support from the nursing community.

In conclusion, the INC chief said the work of nurses around the world has been phenomenal. *“People talk about how these sorts of moments in our history could be a watershed or game-changing”*

Burnout and job satisfaction impacted by 12-hour nursing shift

A large European study linked hospital nurses who work 12-hour shifts to adverse outcomes like burnout and job dissatisfaction. The survey published in BMJ Open involved more than 31,000 nurses in 488 hospitals across 12 countries.

The study shows that nurses who worked 12 hours or more in a shift experienced high burnout. It increases the odds of high emotional exhaustion by 26% compared with nurses working shifts of 8 hours or less. These nurses were also more likely to experience high depersonalization and low personal accomplishment.



The survey also highlights a connection with job dissatisfaction. Nurses who worked shifts of 12 hours more were 40% more likely to report being dissatisfied with their job and 31% more likely to plan to leave their job. However, the researchers noted a paradox regarding this finding. Nurses prefer longer shifts because of the perception that they improve job satisfaction, but longer shifts may have the opposite effect.

“Nurses may be choosing to sacrifice work satisfaction for benefits in other spheres of life. However, this type of choice is likely to compromise nurses’ recovery sleep, physical and psychological well-being: the stress of those long workdays and the recovery time needed may counterbalance any perceived benefit”.

An American study provides similar findings. They questioned more than 22,000 nurses in four states. According to researchers, longer nursing shifts “were associated significant increases in the odds of burnout, job dissatisfaction, and intention to leave the job”.

In addition, they putted forward the fact that the longer the shift for hospital nurses, the higher the level of patient dissatisfaction. Both studies warned how nurse burnout and job dissatisfaction could adversely affect patient safety.

If longer nursing shifts contribute to burnout and job dissatisfaction, the consequences fall across two general spheres. One is the impact that issues like the turnover and absenteeism can have on an organization’s culture and finances. The other impact is to have higher risks of medical error, lower quality of care, and reduced well-being (for nurses and patients).

“Our findings contribute to a growing body of research associating nurses’ shift length with patient safety issues. The results also highlight an area of health care ripe for policy development at both national and institutional levels”.

News in Brief

Statement by the Commission for World Health Day



Commission européenne

The 7th of April, **European Commissioner responsible for Health, Ms Stella Kyriakides**, released a Statement for World Health Day. She expressed the Commission's concern for the people affected by the current health crisis. The European Commissioner also expressed pride for the brave healthcare workers in the European Union and around the world. **Ms Kyriakides underlined that she honors and salutes the 4.5 million nurses and midwives across the EU.** She recognizes their tireless efforts during the coronavirus pandemic which is inspiring and encouraging for everyone. She also highlighted the immense work of the 1.9 million physicians across the EU who continue to put themselves on the frontline treating patients.



Commissioner Mrs. Stella Kyriakides

In the continuity of the measures put in place by the Commission to guarantee the safety of the healthcare workforce, **Mrs. Kyriakides** pointed out that *“it is important that you, our healthcare workers, be protected from the risk of infection. By launching the EU joint procurements, we are supporting Member States in gaining access to more personal protective equipment for hand, body, eye and respiratory protection. As an additional safety net, we have proposed creating a rescEU stockpile, a common European reserve of personal protective equipment and reusable masks.”*

The Commission adopted decisions on revised harmonized standards. It will help companies to manufacture the items without compromising on health and safety standards, and especially without undue delays. She added that a practical guidance to Member States was issued to encourage and facilitate cross-border treatment of patients and the deployment of medical staff. Finally, the Statement puts forward the clinical management support system operated by the Commission to support Member States by exchanging knowledge and clinical cases across the EU.

EU Medical Teams deployed to Italy

A team of European physicians and nurses from Romania and Norway, deployed through the EU Civil Protection Mechanism, is being immediately dispatched to Milan and Bergamo to help Italian medical staff working to battle the coronavirus. Austria has also offered over 3,000 liters of disinfectant to Italy via the Mechanism. The Commission will coordinate and co-finance this European assistance.

President Ursula von der Leyen said: *“These nurses and doctors, who left their homes to help their colleagues in other Member States are the true faces of European solidarity. The whole of Europe is proud of you. The Commission is doing everything it can to help Italy and all our Member States at this time of great need.”*

Janez Lenarčič, Commissioner for Crisis Management said: *“I thank Romania, Norway and Austria for coming to Italy's support in a time that is so difficult for the whole continent. This is EU solidarity in action. Our EU Emergency Response Coordination Centre is working 24/7 with all Member States to make sure help is channelled to where it's most needed.”*



Mrs. Von der Leyen President of the European Commission

The EU's Copernicus satellite system has also been activated by Italy to map health facilities as well as public spaces during the coronavirus emergency. Italy also received a delivery of personal protective equipment coordinated through the EU Emergency Response Coordination Centre. Several EU Member States have also sent protective equipment such as masks, overalls and ventilators to Italy, as well taking Italian patients for treatment in their countries.

Background

Part of the Norwegian medical team had already been deployed in December last year, via EU Civil Protection Mechanism - of which Norway is a full member, despite of the fact that it is not an EU Member State - to tackle the measles outbreak in Samoa. The Emergency Response Coordination Centre is the heart of the EU Civil Protection Mechanism and coordinates the delivery of assistance to disaster-stricken countries, such as relief items, expertise, civil protection teams and specialized equipment. The Centre ensures the rapid deployment of emergency support and acts as a coordination hub between all EU Member States and the 6 additional Participating States, the affected country, and civil protection and humanitarian experts.

Complaint lodged against Belgian minister

On the 22th of April, **Belgian Federal Minister of Health Maggie De Block** was subject to a complaint lodged by a medical and social unit from Mons, in the Walloon region. It is a disciplinary complaint to the Provincial Council of the Regulatory Body of Physicians of Flemish Brabant and Brussels. **The complaint is addressed to Mrs. De Block in her capacity as a physician and not a minister.**



Mrs. De Block is a Flemish doctor and the Belgian Federal Minister of Health. She has been criticized on her management of the coronavirus crisis.

The main issue is the bad communication. At first, she described the COVID-19 virus as a “small flu”. **Mrs. De Block** also pointed out that the wearing of a mask was non scientifically logical. Additionally, the Minister compared the physicians who warned the authority about the virus to “drama queens” in one of her tweets.

The medical and social unit from Mons believes that **Mrs. De Block** spoke without any reserve or scientific objectivity, which constitutes a violation of the medical code of ethics.