

PROGRAM

Health workforce, shortage,
recruitment and conditions.



ESNO WORLD CAFÉ
20 and 21 APRIL
BRUSSELS

LOCATION

Atelier des [Tanneurs Atelier](#)
Rue des Tanneurs 60A, 1000
Bruxelles, Belgium

ESN 
EUROPEAN SPECIALIST
NURSES ORGANISATION

To the reader of this program

Health Workforce and Nurse Shortage

To the background of a great number of European initiatives, programs and projects on health workforce, planning, forecast, shortage, skills, education and others, and the urgency of the matter, ESNO organizes a 2-day event with stakeholders, private and public together with ESNO members, associates, discussing this issue together. Shortage and retention are a big issue and only waiting for long term changes is not an option.

It will be an interactive event on location in Brussels. It's not the intention, to establish a new program, but creating a platform to share insights and recommendation and discussing this with specialist nurses from all European regions themselves.

The participants will achieve the following

- A. Having a better insight on the healthwork force, the shortage, the recruitments and the full impact of the issue based on exploring the questions that matter***
- B. Having built new connection and networks to create opportunities for further shaping the agenda on health workforce***
- C. Contributed to a report with recommendation for the future build on experiences, views and insights, support policy makers in re-shaping the future healthwork force agenda.***

The event will also support current programs and projects and create opportunity to connect directly with specialist nurses and those in advanced roles and positions in in day-to-day clinical practice and often in combination in leading roles all over Europe. The development of the program is in process but for more information, contact the ESNO team secretariat@esno.org.

Most looking forward meeting you in this highly interactive event and join me in the conversation in finding the questions that matter.

With kind regards

Dr. Adriano Friganovic

ESNO president.



THURSDAY 20 – DAY 1

08.00			Doors open
09.00 – 09.05	Opening		Tamsin & Bert
09.05 – 09.10	Welcome		Adriano Friganovic
09.10 – 09.20	Why are we here and goals to achieve		Tomas Zapata World Health Organisation https://www.who.int/europe/health-topics/health-workforce#tab=tab_1
09.10 – 09.25	Explain the essential of the World Cafe		Ber Oomen ESNO
09.30 – 09.40	Interview – 1	<i>‘Nurse Shortage, a shared responsibility’</i>	Adriano Friganovic ESNO www.esno.org
09.40 – 09.50	Interview – 2	<i>In relation to retention ‘Nurses Education and Recognition, works’</i>	Bianca Buurman Dutch National Nursing Association www.venvn.nl
09.50 – 10.00	Interview – 3	<i>‘Mobility and recruitment is more than ticking boxes’</i>	Milena Angelova European Economic and Social Committee https://www.eesc.europa.eu/en
10.00 – 11.00	Elevators Pitching Time with invites and requesters		
11.00	Coffee break		
11.45 – 11.55	Interview – 4	<i>‘The digital revolution, opportunities only when well ’</i>	Juan J Fernandez https://www.eu-patient.eu/
11.55 – 12.05	Interview – 5	<i>‘Education and certification as prerequisite for retention’.</i> VIDEO	Adelaida Zabalegui The European Academy of Nursing Science https://european-academy-of-nursing-science.com/
12.05 – 12.15	Interview – 6	<i>‘Networking and tuning HWF programs’</i>	TBC
12.15 – 12.25	Interview – 7	<i>‘Pharmaceutical care and nursing’</i>	Daniella Lehwaldt ICN Nurse Practitioner/Advanced Practice Network https://www.icn.ch/who-we-are/icn-nurse-practitioneradvanced-practice-network-mpapn-network

12.30 – 12.55	Elevators Pitching Time with invites and requesters		
13.00 – 14.00	Lunch Break and Exhibition time		
14.00 – 14.30	Patient perspective – theatrical intervention		Coby Omvlee
14.30 - 15.00	Debate with Coby and moderator		
15.00 – 15.10	Interview – 8	<i>‘Nurses roles in Vaccination and AMR’</i>	Neda Milevska-Kostova International Alliance of Patients’ Organizations (IAPO) https://www.iapo.org.uk/global-voice-patient-centred-healthcare
15.10 – 15.20	Interview – 9	<i>‘skills and competencies ’</i>	Flaviana Teodosiu European Commission Employment https://ec.europa.eu/social/home.jsp
15.20 – 15.30	Interview – 10 ‘	<i>‘Safety at work – retention’</i>	Maya Mathews European Commission on Health https://commission.europa.eu/about-european-commission/departments-and-executive-agencies/health-and-food-safety_en
15.30 – 16.00	Elevators Pitching Time with invites and requesters		
16.00 – 16.50	Recap the day and prepare the next day		Moderators
17.00	End of Day one		Adriano Friganovic

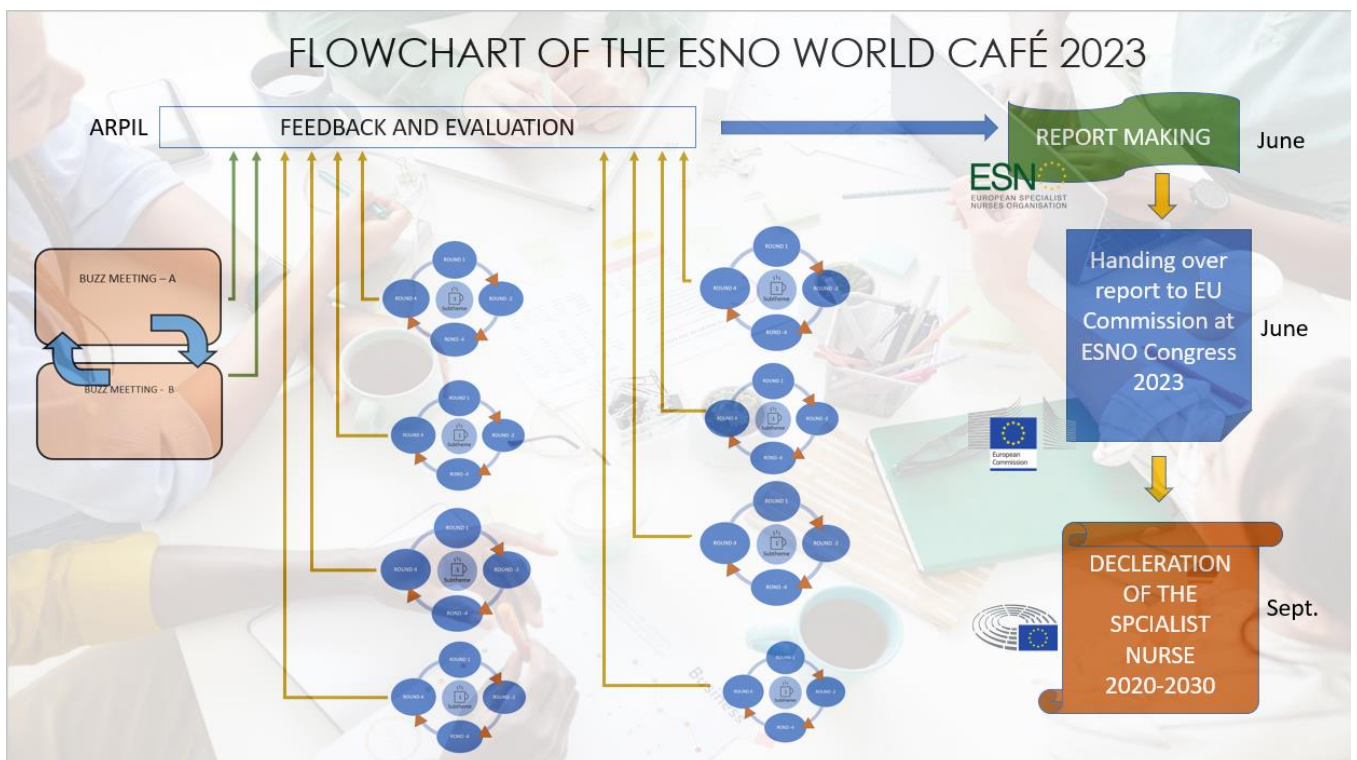
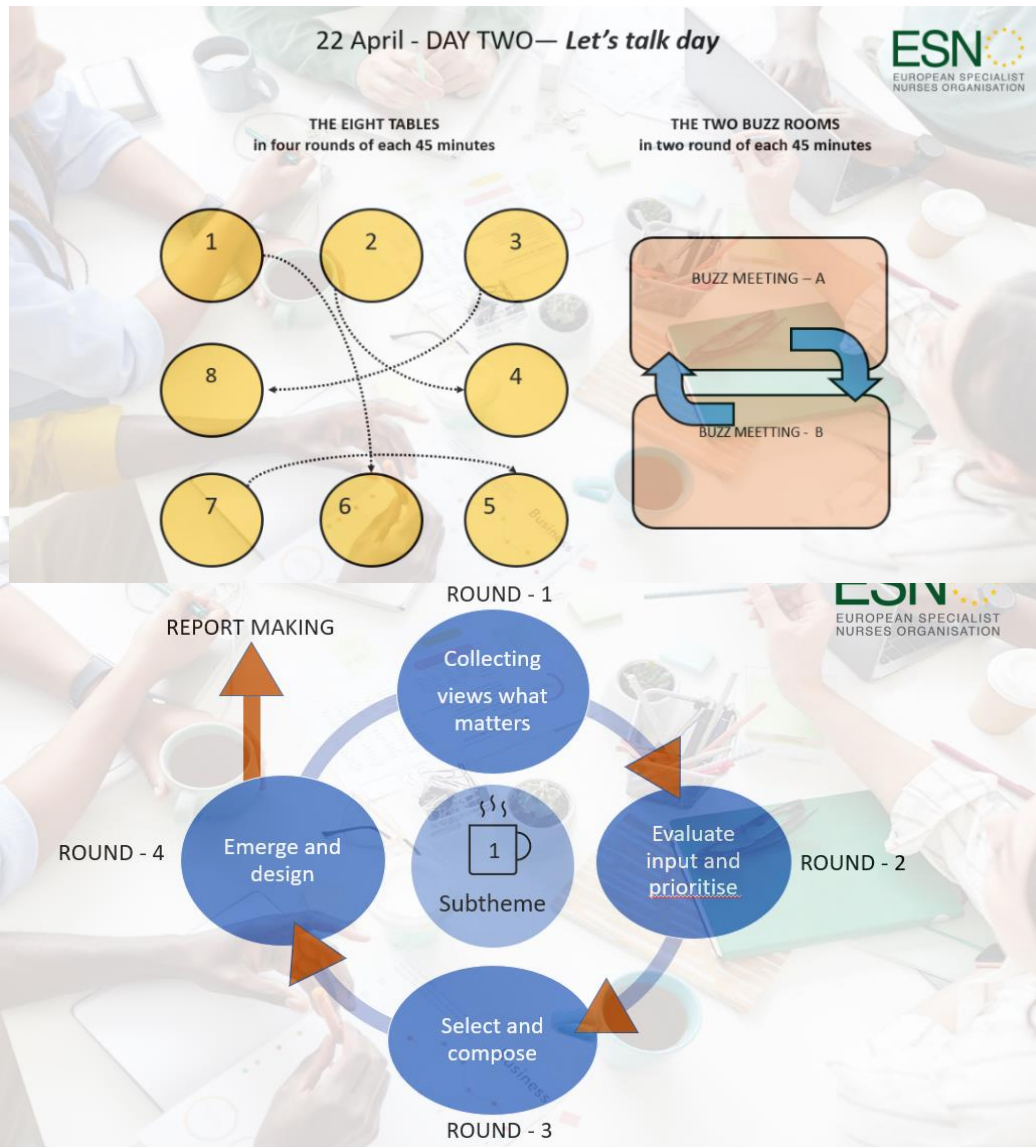
CONFIRMED SPECIAL INVITES:

- **Walter Sermeus:** professor of healthcare management, Leuven Institute for Healthcare Policy, University of Leuven KU Leuven, Belgium
- **Elizabeth Kuiper:** Associate Director European Policy Centre and Head of the Social Europe and Well-being programme [EPC](#)

FRIDAY 21 – DAY 2

Time	Min.	Subject	World Café – Theme
08.00 – 09.00	60	Doors open and Exhibition	Registration with coffee
09.00 – 09.20	30	Introduction	Short recap about World Café and what brings together.
09.20 – 09.30		Shift time	
09.30 – 10.10		ROUND - 1	'Questions as Attractor' Collecting insights - input
	40	Table 1	'Nurse Shortage, a shared responsibility'
	40	Table 2	'Education and Recognition'
	40	Table 3	'Mobility and recruitment'
	40	Table 4	'The digital revolution'
	40	Table 5	'Skills and Competencies'
	40	Table 6	'Vaccination and infection prevention'
	40	Table 7	'Pharmaceutical care and nursing'
	40	Table 8	'Safety at Work, precondition for retention'
	5	Change tables	
			Collect Perspectives
	40	Buzz Hub - A 1/2	HWF and impact on Health and Budgets
	40	Buzz Hub – B 2/2	Networking and tuning HWF programs
10.15 – 11.00		ROUND - 2	'Diverse Perspectives' Evaluate input / prioritize - evaluate
	45	Table 1	'Nurse Shortage, a shared responsibility'
	45	Table 2	'Education and Recognition'
	45	Table 3	'Mobility and recruitment'
	45	Table 4	'The digital revolution'
	45	Table 5	'Skills and Competencies'
	45	Table 6	'Vaccination and infection prevention'
	45	Table 7	'Pharmaceutical care and nursing'
	45	Table 8	'Safety at Work, precondition for retention'
	5	Change tables	
			Emerge and design
	45	Workshop A 2/2	Health, Budgets and HWF
	45	Workshop B 2/2	Networking HWF programs
11.00 – 11.30	30	Coffee break	
11.30 – 12.15		ROUND - 3	'Cross Pollination' Select / Compose
	45	Table 1	'Nurse Shortage, a shared responsibility'
	45	Table 2	'Education and Recognition'
	45	Table 3	'Mobility and recruitment'
	45	Table 4	'The digital revolution'

	45	Table 5	'Skills and Competencies'
	45	Table 6	'Vaccination and infection prevention'
	45	Table 7	'Pharmaceutical care and nursing'
	45	Table 8	'Safety at Work, precondition for retention'
	5	Change tables	
			Collect Perspectives
	45	Workshop C 1/2	Networking and tuning HWF programs
	45	Workshop D 1/2	Health, Budgets and HWF
12.30 – 13.30	60	Lunch break	
13.30 – 14.30		ROUND – 4	'Emergence' Design / Decide - choice
	60	Table 1	'Nurse Shortage, a shared responsibility'
	60	Table 2	'Education and Recognition'
	60	Table 3	'Mobility and recruitment'
	60	Table 4	'The digital revolution'
	60	Table 5	'Skills and Competencies'
	60	Table 6	'Vaccination and infection prevention'
	60	Table 7	'Pharmaceutical care and nursing'
	60	Table 8	'Safety at Work, precondition for retention'
			Emerge and design
	60	Workshop C 2/2	Networking and tuning HWF programs
	60	Workshop D 2/2	Health, Budgets and HWF
14.30 – 15.00	30	Coffee break	
15.00 – 15.50	50	Plenary - Moderators feedback tables and buzz rooms	Recap and next steps
15.50 – 16.00		End off meeting	Thanks and see you at ESNO congress
16.00 – 17.00		Cleaning up	Cocktail



EIGHT THEMES TO DISCUSS

Is Nurse shortage acceptable? If not, why have this been accepted over the past decades, and all leading to an expected collapsing health system with huge impact on health provision? But there is more: the declining tide cannot be turned so easily and we are all struggling in each of our way. Decades ago, it was a problem on local level, then at some point a national issue and today, it's at the agenda of the European Commission which gave it a priority and made significant budgets available. Many networks and health alliances are established taken responsibility to address this in a good program but also, mostly do not know each other. And on the other hand, also a lot of national and regional initiatives takes place, also not knowing each other: this creates a bond. There are also great and well intentioned proposal such as reduction of the red tape, invest more in digitalization but this is far beyond what is needed. Many are concerned, and we all agree this is urge but there is a greater issue what is needed to solved this, a café where we can meet, feel connected and practice to listening and in speaking about it.

And this is the reason what brings us together, and also with a realism: not with the illusion in finding the solution but collective exchange insight, ideas, suggestion while finding the question that matter. After all, the answer to any question is already hidden when well formulated. And finding the right question connects the participants in this World Café.

“If you want to make things work in health, stop thinking like a doctor”. Antonio Fauci

The chosen subthemes to discuss are intended to trigger debate, and for this reason, they are slightly provocative. The goal is to create a five to eight point agenda to support health workforce initiatives, hospitals, nurse organisation in sharing a common purpose towards a sustainable nurse health workforce. This charter is also for MEP's to push our agenda also in their election campaign.

An implicit effect of this event is also that stakeholder getting to know each other: professionals, health institutes on national and European level, the industry experience a certain much desired sense of connecting and belonging. The outcome will lead to a greater ownership in finding way in getting out this situation.

Because a greater interest for the event, there are 2 levels of interactive activities:

- Eight 'Round Tables' in four 45 to 60 minutes sessions, so each participant will contribute to four tables. They have a relative short term character with the intention for short exchange and ideas and suggestions.
- Two 'Buzz Meeting' (workshops) to exchange and share more in depth. Here are four sessions on 2 themes. The idea is that persons doing the workshops, are only appointed / recommended to take part. It's a larger World Café, because there are only 2 themes with one change time with each session for 90 minutes.

The Eight Tables

1- NURSE SHORTAGE, EVERY ONCE RESPONSIBILITY

There is no Nurse Shortage. It's the implication of a culture of misunderstandings: lack of realism in health, dominated by an efficiency-addiction, lack of investments in nurses specialisations, their recognition, and a acceptance on the exclusivity in the medical domain. The system had made nurses doing the wrong things while they have not been heard in their voice how it should been done. In addition, there is also a lost focus of the elderly, chronic in combination with a neglect on prevention and literacy. This situation is a result of missed

opportunities by all stakeholders, including the nursing organisations. It's not the moment anymore on waiting for the 'other' to start the process, it's the time to change this culture and start with each one of us.

The Questions to explore: What's your views on this, and are there missed issues addressed. What direction are needed to overcome this imbalance of professionals and demand in health.

2- NURSE EDUCATION AND COMPETENCE BUILDING

Nurse career building is not only the hospitals responsibility. Professional development and creating career perspective is ultimately the nurse personal responsibility. However, any institute should facilitate the nurses education, knowledge, experience and in an interdisciplinary context. Accepting nurses as employee for a 5 week days job with a 100% expectation presence at the bedside is unrealistic. Only expecting them at the clinic floor, at the bedside, is a form of an inhumane exploitation of valuable human resources also to the background of their low PayScale . It's a shared duty in providing quality of care, including the healthcare payers responsibility to support nurses in Education and career pathways and invest in quality of care. One doesn't go without the other, they are complementary to each other.

The Questions to explore: What's your perception on this and what is needed to support professionals in their career pathways and is education and competence building an incentive for retention.

3- CROSS NATIONAL MOBILITY AND RECRUITMENT: A CURSE OR A BLESSING

Recruitment is a necessity but also, an alternative of not having as sustainable health workforce. By

attracting nurses from abroad, there seems to be a not well executed policy on investing in the current professionals and a missed chance to create an inspiring working environment. Recruitment is good, but not without a stable health workforce policy. After all, nurses from abroad tend to leave at a certain time again, and with no good policy, leaving new gaps again to fill and costs more. An example of instability is the absence of the revision of the Annex V of the Directive of the professional qualification of nurses specialists in health. There is a need to accept that to any formal choice a wide range of experiences, case stories, benchmarking examples are the backbone of changes.

"If you want to make things work in health, stop thinking like a manager".

The Questions to explore: Is recruitment from nurses abroad acceptable, does it meet the expectations of a sustainable and future proof health workforce and what can the revision of the Annex V contribute?

4- THE DIGITAL REVOLUTION IN HEALTH

The digital domain is a blessing but does not contribute to the health workforce crisis. Many online consultation where done remotely and contacts remains also with support of smarter innovation and less admission where needed. With this blessing but also a very fragile element appeared. A good digital use where for the lucky, able to deal with it and also for the less vulnerable. With the crisis over, there is also a great delay of care and interventions and it seemed that not all online consultations had the right effect, after all, when seeing a patient, learning about the non-verbal signals this showed more than the original health question. One may ask the question of the digital revolution, was for a minority of patients and lucky enough to handle this, and not the elderly fragile or with less communications skills, the largest group in civil society.

The Questions to explore: How realist are the digital expectations and how can expectation become realistic.

5- 'SKILLS MATTER' AND ADDING TO CONSOLIDATED COMPETENCIES

Skilled talents are not the same as professional qualified. In the spectrum of health innovations and the civil society expectation, it's not realist that for each health issue a special trained, educated and certified all-round professional is needed. But then, with fragmented skilled professionals for specific tasks, does not meet expectations of all-round experienced professionals with seniority in complex care. It's important to invest constantly in seniority, in their position and qualification and enable them to support and motivate new arrivals in health domains. The question is, if we overrate single skills and tasks, are they not too fragmented in setting out a stability and sustainable health workforce team.

**Authentic
conversation is
our human way
of thinking**

The Questions to explore: Where do skills come in be complementary to competent and qualified professionals.

6- VACCINATION, A DOMAIN OR FOR MEDICAL EXPERTS ONLY?

The Vaccination issue has been dominated by medical domain with a good reason. Over the past 10 years, a concerning decline took place on attitude and uptake on vaccination by health professionals, doctors and nurses. Lot of campaigns took place to trigger awareness and pushing the uptake agenda of nurses and carers of our fragile European citizens. However, in this all, most professionals in the non-medical domain, were excluded, not involved in programs, projects and activities. But on the other hand, there was also a lack of an assertiveness of nurses in pushing their roles and positions. Local and regional examples have proved great benefits and also contributed to the professional self-esteem of the nurses and triggers engagement, autonomy and self-confidence, leading to retention

The Questions to explore: are the nurse professionals enough self-confident in their assertiveness in this field and what can be of support a change culture change?

7- THE MEDICATION DOMAIN, NOT ONLY FOR DOCTORS ANYMORE

The medication and prescribing domain was for the doctor. As the medical evolution had even revolutionary characteristics, due to technical innovations, it developed in parallel with higher expectation also for nurses. There is a society expectation to non-medical profession to be knowledgeable and competent, however, nurses are not well trained, educated and any other form in becoming competent for example on the Biosimilar domain and contribution to the shortage discussion. It's important to realize that it's not effective if the nurses are not included in this evolution of the innovation and expected to take docile and followers attitude. This nursing exclusion does also not enrich their self-confidence and impacting the level of trust to the patients.

**"If you are stuck in
problem solving, the
only way out is to enrich
views with collective
perspectives".**

The Questions to explore: Are the differences becoming less, where and how, and is there an evolution in the interdisciplinary cultural context, contributing to shared opinions, responsibilities and decisions.

8- SAFETY AT WORK – NORMAL WORKING CONDITIONS LEAD TO QUALITY

With the leave of nurses, those left over are overburdened. There is an assumption, that with a steady health case load, a steady level of staffing is needed. But with the same steady case load and even increasing, in combination with fewer staff, it doesn't need a mathematician, forecasting that the system is unstable with cracks in the fundament. The impact has problems at both ends. At one end, there is an over load of patients with an obstruction in the hospital treatment flow. At the other end, an reduction of staff leading to a further outflow of nurses, and those remaining, not secured in their personal and professional wellbeing leads to further decline in quality. It leads to this negative spiral, and to the background that the nurses, doctors and other health providers already gave so much, it needs brave managers with guts to have the system well prepared for the future. Promotion of a normality in working conditions is crucial to safe the health systems of today.

Recall a time when you had a great conversation, where real learnings or new insights occurred.

The Questions to explore: On what level is repairing at utmost relevancy and what policies and actions are required to start solving the problems from today on.

BUZZ MEETINGS (WORKSHOPS)

A- NETWORKING AND TUNING HWF PROGRAMS

In the variety of health workforce programs, projects, national cross border and European, it seems all have the same goals but addressing it from a different angle and a different perspective. From one side this seems ineffective, unbalanced and fragmented, especially when outcome are different. But hey, this is Europe, with all the different regions, tradition, budgets but also cultures in health. In some there is a traditional medical approach where other have a more community centred approach. It's not realistic to value a well proven systems from one region and to compare this with a other region. Most of the programs have a unique signature and the best option is learning from each other.

Creative sources, emerging renew futures, new meaning to fixed perceptions can emerge from the power of conversations.

In this workshop different program managers will explain about their program, exchange insight with others with the intention to learn from others. It's a mapping and exchange exercise on Health workforce programs and shortage.

B- THE FINANCIAL AND BUDGETARY IMPACT ON HEALTH WORKFORCE SHORTAGE.

When troubles arise and finance is at stake, the most common reaction is acting with a Pavlov response: cutting budgets. Overtime, we have learned that the easiest cutting domain was 'reduce staff, invest in efficiency and act conservative on salaries. But what has happened overtime, with this behaviour? You don't need to be an economist to accept that with the decades of increase of health budgets, the sky is not the limit, it had to fail somewhere. Somehow we are in double trouble: health budgets are limited and human resource is scarce. Still, we all share the conviction that we cannot let go, and we all feel responsible to act wise. How to invest when resources are limited. There is a need to share ideas but also stories and openness for new languages, rather than talking about money.

This workshops aims to find the question that matter, how to bridge the discrepancies between 'budget cutting' versus 'investing'. If budgetary cutting is the only but poorest alternative, and where can investments contribute economic sustainably.

C- OPTION: THE EUROPEAN HEALTH UNION, THE INSTRUMENT IN STRENGTHENING THE HCF ROLE.

In this it interesting how the nurse shortage can be address or defined toward the future. Nurse shortage can be an issue to control, to stop or initiate short term solutions in ending the problem. But another way of handling is to accept the loss and bend the negative spiral slowly into profit and to see what where is value proposition is of the quantitative reduce number of nurses and change focus to value the newer and advanced professionals in health domains based on recognise and recognised quality.

EU PROGRAMS AND PROJECTS

Confirmed Participation

1. MEnTal hEalth: fOcus on Retention of healthcare workers: **METEOR**
2. Empowering EU health policies on Task SHifting: **TaSHI**
3. Promote the upskilling and reskilling European health workforce **BeWell**
4. Joint Action of the European Union on Health Workforce Planning and Forecasting **HEROES**
5. DG Sante section **health Workforce**
6. WHO European section **Health workforce**

To be conformed

7. Action for Health and Equity - Addressing Medical Deserts: **AHEAD**
8. prOmoting evidence-bASed rEformS: **OASES**
9. A Roadmap OUT of mEdical deserts into supportive Health WorkForce initiatives and policies: **ROUTE-HWF**
10. Support development of future-oriented skills in health care sector **EUVECA**

NURSING ORGANISATION PRESENCE CONFIRMED

1. European Operating Room Nurses Association - EORNA
2. European Dialysis and Transplant Nurses Association/European Renal Care Association - EDNTA/ERCA
3. European Specialist Nurses Organisation - ESNO
4. Global Nurse Practitioner/Advanced Practice Network - ICN/ANP
5. The International Federation of Nurse Anesthetists - IFNA

PROGRAM LEAD

- Overall management in process
 - Adriano Friganovic
 - Ber Oomen
- Congress management
 - Lahdy Lauvenberg - PCO Pauwels
 - Susan Verkou - PCO Pauwels
- Program lead
 - ESNO board
 - Education committee
 - Moderators
- Overall Moderation
 - Bert Vrijhoef
 - Tamsin Rose
- Table moderators
 - Jamie Wilkinson
 - Walter Sermeus
 -
 -
 -
 -
- Report making after event
 - Laura Cigolot - HFE
 - David Ponente – HFE

For information:

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The European Specialist Nurses Organisation (ESNO) is a non-profit organisation and the goal is to facilitate and provide an effective framework for communication and co-operation between the European Specialist Nurses Organisations and its constituent members. ESNO represents the mutual interests and benefits of these organisations to the wider European community in the interest of the public health. Members of ESNO consist of individual European specialist nurses organizations.

www.esno.org

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