

# PROGRAM ESNO HACKATHON

***'Solving the Nurses health workforce crisis in one day,  
are you ready for the challenge'***

**5 JUNE 2024 – MILAN, ITALY**



**International  
Council of Nurses**  
NP / APNN  
Nurse Practitioner /  
Advanced Practice Nurse  
Network

## 1. here's the situation:

*Overall, we see a lot of attention to repairing health systems, with discussions taking place in terms of health system efficiency, IT, budget, and management. This is often related to what we call the 'Health Hardware.' A confusing issue is that in the slipstream, the patients and professionals—the hearts and minds, the 'Health Software'—are taken for granted. Often, there is a lot of imaginative thinking about the nursing health workforce in management, policies, and politics.*

## 2. this is our reading of it:

*As nurses, we know all too well that the nursing professional domain is not just a tool to keep the system running but a crucial element for health provision. In our experience, we see too much attention given to the 'hardware,' while some aspects of the 'software' are tagged as technical and instrumental. There is a need to highlight the nursing profession with its moral ambition to contribute to health challenges and invest in humanizing care. We see Moral Ambition as overlapping domains of recognizing a problem, acknowledging that the problem is undervalued, and identifying that there is a solution at hand. The solution has multiple angles*

## 3. This is our idea:

*During the Hackathon, we selected 9 pending topics and found concrete and implementable steps for addressing them. These steps can be visionary but are also enriched with good examples. Implementation can be done locally, as this is often easier to digest, avoiding generality and loss during the process. Moderators are invited to guide the discussions and work towards solutions, ensuring that the solutions contribute to nurses' careers, autonomy, well-being, and retention. Additionally, these solutions are also attractive for managers, as they contribute to system and budgetary efficiency in the long run. The goal is to formulate: **our way out** - the nurses' response on the challenges, what can/will we/I do and what do we/I need. The aim is to be as close as possible in the implementation: feasible and challenging.*

## 4. How to manifest this Hackathon:

*At each table, there is a moderator who guides and keeps the conversation going, ensuring all voices are heard, and an observer/reporter who takes notes. The table is aware of the trap of finding solutions too soon and not exploring angles of vulnerability and trying out several scenarios. The way out can be a 'one-way' solution but also a spectrum of answers, all of which are feasible. During the session, we do not expect a high level of scientific character but rather good and inspirational ideas. There are nine pending topics, but during the Hackathon, we might end up with six or seven based on the number of participants, possible overlaps of issues, or new suggested issues. There will be a consultant table and a microphone for those wishing to do a **'collective consultation'**.*

## 5. How to package this:

*The outcome of each table will be collected with the aim of including all contributions and presenting an initial summary at the end of the congress. The recommendations will be handed over to EU institutional representatives, including the names of the participants and their organizations. The outcome will be compiled into a report, published on the ESNO website, with an invitation for organizing representatives to endorse the findings.*

# Success working processes:

This structured approach ensures that you address all critical aspects of the hackathon process, from problem definition to solution presentation. Each stage builds on the previous one, creating a cohesive and comprehensive pathway to a successful project.

## Introduction

**Define the Problem.** Clearly articulate the problem you're aiming to solve. What is the scope, and why is it important? Set Objectives such as outline what you aim to achieve by the end of the hackathon. Establish success criteria and key deliverables.

**Explore:** Use research, on the problem and look into existing solutions, identify gaps, and gather relevant data. Practice brainstorm, such as generate a wide range of ideas and potential approaches and use online resources or AI. Encourage open discussion and creative thinking. Evaluate Ideas and assess the feasibility, impact, and novelty of each idea. Prioritize the most promising ones.

**Synergize:** Strengthen teams, based on skills and interests, form teams that can work effectively together. Ensure a mix of technical, design, and business expertise. Collaborate, such as share knowledge and resources within the team. Leverage each member's strengths to refine your approach. Align Goals, such as make sure everyone is on the same page regarding the project goals and plan.

**Compose:** Develop a draft Plan, and create a detailed project plan with milestones and deadlines. Break down the work into manageable tasks. Prototype, such as start building a prototype and focus on core functionality and essential features. Iterate, such as test and refine the prototype based on feedback. Make necessary adjustments to improve the solution.

➔ *Advice to take a break, step back and let the dust drop, maybe some new contours arrive.*

**Check:** Test the solution to ensure it works as intended. Identify and fix bugs or issues. Ensure that the solution meets the initial objectives and success criteria. Gather feedback from potential users or stakeholders. Keep records of the development process.

**Design:** Focus on the user experience and ensure the solution is user-friendly and visually appealing. Create a cohesive brand identity, and prepare the materials needed to showcase your solution, such as slides.

**Present** craft a compelling pitch that clearly communicates the problem, solution, and impact. Highlight key features and benefits. Practice your presentation multiple times. Ensure all team members are confident and can handle Q&A sessions. Present your solution to the judges and audience. Emphasize the innovation, practicality, and potential impact of your work.

## Do and don'ts of the Hackathon

Hm, is that wise?	The suggested alternative
Using dead-end Cynicism	→ Practice constructive criticism
I'm think I know what is best	→ I like check what my assumption
Solely academic language	→ Clear and digestible language
All evidence based	→ Use sources as much you can but be selective.
We want to be the wheel inventers	→ Cross pollination can be helpful.
Wanting to be very complete	→ Beware of the time and not stick into details
We remain in a same and save direction	→ Be open to 'serendipity' if it serves the purpose
Be focussed and serious	→ Enjoy the experience and practice humour.

## Lead of the hackathon

*Susan Genaro, Ber Oomen and Pul Walsh*

## Tables and invited Moderators

Table	Moderators	Moderator
# 1	Adriano Friganovic	Antonio Bonacaro
# 2	Karen Daley	Sophia Siu Chee
# 3	Maria Cassar	Wendy Budin
# 4	Sylvia Fung	Joyce Fitzpatrick
# 5	Judith Shamian	Dhurata Ivziku
# 6	Rebecca Owens	Blerina Duka
# 7	Daniela Lehwaldt	Cynthia O'Sullivan
# 8	Jasper Tolarba	Ana Raquel Ferreira Ribeiro
# 9	Milko Zanini	Josphine Declaye

## Time Schedule

09.00 – 10.00	<ul style="list-style-type: none"> <li>• Prepare meeting with Moderators, discuss table and themes of preference:</li> <li>• Walking in, grouping and exploring themes,</li> </ul>	Lead Susan and Ber
10.00 – 10.15	Official opening of the Hackathon	Adriano, Pasqualino D'Aloja - Maurizio Zega
10.15 – 10.30	Setting the scene	Susan and Ber
10.30 – 13.00	Discussions	
11.30 – 11.45	Coffee break	Hilton
13.00 – 14.00	Lunch	Hilton
14.00 – 15.00	Designing the proposals	
15.00 – 16.00	Presentations outcome by moderators/ reports	
16.00 – 17.00	Debates / Panel and conclusions	Susan and Ber

## THE 9 PENDING TOPICS

### 1 'Balancing clinical practice under reduced conditions with high pressure'.

*In this session, participants will focus on devising strategies to maintain quality care amidst constrained resources and intense work demands. Nurses are navigating this reality while striving to uphold high standards and a comprehensive approach to care. Exploring ways to preserve both the essence of care and personalized attention is crucial. Additionally, we will delve into the necessary measures required to maintain this equilibrium effectively.*

### 2 Explore the gap between policy officers and clinical practitioners.

*This session focuses on bridging the policy-practice gap to integrate practical insights into policymaking while emphasizing the human aspect. It is about proposals for mutual enhancement and facilitating cross-pollination between these spheres. Exploring conflicts between policy and practice, we seek to understand their interplay, discrepancies in interests, and ways to overcome this.*

### 3 Clinical evidence and science evidence under pressure during a shortage of staff.

*In this session, members delve into the tangible obstacles. When pressure increases, quality often suffers—implementation of evidence-based practices, evaluation, and clinical refinement is low on the priority list. The glaring issue is the lack of awareness regarding increased medical errors and lower therapeutic standards. Amidst this pressure, is there room for alternatives or innovative solutions?*

### 4 The quality quest in the private and public health dichotomy.

*Health professionals often find higher salaries in private settings, but face drawbacks like poorer working conditions and limited career growth. For nurses seeking lasting career paths, the public health sector offers advantages through long-term patient relationships and potential fulfilment. Exploring strategies for career progression, better work conditions, and leveraging societal connections are key considerations within the public sector.*

### 5 How to persuade managers at medium level to give nurses responsibility and authority.

*Medium-level managers often hold undervalued positions, tasked with juggling efficiency, budget constraints, and ensuring staff well-being. Unfortunately, this hierarchy often relegates staff welfare to the least priority, causing friction at clinical levels and profoundly affecting patients. This frequently results in staff cuts and reduced autonomy. The typical response, rigid protocols, and stringent guidelines stifle flexibility, innovation, trust, and accountability. This session aims to formulate solutions to address these challenges.*

## 6 Media and the nursing profession profiling: the clean and dirty part of the profession.

*The media often relies on stock photos portraying nurses as uniformly young, attractive, and well-groomed, far from representing the diverse reality of nursing. In truth, nurses are typically older and diverse and do not always wear uniforms or stethoscopes. This session aims not only to update stock photos but to reshape the public perception, aligning it with the authentic, varied, and specialized nature of nursing, reflecting its advancements and diverse roles.*

## 7 How to become influential nurses and remain top-level trusted.

*This session addresses the disparity between the highly trusted 'professional nurse' and the least trusted 'professional influencer.' Nurses aspiring to become influencers often face backlash, discrimination, and bullying, deterring them from clinical or health roles. The group aims to tackle this issue, seeking solutions to support nurses in navigating media platforms without stigma. Their goal is to craft narratives that bridge this gap and foster acceptance, enabling nurses to excel in both realms.*

## 8 Inclusion of professionals in the nursing domain in innovative technology and IT.

*This session emphasizes the need for nurses to transcend mere end-user roles and actively engage in health tech innovation. Presently, innovations build upon existing technologies, often with nurses relegated to end-user or feedback roles. Despite nursing's innovative nature, the traditionally conservative public domain undermines their input. Participants aim to propose strategies empowering nurses to lead in health tech innovation assertively. They seek to elevate nurses from sole users or feedback providers to proactive leaders in shaping the innovative health technology landscape.*

## 9 Preparedness and Empowering Nursing Resilience in Crisis Response

*In today's uncertain world, nurses are pivotal, their expertise vital for effective response amid environmental disasters, pandemics, or conflicts. This hackathon aims to foster innovative solutions for enhancing nursing preparedness and facilitating knowledge exchange. Our goal is to empower nurses to navigate crises confidently, whether through leveraging technology or developing adaptable protocols. Questions like these are for exploration: How can we ensure equitable access to crisis training for nurses globally? What strategies ensure sustainability and scalability of crisis preparedness initiatives? How can interdisciplinary collaboration bolster nursing preparedness across various crisis scenarios?*

Forwarded suggestion to include as topic:

- *Strengthening partnership between hospitals/practice settings and the schools/academe for effective newly graduated nurse transition to practice, translation of evidence to practice, and support of research.*
- *Reflections on Nursing: Legal Challenges and Cases of Accountability*
- *Enabling environmental consciousness ; Safeguarding inclusion and containing disparity*

# Supporting documents

<p><b>BUCHAREST DECLARATION ON THE HEALTH AND CARE WORKFORCE</b>  <b>High-level Regional Meeting on Health and Care Workforce in Europe:</b>  <b>TIME TO ACT- 22–23 March 2023, Bucharest, ROMANIA</b></p>	
<p><b>WHO ARTICLES</b> * <i>bold marked done by ESN0</i></p>	
<p>1. We, participants of the WHO Regional Office for Europe Regional Meeting on the Health and Care Workforce in Bucharest, Romania, recognize that health and care workers are the backbone of any health system.</p>	
<p>2. We note that despite the historically high numbers of health and care workers across the WHO European Region, national health systems are experiencing difficulties in meeting the increased demand for health services as a result of <b>ageing populations</b>, increases in <b>chronic diseases, service backlogs due to the COVID-19 pandemic, increasing expectations</b> from users of services, and health threats associated with <b>climate change and health emergencies</b></p>	
<p>3. We take account of the WHO Regional Office’s report <a href="#">Health and care workforce in Europe: time to act</a> that identifies the key workforce challenges facing national health systems, including <b>shortages</b>, uneven distribution, <b>mismatches in skill-mix</b>, insufficiencies in developing skills to meet evolving health and care needs and new digital and other technologies. The <b>workforce is also ageing</b> and labour markets are changing, with increasingly complex <b>worker mobility and migration</b>. Some countries are finding it increasingly difficult to attract and <b>retain young people</b> in the health and care workforce.</p>	
<p>4. We note these long-standing challenges have been exacerbated by the COVID-19 pandemic, which has also highlighted the need to <b>protect the mental and physical health and well-being of workers</b>, many of whom continue to experience stress, burnout and violence, with some leaving their jobs.</p>	
<p>5. We acknowledge that governments are aware of these challenges and many are already taking important measures to address them. We recognize continued attention is needed and call for <b>effective measures to be further amplified and strengthened in collaboration with all stakeholders</b>. We call for experience to be shared <b>between countries</b> in designing and implementing solutions.</p>	
<p>6. In line with the regional report, we call for improving the <b>supply</b> of health and care workers by:</p>	
	<p>a. <b>generating evidence</b> on current and future workforce needs;</p>
	<p>b. supporting <b>health and education institutions</b> to adapt curricula, student selection and learning strategies, and strengthen their teaching capacity, to include the teaching of innovative and environmentally sound health and care practices;</p>
	<p>c. building capacity for <b>effective regulation and accreditation</b> of the health and care workforce;</p>
	<p>d. strengthening <b>continuing professional development (CPD)</b> by adapting CPD standards and approaches, encouraging leadership development and ensuring lifelong learning opportunities are available across the health and care workforce; and</p>
	<p>e. expanding the appropriate <b>use of digital tools</b> to deliver more effective, efficient and accessible services.</p>
<p>7. We call for improvement in <b>retention and recruitment</b> of health and care workers by:</p>	
	<p>a. <b>encouraging the use of retention measures</b> shown to work at different stages of careers and in different locations, including those impacting on <b>working conditions, career progression</b> and the provision of other support;</p>
	<p>b. ethically and effectively <b>managing international recruitment policies</b> in line with the WHO <b>Global Code of Practice</b> on the International Recruitment of Health Personnel, including monitoring of migration;</p>
	<p>c. paying special attention to retaining and attracting health and care <b>workers in rural, remote and other underserved areas</b>; and</p>
	<p>d. embracing <b>zero tolerance of violence</b> against health and care workers.</p>
<p>8. We commit to optimizing the <b>performance</b> of the health and care <b>workforce</b> by:</p>	
	<p>a. creating decent, safe, <b>adequately staffed work environments</b> and terms of employment that motivate and support health and care workers, ensure their occupational health and safety,</p>

	and <b>protect their health and mental well-being</b> – users and services will benefit when workers are better supported;
	b. taking into account <b>gender- and age-based differences</b> in workers’ risks and needs, such as burnout, violence, workplace safety, and child and family care support; and
	c. ensuring health and care workers’ <b>capabilities are used to the full extent</b> in delivering health and care services.
9. We call for better <b>strategic health and care workforce planning</b> by:	
	a. taking account of health labour market dynamics by <b>promoting more cross-government and intersectoral action</b> , including working with ministries of finance and education to support the future supply of health and care workers, and ensuring stakeholder engagement in all policy processes;
	b. strengthening health and care workforce information systems, and ensuring <b>research and data are used to inform policy-making</b> ; and
	c. recognizing that <b>women</b> perform the majority of the paid and unpaid health and care work in most countries and that specific action needs to be taken to <b>eliminate gender inequalities such as gender pay gaps</b> , value unpaid care work, and promote gender balance in all decision-making positions and service delivery.
10. We call for increased and smarter <b>public investment in workforce education</b> , development and protection by:	
	a. <b>allocating sufficient resources for the education</b> and employment of adequate numbers of health and care workers;
	b. <b>optimizing the use of public investment</b> through policies that promote performance and quality of care, including use of environmentally sound solutions;
	c. delineating efficient division of roles and supporting integrated <b>multi-professional health and care teams</b> ;
	d. improving <b>digital skills</b> among the health and care workforce;
	e. devising more <b>flexible working arrangements</b> ; and
	f. <b>improving working conditions</b> and developing other policies to attract and retain health and care workers.
11. We recognize there are links between these priorities, and that to make meaningful progress it is important to involve all key stakeholders, including representatives of the health and care workforce, their employers, national ministries of finance and education, and international non-profit organizations, trusts and foundations. It is in this spirit of cooperation that we put forward this declaration.	

## THE ESNO DECLARATION

[“Elaborating on the Role of Specialist Nurses and Advanced Level in European Healthcare Towards 2030”](#)



This event is made possible with the support of the sponsoring organisations

