Experiences of working within the EU

Reflections and Experiences

The invitation to write about my experiences working within the European Union (EU) seemed to be an easy task. Whilst on a train to meet nurse experts from Germany, I started to write a few notes but abandoned this after realising that I needed to do a bit of reflection on what key points to choose which might be of interest and relate to present-day nursing situations in our country.

The key to my involvement within the EU nursing leadership scene arose when I met, by chance, in the mid 1990’s a few nurse directors from different countries around a coffee table during a conference. Difficulties about nursing leadership were the topic of conversation. The outcome was that we identified commonalities and decided to do something about it.

An association of European Nurse Directors1, who were willing to analyse problems with an aim to support and influence decision-makers, was established. My activity remains focused on facilitating change when invited to do so.

During the last two years I will have been in Italy, Austria, Germany, UK, France and Croatia. Common topics of interest are:

- Nursing education, regulation and registration
- Leadership: Nurse Directors’ voice in the organisation, the country and the EU
- Ethics, values and quality

**Education: The country which seems to struggle most with introducing Bachelor level nursing appears to be Germany.**

The 16 Laender (counties) do not have a unified approach to introducing the BA in nursing and each county has its own registration process for nurse qualification.

Our NMC is envied by nurse leaders!

There are some excellent degree courses for nurses in Germany but the career pathway seems to lead to management or research and less to bedside nursing.

To a lesser degree, a comparable situation is being experienced in Austria. East European countries have embraced the degree qualification with some rigour but a medical approach to the profession remains evident.

Advanced Nursing Practice is on the agenda in many countries: Scandinavia are embracing this. France is quietly preparing the way for its development.

**There is no doubt that the nursing profession in the UK is a role model**

A forthcoming joint conference of educators and Directeurs de Soins (Directors of Nursing) in France is looking at addressing issues towards developing this role.

However, many other countries confuse working in a specialist field with being a specialist. And nurse prescribing: this still seems unobtainable to many.

In the UK, we need to remain vigilant that what has been achieved is not being eroded due to financial pressures and workforce issues.

I foresee a time when advanced nursing practice becomes the norm and health care assistants (HCA) expand their own practical roles into nursing, as can be seen in Scandinavian countries.

However, not having a regulated and registered HCA workforce makes delegation with authority to act difficult. The UK is lagging in this respect².

**Leadership: The position of the Trust Nurse (UK) is coveted and to some seems an unattainable goal.**

In many countries, the dominance of the medical profession eclipses the nursing profession’s aspirations: doctors are responsible for the quality control of nursing care as well as being the prescribers of nursing care.
The road to autonomous practice and its inherent duty to take responsibility and be accountable is in its infancy. Feedback from Erasmus nursing students in the UK consistently expresses their hope to attain similar autonomy for their profession in their country.

Nurse Leaders/Directors within national and local organisations are active at many levels. Working with Italian nurse leaders I have become aware of their almost daily presence on Facebook. Their use of Information Technology is versatile and relevant. Educators and Nurse Directors (ND) work together at the highest level.

Germany has very eloquent voices who challenge politicians and nurses to achieve change but this remains slow and uncoordinated.

French ND have their own clear website and are going places. UK ND seem to achieve almost the impossible despite continually changing political scenarios, targets and cumulative financial constraints.

But our voices are almost silent and this might be because there is no strength left at the end of the working day. Also, few countries encounter the insecurity which some UK Nurses at Executive level face.

Ethics, values and quality: The proliferation of strategies, quality targets, codes of conduct and more which eschew the word of “ethics” appear to become the norm in the UK.

Ethics appears in veiled terms: 6C’s, measurable quality targets etc. They are important but oversimplify what should be the bedrock of a profession.

In 2012 a Proto-Code of Ethics for European Nurse Directors was published in English. Some countries (Austria, Italy) have translated and adapted it and are incorporating it into their regulations for nursing education and practice.

Others take a more localised approach (e.g. Germany, Croatia) whilst other countries remain silent.

**Conclusion:** There is no doubt that the nursing profession in the UK is a role model for many and worth aspiring to. We need to ensure that our leadership remains active, vigilant and ready to take opportunities.

*Jacqueline FILKINS*

*04.07.2017*