

## 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

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### 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 be 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.

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### 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.

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### 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?

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#### 4- THE DIGITAL REVOLUTION IN HEALTH

**The digital domain is a blessing but does not contribute to the health workforce crisis.** Many online consultations were done remotely and contacts remain 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 realistic are the digital expectations and how can expectation become realistic.

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#### 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 realistic 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.

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#### 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?

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## 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.

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## 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.

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