



”Decade of the specialist nurse 2020-2030”

PROGRAMME



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PART I

Preface



Foreword

Nursing isn't just about entering nursing school, getting a degree, starting a job in a hospital, receiving a salary, and doing your duty until retirement. People who have been critically ill and cared for by a nurse understand that there is no such thing as 'just a nurse'. They have seen the value and professionalism of the specialist nurses who have been responsible for their care. Leaders need to ask the nurses in their teams what pushes them to achieve higher goals, what makes them feel rewarded in their work, and what support they need to invest in their careers. Over the years, we have taken nursing for granted as a profession, we haven't promoted and explained enough. We haven't tackled the misconceptions about nursing, and we haven't emphasised enough that it can be a challenging profession.

Since 2020, ESNO has had the ambition to make a real change, by creating an ambitious campaign with a long-term plan, as an outcome of a series of three congresses on the subject of 'The specialist in European healthcare towards 2030', with three main goals:

1. Showcasing of the specialist nurses across the full spectrum in healthcare all the way through to 2030.
2. Present the nurses' contribution of expertise within a broad range of health topics from clinical care to high-level policy.
3. Promoting specialist nurses and contributing to retention and recruitment.

The spectrum of the specialist nurse is huge. Specialist nurses work at clinical level, in education, in management, and on boards. They work in national legislation and in rural areas. They help to improve patient care, increase efficiency, and contribute to budget setting. We should be proud of the range of professions and the range of places where they work, but is this well enough explained? We need to improve their visibility in all these roles, and places and seek by recognition for their work, facilitate them in their career pathways and act according to salary scales.

The people we meet in our projects and activities are not only specialist nurses but also health professionals and academics, and people who work in European institutes, the healthcare industry, and patient organisations. All these people can feed our appetite and refine our ambition.

With this 10 years programme, we will showcase our roles, capabilities, and work on serving European healthcare, and showcasing our ambition with clear objectives. It is our wish that you will embrace our ambition and engage in our work and activities and celebrate annual milestones with us every International Nursing Day, on the 12th of May. The first two years have already passed, and they have been crucial. In 2020, during the Year of the Nurse, amid the Covid-19 drama, we were able to set out the motivation and in 2021 we worked on the foundations of this programme. With this programme, the ESNO is investing in European health, and taking away uncertainties of nurses. We plan to do a lot more, but we can't do it alone. If everyone is moving forward together, then success takes care of itself.

It my dearest wish that our members and associates also feel inspired and motivated in raising the profile of the Specialist Nurse, engage in our campaign and contribute to a better and inspiring healthcare towards 2030.

DR. Adriano Friganovic
ESNO president



Introduction

ESNO is calling for action and recognition for the specialist nurses as well with regards to the nursing shortage, and the need for nurses that are trained to high standards in specialist areas. The professionals are defined in the broad spectrum of specialisations, level of education, experience, and competencies.



‘Specialisation require an additional level of competence, experience and skill, on top of basic nursing training within a certain health domain. A specialisation can vary from long-term experience in a specific field to advanced education in practice within a specifically accredited mandate focused on complex health situations¹.’ All specific terms are described in the glossary.

The pandemic has shown the fragility of health systems by highlighting organisational constraints. The social and economic dynamics came to a global standstill. While this wasn’t a surprise for many European specialist nurses’ organisations, it showed us that we had not made our case clear enough, and that we had not been heard, with severe implications as a result. To prevent this from happening again, we need more than a quick fix. We need policies for regulations with a strong commitment.

There have been calls to ‘recruit more specialist nurses,’ but in fact this highlights a great misconception. We must clarify that cutting funds for nurses, ‘over-medicalising’ the health system, reducing investments in education, accepting the devaluation of specialist nurses’ work, excluding nurses from middle and senior management positions, and accepting under-representation in national and European institutions really does not work. It has undermined well-balanced health systems and today we all face the consequences. Far too few regulatory institutes recognise the value of specialist nurses or have explored the options sufficiently. This lack of recognition is affecting the mobility of specialist nurses across different EU countries. It is also reducing the number of career opportunities. Together this has led to a decline in the number of specialist nurses, down to a critical level.

The conclusion we can draw is that we have not done enough to increase our visibility. However, we are making the first steps. This includes the #Caring4Nurses campaign, during the “Year of the Nurse and Midwife²” campaign, and the launch of the “Decade of the Specialist Nurse 2020-2030”. The next steps to increase visibility will involve upscaling the activities of ESNO and its members and constituencies. This program is based on five pillars and showcases the economic health benefits when investing in workforce efficiency and strategy. Running a program is not too difficult for many nursing organisations but stepping up, speaking out and raising awareness is often not a core competency. Therefore, this program will also be a campaign and can only be successful with a broad support of stakeholders and the civil society. We call upon all those supporting this programme to engage.

1 https://www.icn.ch/system/files/documents/2020-04/ICN_APN%20Report_EN_WEB.pdf

2 <https://www.who.int/campaigns/annual-theme/year-of-the-nurse-and-the-midwife-2020>

This document describes our programme for the next ten years and the extent of campaigning that is required. The programme includes an initial year for set-up, and three separate blocks, each lasting three years. Each of the three-year milestones can be divided into individual topics. Many of these topics are related to member projects, programmes, and to ESNO congress presentations. The overall programme is based on five linked pillars. These pillars also relate to health in other European organisations. Each pillar includes goals, outcomes, and activities, key performing indicators and these will continuously be refined to meet the needs of the nurses within ESNO.

We will need to keep a detailed record on achievements and obstacles and use this information to review and refine each year. We need to be flexible and accept that there may be changes to the timeline, with some projects moving ahead swiftly, and others needing to be put on hold.

We expect our programme to provide ESNO and specialist nurses with hope and create a spirit of activism and will attract public sympathy. If we do not create visibility, we will not be noticed, and if we do not speak out, our voices will not be heard. This will not only be a campaign about creating nursing jobs because the reality is that at present,

there is an equal shortage of teachers, truckdrivers, IT technicians, construction workers etc. The aim is to focus on the retention of existing specialist nurses and strengthening the position and role of specialist nurses. With respect for their role and the contribution they provide or can provide. The implicit impact will be that nursing will become an attractive profession to choose with the prospect of a worthy career pathway throughout the professional lifespan.

Another motivation for this campaign is the assumption that nurses are good service providers and do what they are asked to do or act according to expectations, modesty is key. However, as we all know from experience, this low level of professional control, autonomy, independence, and self-determination had led to a decrease of performance and a lack of compassion towards burnouts. This has even led to colleagues ending their career in healthcare. In the end, only a well-balanced professional autonomy contributes to motivation and professional self-esteem which impacts health and patient outcomes.



This campaign marks the **Renaissance of the Specialist Nurse profession in 2030**, stepping into a new decade. This is the time to showcase this awakening.

After all:

‘Every renaissance come to the world with a cry, the cry of the human spirit to be free.’

–Anne Sullivan Macy

Campaign goals in a nutshell

1. **Increase visibility of the specialist nurse** across the full spectrum in healthcare all the way through to 2030 because:
 - a. In 2020 the European general population praised the work of nurses, and with that showed their awareness of the difficult position that nurses have been in.
 - b. However, there was an assumption that all nurses could do any nursing role, without realising that each field requires different experience, knowledge, and skill.
 - c. Nurses are now realising that they have not sufficiently explained what they do or talked about their training and expertise. It is now time to talk about their specialities.
2. Contribute with **expertise in a range of health programs**, from clinical care to high-level policy because:
 - a. What nurses do is often taken for granted, without taking the years of experience, education and training that is needed for each speciality into consideration.
 - b. It is only possible to understand the added value brought by specialist nurses in management, research, education, and policy at a local, national, and European level when it is made clear what specialist nurses actually do.
3. Promoting specialist **nurses recognition** and contributing to retention and recruitment because:
 - a. Over the past 20 years, we have seen a decrease in the numbers of nurses in healthcare, leading to a critical nursing shortage.
 - b. There have been many projects, initiatives, and calls for action aiming to increase the numbers of nurses, but this has never led to change.
 - c. The current working conditions, lack of recognition and low salaries are not helping to reduce the numbers of nurses leaving the profession or increase the number of nurses returning.

And by showcasing nursing in all its diversity, the campaign aims help to halt the decline of the nursing workforce and create a significant increase in the number of nurses in all specialities who are in the right training, recognition and education in European.

Five reasons to campaign now

Changes in the professional environment

In February 2021, the McKinsey Global Institute published a report ‘The future of work after COVID-19’³ pointing out that, due to shifting patterns within work, there will be changes in the mix of occupations after the pandemic, and up to 25% of people will need to switch occupations. There will be an increased demand for people in healthcare. While some people may want to switch to nursing, they may not be aware of the skills and qualifications they require. Explaining what is required will be best done by specialist nurses themselves. This is the responsibility of both ESNO, and of its members, associates, and other stakeholders.

Changes in health

Over the next decade we will see the new health environment taking shape. There will be several drivers for change, and we need to keep in pace with the changes as they occur. Within the European health environment, drivers will include the European Pillar of Social Rights (EPSR), the recently added COVID-19 recovery plan and European strategies for digital, green deal, and industrial SMEs.

WHO–Global directions in health

TOWARDS ACCESS 2030–WHO Medicines and Health Products Programme Strategic Framework 2016–2030⁴

The essential medicine and health product programme is a critical WHO area with several flagships and successful initiatives. Its core focus–TO INCREASE ACCESS TO ESSENTIAL, HIGH-QUALITY, SAFE, EFFECTIVE, AND AFFORDABLE MEDICAL PRODUCTS – is highlighted in the Sustainable Development Goals and is represented agency-wide through programmes at regional and country levels. ESNO sees it as its obligation to contribute to the goals and its mission.

ICN–Direction in Global Nursing Leadership

The Global strategic directions for nursing and midwifery (SDNM) 2021-2025 presents evidence-based practices and an interrelated set of policy priorities that can help countries to ensure that midwives and nurses optimally contribute to achieving universal health coverage (UHC) and other population health goals. The emphasis is on education, jobs, leadership, and service delivery and is aligned with the five pillars of our programme. Global strategic directions for nursing and midwifery.⁵

3 <https://www.mckinsey.com/featured-insights/future-of-work/the-future-of-work-after-covid-19#>

4 https://www.who.int/medicines/publications/Towards_Access_2030_Final.pdf

5 <https://apps.who.int/iris/bitstream/handle/10665/344562/9789240033863-eng.pdf>



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We need to accept and welcome disruptive innovations for organisations and professions.

New paradigmas in 2030

A major shift will take place between medical domination to interprofessional teamwork; from passive patients to active and engaged patients; from disease-oriented problems to people-oriented opportunities; from predominantly acute care to predominantly chronic care; from reactive to proactive and evidence-based care provision; from fragmented care, to case-by-case, to integrated and holistic care; and from volume and budget-driven healthcare to value-driven healthcare.

This means that healthcare will change, with new roles, competencies and responsibilities, and more sufficient networking between professional integration and partnerships. It will be expected that we do more, but we need to be able to do better with less. We need to accept and welcome disruptive innovations for organisations and professions. There will be a bright future for specialist nurses, provided they are given the right tools. In return they need to be ready to work within competence and other frameworks to be aligned with cross-border healthcare provision.⁶

It is relevant to mention the ‘State of the World’s Nursing Report – 2020’. The State of the world’s Nursing Report – 2020, provides the latest, most up-to-date evidence on and policy options for the global nursing workforce. It also presents a compelling case for a considerable – yet feasible – investment in nursing, education, jobs, and leadership.⁷

6 https://www.esno-congress.eu/resources/media/Online_congress_2021/Presentaties/Walter_Sermeus.pdf

7 <https://www.who.int/publications/i/item/9789240003279>



Stories reflect harsh realities. If we don't capture them, they will be forgotten, and if they are forgotten we run the risk that it will happen again.

Working across borders: “challenges ahead of us”

Because of the variety of diplomas, degrees and skills, the lack of multilateral recognition makes it hard for nurses to work in different fields. There are even differences in recognition between regions and provinces in the same country. There are no initiatives for harmonisation, and in some countries, there are even systems in place that prevent recognition. For many highly educated nurses and specialists with an impressive CV and professional track record, the only alternative is to stay where you are and hope that the money, time, and energy that you have invested will pay off over the years to come. This situation damages nurses' morale, and something needs to be done to prevent this from getting worse. We don't expect to change everything through our campaign, but we hope that we can lay the foundations for change over the next decades.

Too much has happened

The global pandemic meant that 2020, the 'Year of the Nurse and Midwife', began and ended with drama. We need to realise that globally 115.00 health care workers died because of COVID⁸. We need to realise that many nurses turned their back to healthcare and still do. This not specifically due to COVID but the lack of recognition, working conditions and salaries. However, a large group felt encouraged, more committed, and determined not to be defeated, not only for themselves but also for their teams, units, companies, or organisations.

8 <https://www.icn.ch/news/icn-reaction-who-dg-dr-tedros-confirms-least-115000-health-workers-have-died-due-pandemic>

Many nurses have endured tough times and awful experiences that have left them feeling as though they didn't do enough, they haven't been able to keep patients alive. Many have seen colleagues burn out, drop out, and even die. We should never forget the images of nurses working in conditions that seemed like war zones.

Stories reflect harsh realities. If we don't capture them, they will be forgotten, and if they are forgotten we run the risk that it will happen again. Nurses should not be ashamed of their stories. We need to hear them and record them, and for some, the catharsis of sharing has benefits. We do not need to be afraid of making the public feel uncomfortable – it will make them see that things need to change. Too many nurses risked their lives. Too many got ill and didn't recover. Too many died and much more where able to survive. Working in unfit situations impacts nurses' human rights.



The ESNO Campaign and ‘HEALTH EMPLOYMENT AND ECONOMIC GROWTH’⁹

Health Employment and Economic Growth

An Evidence Base

Edited by
James Buchan
Ibadat S. Dhillon
James Campbell



The campaign, ‘Decade of the Specialist Nurses 2020-2030’ is about responding to a higher responsibility. Rather than only raising the profile of the nurse, this will aim to focus on recognition and ways to provide the best possible quality of care. These are key guiding principles, but the implication will echo the WHO call, leading and implementing new health workforce directions, creating a sustainable health workforce and leading to economic growth.

‘The analysis and policy options set out in the chapters of this book highlight that the global health workforce challenge cannot be solved by supply-side solutions alone.

The findings reported here support one of the main thrusts of the Global Strategy – namely, that the policies that must be implemented cannot be “more of the same”, but

rather must emanate from a policy-led alignment of supply, demand and need.

This in turn must be informed by improved evidence and consistent application of processes and tools, national policy coherence

9 <https://apps.who.int/iris/handle/10665/326411>

(better aligning across the education, employment, health, labour, migration, and finance sectors), and international cooperation.

The adoption of the Global Strategy and the publication of the High-Level Commission's report mark a watershed, and provide the foundation for a new, transformative direction for health workforce policy and planning. This book gives detail to this foundation. It is now for States and all relevant stakeholders to harness the evidence and take the lead in shaping and implementing this new direction.

The focus of our efforts must now be on accountability for change, intersectoral action, and finding new ways of working together. It will not be sufficient for a handful of well-intentioned actors to attempt to “do the right thing” through uncoordinated actions; what is now required is a critical mass of reform on employment in health that is locally focused, country led, and globally connected.



PART II

Insight into campaigning



Branding specialist nurses in Europe¹⁰

The cause that matters to us

Before stepping in the program, it's of great relevance to understand the concept, dynamics and requirements of campaigning. Only making a lot of noise does not work. Voices will disappear in thin air. In campaigns, finding the right cause gives us participants a deeper sense of purpose and fulfilment¹¹. Many participants and engagers find that that they are not only helping to achieve the outcome, but they are also helping themselves. It is important to have a clear purpose and direction to achieve a higher level of performance and success. It reduces stress, improve emotional wellbeing, and even benefit the physical health. Only with hope and optimism will you find the real activists. It is important to harness and nurture enthusiasm on an ongoing basis, and to be aware of people who are cynical or apathetic and might slow down the process. Over time, it will also be of value to learn what might be useful and what is important.

¹⁰ Based on insights from *'How to make a difference' the Definitive Guide From 80 World Most Effective Activists'*

¹¹ *The Power of Purpose: How Organizations are Making Work More Meaningful*



Their cause is increasing the visibility of the specialist nurses in the European healthcare environment, improving their status, ensuring that nurses are recognised and making sure that they have positions in all levels of policy and projects over the course of a decade.

While this is the general goal, all those participating will have a personal goal that triggers them to participate and to engage. Everyone has a different angle. The campaign will be stronger if everyone supports each other and recognises the value and variety of the spectrum.



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Everyone has a different angle. The campaign will be stronger if everyone supports each other and recognises the value and variety of the spectrum.

Solidarity and community across cultures¹²

In campaigning working together in solidarity doesn't mean that there won't be problems. And often, the more we try to avoid problems and issues, the more they bounce back. This leads to confusion and polarisation. Campaigning in an environment with people from a wide variety of backgrounds and age groups, including scientists, non-academics, and nurses from all European regions could be described as asking for trouble. However, understanding the differences and challenges, taking advantage of them, and still working together can be the key to success.

Erin Meyer, professor at INSEAD Business School, developed an eight-scale tool for mapping cultural differences. This tool, called the Culture Map, can be used to look at how cultural differences affect how we interact with each other. Understanding and appreciating these differences and accepting that neither is wholly right or wholly wrong, can help us work together more effectively.

1. Communication: low-context cultures versus high-context cultures
 - > Low-context communication is precise, simple, and clear.
 - > High-context communication is sophisticated, nuanced and layered.

There is a need to understand the meaning of the voids between the expressed words. To listen to what is *meant* instead of what is *said*.

2. Evaluation: direct negative feedback versus indirect negative feedback
 - > Direct negative feedback is blunt and honest.
 - > Indirect negative feedback is more subtle and diplomatic.

Feedback given with a positive intent should not be perceived as a threat.

3. Persuasion: principles first versus application first
 - > Principles first: individuals are trained to develop their theory or complex concepts before presenting a fact, statement, or opinion
 - > Application first: individuals are trained to begin with facts, statements or opinions and later add concepts to back up or explain the conclusion as necessary

By going into detail first you risk giving the impression that you are hiding something, or you are providing no space for alternatives.

¹² Based on '*The Culture Map*' from Erin Meyer

4. Leadership: egalitarian versus hierarchical

- > With an egalitarian approach, the distance between a director and an employee is slim.
- > With a hierarchical approach, the distance between a director and an employee is vast.

There is no perfect way to decide. History has shown that both extremes have their advantages and disadvantages. It is best if there is a consensus on the level of decision-making and who is ultimately responsible.

5. Decision-making: consensual versus top-down

- > Decisions are made through unanimous agreement.
- > Decisions are made by individuals (mostly the leaders).

Unanimous or broadly unanimous decisions make sense, but sometimes a decision requires a single signature on behalf of the group and this needs to be respected.

6. Trust: task-based versus relationship-based

- > Task-based trust is built through business-related activities.
- > Relationship-based trust is built on social interaction, such as coffees or lunches, and grows through familiarity.

Long-term projects with big budgets are business activities but they are still built on good relationships and understanding between people. This can prove helpful to overcome differences.

7. Disagreement: confrontational versus confrontation-avoiding

- > Confrontation and debate, handled well, can prove positive for the team or organisation.
- > Avoiding confrontation can bury disagreements, increasing the tension.

Confrontation can be useful, but it should not involve shaming individuals. Some people find confrontation very uncomfortable.

8. Schedule: linear-time versus flexible-time

- > Projects are approached in a sequential fashion.
- > Projects are approached in a fluid manner.

Effective managers are flexible and professional enough to focus on priorities but can change directions or timelines where necessary.



During the campaign, we need to bridge fault lines, and accept that we are all the same only in a different way.

The power and impact of storytelling

When everything is perfect, there is not much of a story to tell. **The power of stories should not be ignored, and the impact of trauma should not be underestimated.** Stories about trauma need to be honest and bold, to trigger empathy.

For the campaign, one strong and consistent story is necessary. However, this story can have many different local and national colours.

With storytelling there is room for **humour**. Humour can be powerful and can help to overcome uncomfortable topics.

Stories are best built **step by step**; you don't want to tell the whole story in the first chapter. Each story has a narrative, a beginning, middle and end, and these allow the reader to follow the story. Stories can be told in many forms: in articles, on the television and radio, via social media, at conferences and meetings. The more often the story is heard, the better it is understood and the more likely it is to trigger support and engagement down the line.

Accompanied **Pictures** can make a huge difference in the impact of a story, as we have seen with the images of lined and marked faces after wearing masks during the pandemic.

Stories from all European regions in the **local languages** will showcase that it's a European campaign. Using local and national languages and stories and including examples from local cultures can help to explain the wider context of the issue.

A strong example of storytelling is explaining the personal impact of the nursing shortage and how it affected your life.

Using social media with impact

For the campaign, the use of social media will be extremely important. It might even be the most important aspect. Without an audience there is no campaign.

Posting on social media isn't just about making some noise or posting nice images and feel-good quotes. There are already so many people and so many campaigns doing that. There is also a lot of misinformation on social media. To avoid making these mistakes, we need a clear policy and strategy, the right algorithms, and good plans.

The social media part of the campaign will need the support of all the ESNO members and associates so that we can get the broadest visibility. We also need to try to get the message out, outside of our own safe 'Echo Chambers'¹³ where the information is already known and accepted. When a message gets a thousand likes and shares from our friends, families, and colleagues, it might seem impressive, but it hasn't gone where it will do the most good. We need to learn from our experiences, whether good or bad, and have a 'response team' ready to deal with any negative responses.

If executed correctly, the social media campaign will reach into new areas, including the public and policy makers, and create new engagement. This will require a well-balanced social media policy and strategy, and clear and consistent messaging. We will seek to involve professional support with a successful track record in the European and international environment and with substantial support from its members.



AN IMPORTANT INSTRUMENT WILL BE THE SEO

The strategy will be to acquire Search Engine Optimisation (SEO) Strategic Content Writing and optimising the search machine with link strategies.

The social media campaign will work towards milestones and connect to topics for example 'International Nursing Day' or a campaign on safety at work and events related to the topics of our five pillars.

¹³ https://www.researchgate.net/figure/Social-media-platforms-can-produce-echo-chambers-which-lead-to-polarization-and-can_fig4_322971747

Why are we doing this?

The “Why” question on the campaign is the most crucial and ongoing question, and it’s important to have a response at any time ready. It doesn’t need to be a long answer, it must be clear and to the point, and it must underline the relevance of the programme. Start by referring to the topic at the centre of the debate and talk about where we are now and where we need to be.

As the campaign moves forward, more people get involved, more issues come to the surface, and as a result the key messages can get lost. While we can learn new and important things in these kinds of discussions, it’s important to remain tuned into the key message.

Many nurses feel that it’s not the challenges of nursing in difficult environments that do the damage, it’s the inability of politicians to make the changes needed.

For this, the THREE themes at the start remain crucial to keep in mind



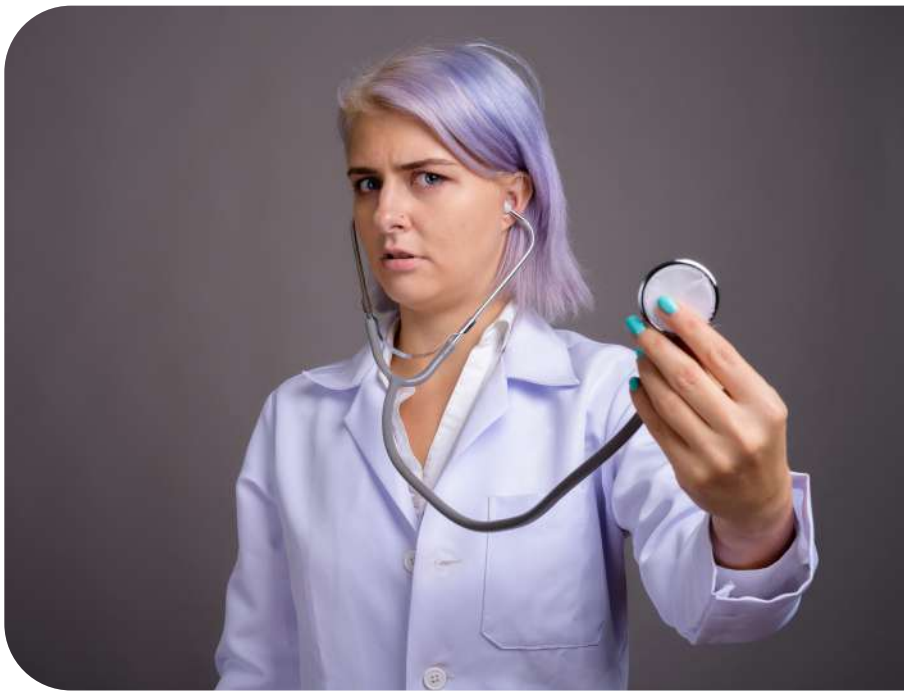
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While we can learn new and important things in these kinds of discussions, it’s important to remain tuned into the key message.

How to influence decision-makers, where and by who

The key criterion for success is finding the right people to address:

- Connect with national and regional nurse associations
 - > as well as their specialities or branches.
- Magazines, journals and newspapers for politicians, the public and health professionals
 - > establish an editorial group
- Television and radio interviews
 - > find national spokespersons
 - > seek contact with celebrities who wish to support the campaign and become ambassadors.
 - > TED talk
- Surveys and reports with publications,
 - > scientific and focused on the public (wellbeing)
- Connect with National Regulation officers
 - > making appointments and set up frequent meetings structure
- Speaking slots with MEPs
 - > targeting elections in 2024 and follow political party programs
- Optimise speaking slots at conferences
 - > use the network and be present at the events
 - > use all opportunities when there are calls for abstracts.
- Creating European national advocacy hubs
 - > support national branches in national translation of the campaign
 - > seek reasons to adapt the programme to national culture and policies.
 - > provide information for hubs with good examples of other countries.



99

A key word for presenting is creativity, along with enthusiasm, innovation, fun, **and humour,** **and a healthy amount of rebellionism.**

Taking the stage

Nurses are hard-working people with a focus on their work in critical health situations. In their modesty they don't always want to take the stage and speak out however, the campaign needs to create visibility and showcase the work of nurses. This requires courage, confidence, and support.

A key word for presenting is creativity, along with enthusiasm, innovation, fun, and humour, **and a healthy amount of rebellionism.** This isn't a set structure though, and everyone will bring their own style. There will be support for nurses presenting on the campaign. This will include assistance with streamlining messages and help for those moments of anxiety.

Conventional campaigning doesn't always bring the results we want – so we need to take a risk and do some unconventional campaigning to make it work.

Explain–explain–explain throughout the decade

We cannot expect the public to understand our message straightaway. The perception of the 'generic nurse' who can execute every task is deeply rooted within society and its history. We, as nurses, can take some of the blame for that, but so can policy makers, regulators, and the media. However, let's take the responsibility for making changes. ESNO wishes to showcase the spectrum of the specialist nurses and the spectrum within the specialities.

PART III

The five pillars in brief

The campaign requires content.
“Without content, we have no story, no audience and no engagement.”

We have identified five domains with separate backgrounds, goals, and activities, but some overlap.



1. Harmonisation of education and certification of competencies for specialist nurses at the european level

While the relevance and importance of specialist nurses is slowly becoming officially recognised, it is of crucial importance that activities continue to improve the understanding of specialist nurses' roles. The pandemic in 2019 and 2020 meant that while many activities came to a halt, other work, including conferences, documents, health policy analysis, and books, continued without as much as a breather.

We need to understand more about the variety of titles, roles and responsibilities carried out by the specialist nurses and advanced educated across Europe. This understanding will be based on data collection, analysis, policy recommendations, and initiatives. If this does not start soon, there will be a serious fragmentation of healthcare provision, with an associated increase in costs in health.

ESNO, in collaboration with CGFNS International¹⁴, aims setting up a programme to support specialist nurses all over Europe. Clinical specialists and advanced practice-registered nurses in Europe can verify their educational, licensure/registration and competencies credentials required for the Certified European Specialist Nurse (CESN)[®] certification eligibility.

Simultaneously, ESNO will connect with national regulatory bodies which will be important and very complex and time-consuming because, after all, recognition is also a political issue. We are also aware that the subsidiarity principle will not make life easier and ESNO is not in the position to push any regulations, but what it can do is raise awareness and contribute to emphasising the importance of recognition and initiate discussions and debates on this topic when the occasion arises.

¹⁴ <https://www.cgfns.org/>

2. Relevant health themes: Programmes and projects

With contributing on health issues, this is often the most attractive part for nurses. That is where they are good in and is the attractive part of their profession especially when they have a long term character. The current programmes and projects that started in 2019 will be extended for a longer period but will also be combined and will overlap. As expected, projects have a longer process, most of them will be part of a two-to-three-year programme. These projects need further updating, fine tuning and dissemination. They need greater visibility and local implementation, and this has required more time than initially planned. The process includes creating information and communication tools and guides, followed by online events, educational activities, translations, digital activation, and recommendations of policy on a national and European level. Some programmes have potential to be of use beyond Europe.

3. Support for members

The members are at the heart of the organisation and set out the mission, vision of the association, and provide insights for all activities. Over 2020 the coronavirus pandemic has had huge impact, with some activities unaffected and others put on hold. This triggered strong engagement to each other and enhanced the support which we want to use to further increase the number of members and associates.

We have created a new structure for 'associate' engagement, which brings three layers of benefits. Firstly, it is focused on the individual associate, getting to know the wider European specialist nursing community. Second, associates support the ESNO as an organisation with their commitment and support and thirdly; they are engaged in health projects organised by the ESNO foundation FoNSE.



This campaign aims to highlight the work of the members, their work, the committees, their leaders and their activities.



4. Health policy and advocacy

Because of the importance of the contribution of specialist nurses during the pandemic, and because of their support of patients throughout the day in regular healthcare provision, showcasing their roles and responsibilities is paramount. ESNO and the members took the bold decision to extend the 'Year of the Nurse', creating the 'Decade of the Specialist Nurse' and setting up a campaign that will focus on the nursing workforce all the way through to 2030". This is also in line with the ESNO congress "The Specialist Nurse in European Healthcare towards 2030".

This programme emphasises the need to work on a clear healthcare policy that focuses on the role and contribution of specialist nurses. In addition, it has active recruitment opportunities by windowing the profession and creating them.

In most European health programs on Health Workforce and topics on nurses, nurses are often absent or marginally present. In order for the 'intended participation' to succeed, we first have to deal with certain informal processes and lobbying that now make it an unbalanced policy field. Nurses play a key role in this phenomenon and need to be encouraged in taking responsible positions. It's not only high academic speaking right words.

Without specialist nurses included in health programs, a fragile or even dangerous aspect is included at the very start. Too often improvement policies do come from well-intended calculation and statistic environments and then seem hard for implementation. If implementation does not work, it has no effect on the designers or policy but they do in patient care and specialist nurses work environment. Where did it go wrong appears after many years in other statistics, data's and publications.

It always starts small, with engaging themes and projects on local level, and with accepting roles as secretary, making the minutes, support chair, take some initiative in finding out more, details, studies, publication, best practices and doing some networking, the rest often soon follows. And that 'the rest' others will find you and help you getting along, and making your career even more inspiring no matter on what level, local but also European. Not many realise how much engagement is appreciated.

5. Research on specialist nursing in Europe

ESNO aims to provide the highest quality of research related to the nurse's profession. This can be done by members individually, through a committee, projects, and programmes. But this remains fragmented and diverse. ESNO plans to initiate a centre of excellence, with representatives of ESNO and educational institutes throughout Europe. This will have two interconnected goals:

1. Invest in the collection of data on the role and position of the specialist nurse.
2. Create a network of high-level scientific groups of experts and institutes.





PART IV



The five pillars in detail



1. Harmonisation of education and certification of competencies for specialist nurses at the european level

Goals: Empowering the specialist healthcare workforce of the future—investing in the harmonisation of education and certification of specialist nurses

What we seek to achieve:

- Build upon the existing work of the ESNO science Committee and the recent published documents and publications that focus on the recognition and certification of specialist nurses
- Highlight the topics in the 2020 Position Statement:
 1. Continue with initiatives about unifying standards of specialist nurses.
 2. Support initiatives including improvements in digital skills.
 3. Encourage exchanges of existing curricula.
 4. Contribute to workforce planning and interprofessional programmes.
 5. Certification for clinical specialists and advanced practice registered nurses in Europe.

This should all lead to policy recommendations:

- > Call for an officially recognised European working role for specialist nurses.
- > Certify clinical specialist and advanced practice-registered nurses based on competency, professional experience, and academic qualifications.
- > Call for a recognised and harmonised educational framework for specialist nurses.
- > Enhance collaboration between the European Commission and EU countries on core competences in health care in the national curricula and across Europe.
- > Re-think professional education by specialisation and contributing to new training tools such as: virtual training, cross-border E-Learning opportunities and multinational research programmes, short-term visits to different healthcare facilities.
- > Interprofessional programmes to create synergy among professions and boost core competences.
- > Ensure more autonomy of specialist nurses in their work with control.¹⁵

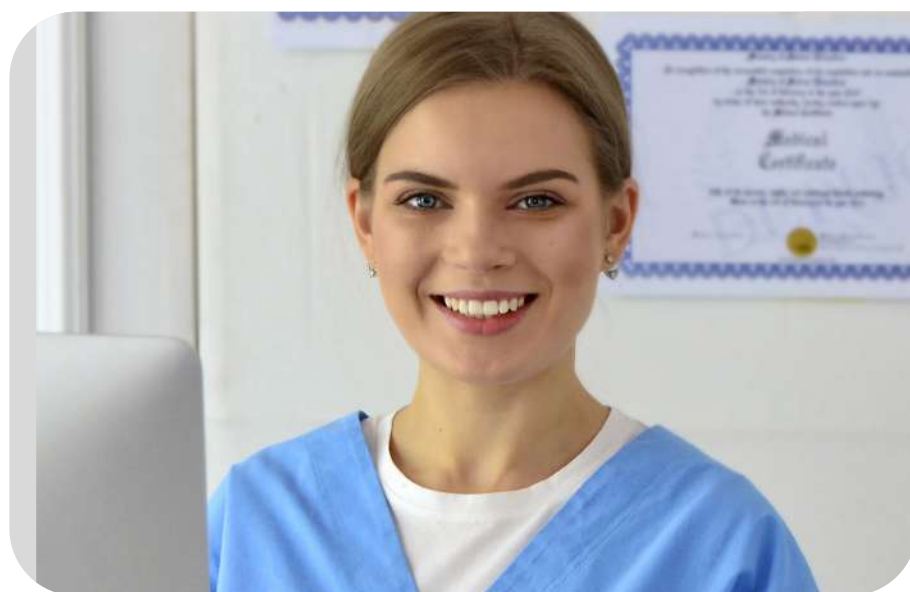
How we will achieve the goals

1. Build an EU-stakeholder network by networking with national regulatory bodies and national nursing organisations.
2. Use media, social media and speaking engagement(s) to promote the importance of the recognition of specialist nurses.
3. Publish articles and statements about specialist nursing education
4. Participate in projects related to education and harmonisation of the nursing workforce.

Key performance indicators (KPI)

- number of applications for SN certification
- representation of SN organisations
- number of publications on NS recognition

¹⁵ Hockey G.R.J. & Earle, F (2006) Control over scheduling of simulated office reduces the impact of workload on mental fatigue and task performance. Journal of psychology: applied, 12 (1), 50-65



The CESN credentials programme is designed exclusively for European specialists and advanced practice nurses

About the Certified European Specialist Nurse (CESN)[®]

Over the next years, ESNO wishes to establish a credentials system to provide nurses with a recognised assurance structure on their achievements.

“In my experience, I see nurses ‘work like crazy’ but they have no idea what they’ve done over the years—in some cases decades—and this can only change when working in the healthcare environment is rewarding and a continuous flow of recognised achievements.’ You need a strategy that will result in nurses being able to tell their story with pride and people being able to learn from it. With these stories as proof, there is no doubt about any of the achievements. This will not only have an effect on the personal life of nurses and their career span, but it will also impact other colleagues and their achievements, and we will know there is real substance in our healthcare institutes, the patients they care for and their self-esteem.”

– Tom Voorneveld¹⁶

“This is an essential and big advancement for nursing in the EU. The certification on a voluntary basis of specialisation. Then, official recognition will arrive!”

–Alessandro Stievano

Clinical specialists and advanced practice-registered nurses in Europe can be assessed on theory and practice in their specialist areas. The process includes collecting personal, professional, and academic evidence to assess their progress. The certificate of Certified European Specialist Nurse CESN will be granted for time-limited recognition of the individual’s demonstrated knowledge/skill/competency according to predetermined, standardised criteria. The CESN credentials programme is designed exclusively for European specialists and advanced practice nurses.

¹⁶ <https://www.lorinthe.com/>

The seven advantages of obtaining the Certified European Specialist Nurse (CESN) include the following:

1. **Advancing the safety of healthcare delivery** – Certification/Credentialing process does not only work as a legitimising tool and verification process of agreements upon standards but also as a safety instrument to guarantee the standardisation and the level of healthcare delivery.
2. **Protecting the patient** – Recognised skills ensure a patients' safety throughout their clinical pathway. Patients will certainly benefit from organisations that ensure quality through credentialing of experts and services.
3. **Achieving the recognition of advanced practice-nursing among all European countries.** – This certification will support the nursing mobility among all European countries to achieve better working conditions in European nations and will be endorsed by European healthcare institutes.
4. **Showcasing specialist and advanced practice expertise and sharing credentials across the nursing leadership community in Europe** – Listing the ESNO/CGFNS portals is key to help employers find European Clinical Specialist and Advanced Practice Registered Nurses as competent professionals that can be employed.
5. **Protecting professionals** – Advocating for the welfare of specialist and advanced nurses with advanced skills and a body of knowledge in their area of expertise
6. **Advancing organisational culture and practice/shaping future healthcare practice** – As health professions evolve and new requirements arise, credentialing will play a key role in redesigning ways to shape what constitutes optimum standards.
7. **Connecting professionals** – Contribute to the coalition of certified specialists' nurses and advance nurse practitioners with the opportunity to engage in sharing and twining activities on continued professional developments, lifelong learning activities.

More information: <https://www.cgfns.org/>





Taskshifting

The programme needs a platform for ‘task-shifting’ as well. This is a phenomenon with a history of approximately 15 years, with good results and patient outcomes, but it also raises concerns. For specialist nurses in some domains, it is an absolute no-go while in other areas it is a blessing.



No, to high specialist care in a specific environment such as intensive care, anaesthesia, surgery and other. Any activity that is integrated with another activity, even washing a patient to observe any signals. All activities are carefully based on evidence-based, experienced, and ongoing studies and interprofessional care. Where medical and nursing care have strong overlaps including using advanced technical therapeutic interventions.



Yes, to specialist nurses in mental health, palliative, or community care with complex health systems, such as elderly and comorbidity fields. This specialisation of care is highly dependent on a larger group of nursing and health assistants for a good patient outcome. The role of the specialist nurse is also that of a ‘Navigator’ or programme leader.



The programme wishes to explore within networks and organisations to find the right interpretations and gain clear definitions. The definitions are needed to ensure a consistent care pathway. If not defined well, there is a risk of care provision not being executed by well-informed, trained and educated professionals. The worst case is that all ends up in ad-hoc and fragmented care, based on good intentions. The programme also needs to seek a project-based approach to secure a good understanding and definition of criteria based on evidence but above all on actual practice.



There is a need for European Specialist Nurses to be engaged in EU-funded projects such as the <https://tashiproject.eu/>

Complex routes to explore

National – or bilateral – decentralised versus European-centralised.

Each EU member state has its own national authorisation procedures. However, if an ESNO Specialist Nurse member wishes to request recognition for European context and several EU members for recognition that is outside the scope of the centralised procedure, they may use one of the following routes:

- Centralised recognition and adaptation by 1/3 of the EU states and simultaneously authorised in all EU members states.
- Mutual recognition procedure whereby authorisation is granted in one or more of the members states and possible recognition in other states.

Harmonisation of training and recognition



“The Maltese case in their process to have specialist nurses recognised under and embedded in the Maltese national legislation.”

Jesmond Sharples

Chief Nursing Manager, Head Office, Health-Nursing Services, Malta

I. Timeline: The road to the recognition process

1994

In 1994 we had a **first call for Infection Control Nurses** at St. Luke's Hospital, Malta's main general hospital prior to 2007. An agreement was signed in 2000 between the Government and the Malta Union for Midwives and Nurses in which specialisation in nursing was officially recognised, and it was agreed that public posts were to be issued. This was a great achievement for us and Malta. It was two years later in 2002 that calls for Practice Development Nurses and Breast Care Nurses were published.

2003

A year later, in 2003 the **Nursing Services Directorate issued a position paper on specialisation** and in the same year, the Health Care Professions Act (Cap 464) was enacted in Maltese Parliament. This legislation established that whoever assumed the title of specialist had to be registered as a specialist. This legislation offered new challenges because all those with a title of specialist had to be registered with the Specialist Accreditation Committee for Nursing and Midwifery, which was yet to be set up. Another challenge that had to be faced in 2003, was accession to the EU in 2004, as that brought with it alignment with the Council Directive 77/452/EEC due to the fact that approximately half the nursing workforce at the time were second level nurses. The second level nurses had to be provided with the required training in order to become first level nurses, which was recognised across the EU. This impressive project was completed in 2014.

2013

A decade later in 2013, a new sectoral agreement was signed between Government and the union in which specialisation career pathways in nursing were agreed to. Over the last decade, calls for nurses working in various specialist areas continued to be published. Two years later in 2015, a very inspiring three-day national seminar was held for all those working as specialists in order to propose a framework for specialisation and the establishment of a number of specialist posts. This triggered a lot of discussion and debates with stakeholders and in 2018 the national health legislation was amended through Legal Notice 59/2018 to include 18 nursing specialities and six midwifery specialities for the first time ever. The career structure, which included new grades for the clinical specialist nurse, was confirmed in the agreement signed between Government and the union.



2019

It was in 2019 that we experienced **a big step forward**. A Postgraduate Training Committee for Nursing and Midwifery was set up to propose training pathways in the various specialist areas. This committee has overseen the setting up of a number of subcommittees in different specialist areas to work on frameworks based on definition of title, scope of practice, competencies, experience and related knowledge. A nationwide consultation process with various stakeholders commenced in 2019 and is still underway. During 2020, the process was disrupted as most nurses working in the various specialities rose to the occasion and contributed in different ways to the management of the Covid-19 pandemic at the main hospitals. But we did not stand still. In February, the **Specialist Accreditation Committee (SAC) for Nursing and Midwifery**, which is responsible for nursing specialist registers, regulating the standards for entry and maintaining registration as a specialist was set up. This was another big step for us all.

2022

For 2022, in spite of the ongoing Covid-19 pandemic, most of the subcommittees and associations submitted their proposals for the specific training pathways to the Postgraduate Training Committee for accreditation by the SAC. Currently, within the Maltese National Health System, there are 116 nurses working in different specialities. The current proposal for **specialist registers consists of 41 different specialist areas in nursing**, which comprise a number of different sub-specialties.

II. The benefits of a collaborative approach, current key players and stakeholders on our wish list

Today, we find ourselves at a crossroads – nurses currently working in specialist areas are seeking official recognition and plans are underway to project human capacity in relation to the specialisations for the next 5 -10 years. This will enable us to plan for potential candidates to attend training programmes related to the required specialities. We currently have areas that can offer such ‘Job Shadowing Programs’ but for most positions, it is recommended that chosen trainees should be **provided with a definite clinical experience in a EU centre of excellence**. Being a small island state offers its challenges and it would benefit all if we could participate in some form of exchange programme in certain areas of practice.

We see **a bright future ahead**, but we need a structured approach to specialisation, particularly when it comes to regulation and education. It is important to do this in alignment with European initiatives, such as ESNO’s recommendations. It is imperative that we strive towards harmonisation in this field because it is key to mutual recognition of the specialists and thus mobility across the EU. This takes time, patience, a consistent effort and determination. It is also important to mobilise and lobby MEPs and Parliamentarians to push for this mutual recognition initiative based upon the pillars of knowledge, experience and competencies.

It is expected that investing in specialist training and having a structure **for specialist training will provide more recognition**. Recognition at a legislative level already exists – it is the collective recognition amongst health professionals and patients that needs to be enhanced. It is anticipated that health outcomes and patient care is bound to improve through specialisation though we do not have local research confirming this.

We are willing to contribute to research in the long term and to **work with stakeholders** across the EU towards this project. We would like to partner with tertiary educational institutes and professional associations who are in a position to offer training and interim internship posts. It is our aim to connect European organisations for a joint European context project and create opportunities.

Malta Nurse and Midwifery Specialisation Team - Bios



Sarah Fleri

MSc (Nurs) Senior Practice Nurse

Worked in intensive care, cardiothoracic, anaesthetic nursing and Public health regulation. Was responsible for the drafting of National healthcare standards and Healthcare facility inspections. Is involved in the development Nursing and Midwifery Specialisation in Malta as a member of the Nursing Services Directorate.



Jesmond Sharples

MBA (Exec), MMus(Comp)(Lond), PG Dip. Ger, Chief Nursing Manager

Has experience in neuromedical, urology and surgical nursing. He was Registrar to the Nursing and Midwifery Board (2000-2002) and Malta's Chief Nursing Officer (2002-2016) within the Ministry of Health. Is currently responsible for Nursing and Midwifery Specialisation in Malta.



Rodianne Micallef Cann

MSc (Nurs) Charge nurse

Qualified in 2004 and worked in intensive care and community care before joining the team at the Nursing Services Directorate. She is currently working on the promotion of quality patient care and the development and advancement of Nursing and Midwifery Specialisation in Malta.



Vincent Saliba

**MSc Nurse Education (UoM),
Chief Nursing Manager**

Has 20 years experience in intensive care. Co-ordinated the EN to SN conversion course 10-year programme. He served as a Senior Nursing Manager in a geriatric long term care facility and is currently Malta's Chief Nursing and Midwifery Officer within the Ministry for Health.

2. Relevant health themes

Goals: Contributing to and accelerating the transformation of healthcare in response to public health threats

The members of ESNO set out the aims, goals, and activities for the relevant health topics, and they are responsible for ensuring that the ESNO board meets the expected outcomes. The relationship between the members and the board is important, now, and in the future.

Over the last two years, ESNO members have gone through very difficult times. It is important that all members remember that the leaders and people on the board have also been through tough times, and that some of them are new to the legal and other responsibilities that they are taking on.

Being an ESNO board member is more than just a title. It's a window of opportunity to invest in the organisation, and in the members. Board members handle legal aspects, member's engagement, and financial challenges, and are involved in sharing good practices and creating educational initiatives. This reciprocity means that investments are sustainable, both for ESNO and for allied members and associates advancing in the world of European specialist nursing. These supporting activities create a sustainable basis for current and new European specialist nurse members and associates.

- Initiate, process, and execute projects and programmes contributing to health issues on the European agenda and related to the field of specialist nursing.
- Initiate activities to integrate these projects into health and specialist nurses' work and to improve patient care, quality of life and health literacy
- Seek opportunities to integrate the results of the projects into the continuing education programmes of specialist nurses.
- Empower European specialist nurses to play a bigger role in European health projects related to their professions to enhance their capacity and support them in networking.
 - > *"A Mentorship program would be a great asset to this programme"* Jacqui Filkins
- Facilitate the build of communities of specialist nurses discussing health topics and encouraging them to make a long-term commitment to the sustainability of health outcomes



How we will achieve the goals

1. Contribute to the projects and programmes of the European Commission under Erasmus+ projects.
2. Implement programmes and projects related to health issues on the European Agenda that also relate to the work of the specialist nurses, where they:
 - a. contribute to education, training, and communication on topics
 - b. support the work of specialist nurses ensuring healthy and safe working conditions
3. Organise webinars with high-quality speakers. These will discuss practical examples, tools and solutions to foster the position and roles of the specialist nurses in Europe.
4. Publish a series of Nursing Information and Communication Guides.
5. Use social media to disseminate the lessons learned to key audiences.
6. Improve the quality of discussion of stakeholder groups, networks and a wide public in general.
Example on A – Microbes

Health Programs and Projects		The health issues are addressed in programmes and implemented in two to three years and set out in different projects.
	Programs Domain	Projects
A	Microbes,	Vaccines, AMR, and infection prevention - Until 2020, microbial infections and infection prevention were undervalued, but this has changed in the wake of the COVID-19 outbreak. Much work is still needed to fill the gap left by a lack of educational initiatives and competence building.
B	Medication	<p>Biosimilar: Medication, Nurses are increasingly getting involved in prescribing medication, and they need more knowledge, particularly in biosimilar switching.</p> <p>Adherence: Medication adherence, or taking medications correctly, is defined as the extent to which patients take medication as prescribed. Remembering to take medication on time and understanding the directions hampers overall therapeutic processes.</p> <p>Polypharmacy: As the population ages and chronic disease becomes more common, nurses need to play a role in polypharmacy. A good understanding of medication and use is crucial for effective treatment.</p> <p>This all will also be highlighted in the 'Nurse Prescribing' spectrum. Prescriptive authority for nurses is an ongoing process. An approach for the implementation and development of nurses prescribing medication requires strong leadership and a proactive attitude to promote this essential service for healthcare provision internationally¹⁷.</p>
C	Cancer	Cancer is a key priority in the Europe Health policy programme. Many members and associates are involved in healthcare directly or indirectly related to cancer.
D	E-Health	<p>Digital agenda:</p> <p>IT and M-health:</p>
E	Blood and plasma	<p>Plasma: More nurses are becoming involved in blood and plasma-related activities. Nurses need to engage with projects to help to increase their knowledge, skill, and competences.</p> <p>Blood and Donation: Understanding of blood and plasma is crucial to</p> <p>Sepsis: A threat that flies under the radar of health professionals far too often and requires more attention, early detection, prevention, and treatment.</p>
F	Safety at Work	Nurses are under huge levels of pressure, and are at risk of burnout, or do not work in safe environments. There are several areas that require attention, such as aggression, surgical smoke, chemicals, and aging of the nurses' workforce.

17 https://www.icn.ch/system/files/2021-09/ICN_Nurse_prescribing_guidelines_EN_WEB.pdf



EXAMPLE ON A – MICROBES

About the Programme

The ESNO programme and vision for AMR acts in synergy with other activities in Infection Prevention Control, with Vaccination and immunisation, and wider public health and health promotion activities. The programme emphasises the integration of the three aspects and recognises the contextual approach. All of which recognise the increasingly wider range of clinical and educational research and leadership roles held by specialist nurses across Europe.

What Have We Learned

Over the past years, we have observed that the health issues on AMR, Infection Prevention Control (IPC) and Vaccination cannot be addressed separately. They overlap, and when addressed well, they are complementary to each other. Education and training require a separate approach to form a good understanding. Scientific attention is needed for this. But ultimately, nothing can be executed properly without a contextual approach

Where We are Heading

A future that proves specialist nurses' competencies on AMR, IPC, and Vaccination. We strive to continue positioning ESNO as one of the European and international nursing think-tank and advocacy organisations shaping European nursing education and competencies, as well as influencing the policy landscape. We continue to work to equip nurses with the policymaking and communication skills and attitude necessary to engage with politicians, decisionmakers and civil society on crucial topics such as drug-resistant infections, infection prevention, control, and immunisation. This cannot be reached in a few years but with a long-term vision and clearly targeted outcomes with multi-stakeholders' engagement.

The lead group has set the following long-term context-driven goals:

1. Establish an expert network on infection prevention and operate as a link to nurses' expertise.
2. Initiate education activities on microbes, vaccines, AMR, and infection control
3. Develop a European harmonised standard for AMR stewardship curricula and infection prevention curriculum
4. Promote mandatory and continual national education on microbes, vaccination, AMR, and infection prevention for nurses.
5. Develop and update a nurse's guide on the following topics: Microbes and Mediation, Vaccination, AMR and Stewardship and Infection Prevention Control with Curricula
6. Engage with European high-level representatives and promote the recognition of specialist nurses' roles related to infection prevention, vaccination, and AMR.
7. Contribute to European initiatives such as networks, congresses, events, and any other form of forum to provide input from the specialist nurses domain.
8. Contribute and initiate research, publications, and data building

The background position

The State of the Art: Nurses are rarely, or, in most cases, not even involved in the spectrum of infection prevention and vaccination activities. They are excluded from education and professional competence building or waved off with: “you don’t belong here”. Despite all this, the fact that it’s within the scope of practice and core competencies of the nursing profession, during the COVID19 too much was done in the area of ‘domain protection’. The ESNO calls for a ‘health professional domain “climate change” regarding tackling infections and future pandemics so that a motivated, sustainable, and competent nurses’ workforce can be relied upon.

What we will do: The ESNO Focus Group Microbial issues, has set out a range of activities to support nurses in gaining education for the years to come. This includes surveys and data collection activities and provides guidance for health institutes in bring out the best possible quality of care, aimed at reducing infections with a focus on prevention. These goals are focused on

- ‘Education and competence building’,
 - > Knowledge, awareness, and behaviour go hand in hand. This as a prerequisite for health education and literacy through lifetime career span.
- creating a sustainable ‘European professional network’
 - > Only with a sustainable network and embedded in a solid organisation, education and training can be secured and create a sense of belonging.
- providing an expert opinion regarding the ‘social and climate implication’ of reducing infections.
 - > We see a strong relation between urbanisation, lack of education and health living, economic status with negative impact on environment and infection rates.



**Knowledge,
awareness, and
behaviour go hand
in hand**



3. Members' relation and support

Goals: Relationship building

Invest in a sustainable relationship with members and associates to ensure that ESNO's goals and mission are achieved.

How we will achieve the goals

- Engage with members in meetings related to specific and general health issues.
- Engage with members at members' congresses and ESNO events, and during general assemblies.
- Create initiatives on Association Management, for learning, sharing and related domains.

Key performance indicators

- Build a sustainable group of engaging ESNO members over the next decade
- ESNO member organisations are visible within the European health environment and participate in projects
- Connect and engage ESNO members
- Link members to EU projects that are relevant to their interest and expertise
- Ensure that members are visible in the European health environment, both public and private.
- Ensure that ESNO associates participate in projects and are visible in European environment, public as well as private.

4. Health policy and advocacy



- Not all advocacy is lobbying but all lobbying is advocacy.
- Advocacy means providing a person with the support to make their voice heard.
- Advocacy means taking action to create influence.

The aim of the campaign is to have everyone presenting the same clear message, and to have this message echoed within the institutions where decisions are made, from the ground up all the way to the high-level decisionmakers. To do this, we need to communicate clearly with our members and internal partners, as well as with our health partners.

We also need to be clear in our messaging. The overall message needs to be a positive message of hope, focusing on the future with optimism by generating opportunities. This is important especially against the background of the pandemic where the work of nurses was seen too often as a ‘Labour of Love’, taking for granted that they will continue to do their job, despite often unacceptable or even dangerous working conditions, and insufficient pay.

It’s important that we understand the ‘why’ behind the campaign to help us to remain focused. We need to identify the organisations that might be hesitant and communicate with them at an early stage. This should be followed by a plan to encourage involvement.

We need to build a compelling case for the campaign, respond to the needs and concerns of people and organisations, and show that this is an ongoing activity to stimulate collective action rather than just general awareness. Suggested language includes:

- **“You are aware of the growing problem of...”**
- **“You feel that not nearly enough is being done about...”**
- **“We are afraid that if nothing is achieved our next generation will...”**

Entering the political arena needs a track record, and we can use the Caring4Nurses campaign of 2020-2021.



Goals: Improving influence

To improve the visibility and profile of the specialist nurse in current health provision we need to:

- Engage with European patients and the civil society
- Connect with policy institutes and representatives.
- Engage with global networks especially related to health and quality care with patient safety.

The specialist nurses' visibility and their contribution to the healthcare society has already been seen through its clear footprint in the European healthcare workforce and in the 'Clapping for Nurses' campaigns carried out by the public during the COVID-19 pandemic.

How we will achieve the goals

1. Internal communication:
 - a. Engage with ESNO members and support their campaign activities
 - b. Help ESNO members to reach their campaign goals, whether parallel to, or overlapping with, the ESNO mission, goals, and activities.
 - c. Ask ESNO members and associates to share ESNO campaign activities in their social media.
2. External communication:
 - a. Press and magazines (political magazines such as European Files, Parliament Magazine, Health Europa; scientific publications; press aimed at the public)
 - b. MEPs
 - c. European Commission
 - d. NGOs in the Brussels environment
 - e. National health authorities
 - f. National chief nursing officers
 - g. Industry, including pharma and instrumental
3. Translating materials into European languages.
4. Engage with campaign organisations.
5. Explore launching a manifesto or declaration.
6. Update the ESNO website.
7. Initiate annual congress with every 2 years a big full size event on location.
 - a. The first one is schedule 1 and 2 June in Brussels 2023 www.esno-congress.eu

5. Research on specialist nursing in Europe

The majority of ESNO representatives, including organisations and individual members and associates, said that they would like to engage more in research, and they would like a platform that could initiate and manage research. This will help to advance specialist nurses through research, exploring knowledge, and network building.

Research on specialist nursing is fundamental to advance the role all over Europe. ESNO will promote specific studies on advanced nursing, designed and conducted by nurses, integrated with other healthcare professionals. The key success factors for this pillar are nurses' leadership and visibility, along with the dissemination of key findings through publications, and through presentations at conferences, congresses, and other events.

The main purpose of the research pillar is to give specialist nurses the opportunity to conduct multicentric and interdisciplinary clinical research studies on specialist nursing. The goal is to implement and fund projects of great relevance for the advancement of specialist nursing across the EU.

There are two major gaps in evidence on the role and contribution of specialist-related issues and advanced educated nurses in the European healthcare. One, is that the publications are fragmented and do not follow a clear thread of development and second, there are not many studies led by nurses and funded by relevant EU institutions. In addition, the available evidence is often in English, but it should be mandatory to have it translated into other EU languages.

“The nursing profession is a continuously evolving discipline, and, like all the others, it therefore needs continuous revision to ensure a safe and effective clinical care practice. Scientific dissemination at the nursing level is a crucial element in favouring the exchange of knowledge and contents in the national and international scientific community. On the other hand, the critical reading of a scientific article allows us to understand the application of methodological rules, the validity and completeness of the data, the conclusions and respect for ethical principles and therefore the translation of knowledge with the possible application in the clinical practice”.

– Luigi Apuzzo, Elena Brioni and Cristiano Magnaghi



**There is
no progress
without
knowledge**



Goals: Creating a data platform

We need to create a reliable and trustworthy data platform on the issues relevant to specialist nursing in health care provision. This should be led by ESNO and nursing academics from various health institutions. ESNO will provide a credential-worthy set of publications on a variety of topics and in different sets of categories.

- Forum development
 - > Establish a platform of experts from different European regions and health domains.
 - > The group should be representative of the ESNO membership.
 - > This platform will be led by one organisation allied to ESNO.
 - > The platform will seek public and private funding.
- Research and publications
 - > Initiate activities with relevance to health issues.
 - > Contribute to tools on scientific understanding and drafting papers for nurses.

How we will achieve the goals

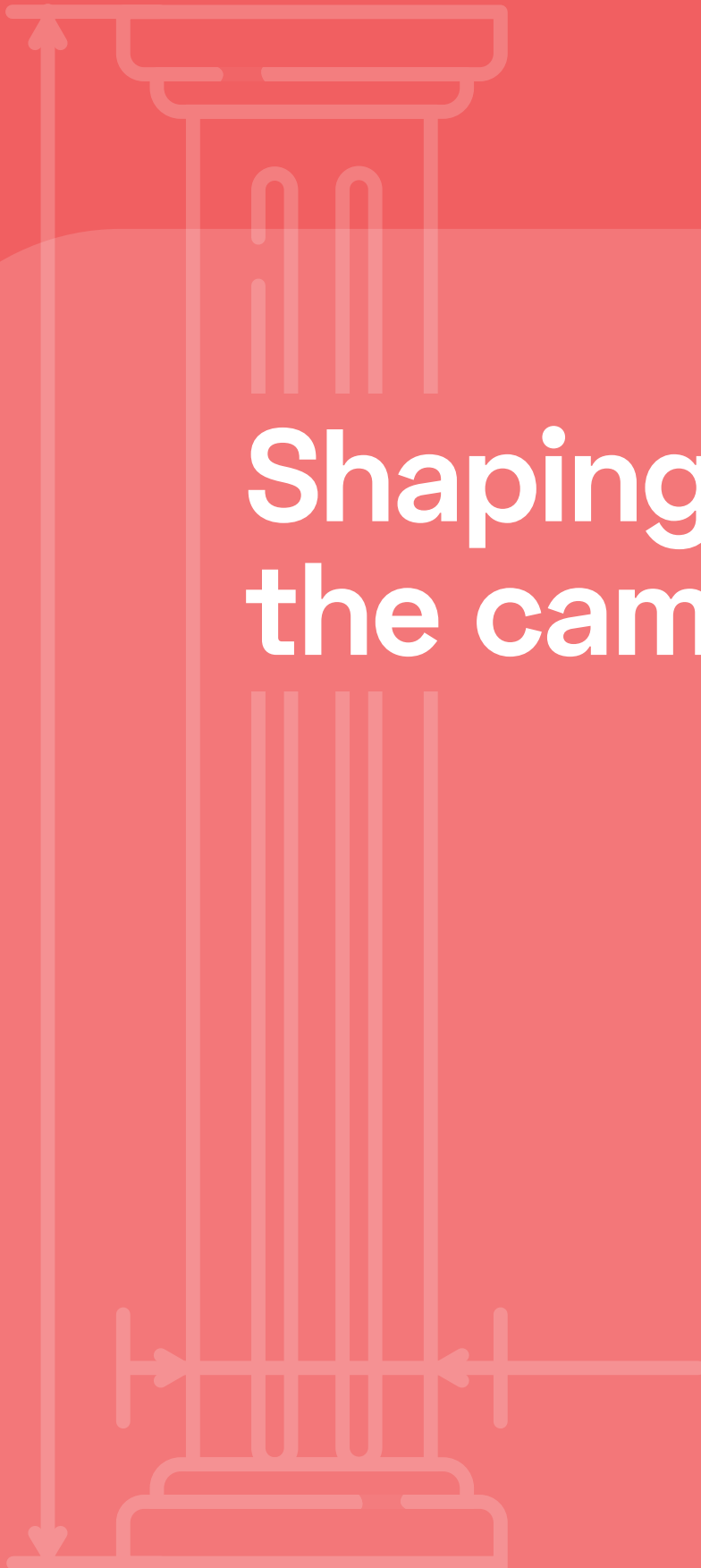
We will recruit a company that can support the platform, attract EU funding, and put together a time schedule with a feasible but ambitious agenda. In parallel to the development of the data platform, we will put pilot programmes in place and work on budgets. These will be included in ESNO projects as an integrated part of the activities.

Key performance indicators

- ESNO has a well-established science and expert forum with subcommittees
 - > The preference is to create special expert hubs within the science team.
 - > The members can be relocated to more hubs or are integrated to each other on overlapping themes
- The expert group can respond to calls for expert consultation and advice
- The committee advises nurses in Europe on scientific papers
- ESNO is a source of knowledge and expertise on published scientific papers in European languages
- Members of the expert group present at meetings and events, contribute as keynote speakers, and participate in panel discussions

PART V

Shaping the campaign





Planning

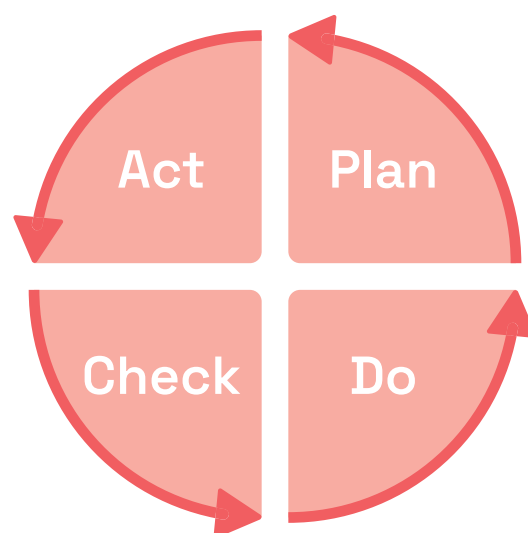
In the first year, we aim to identify the issues we wish to include in the campaign, but more importantly, select those that we cannot include. We need to have a selective approach to ensure that the campaign does not run the risk of becoming too broad.

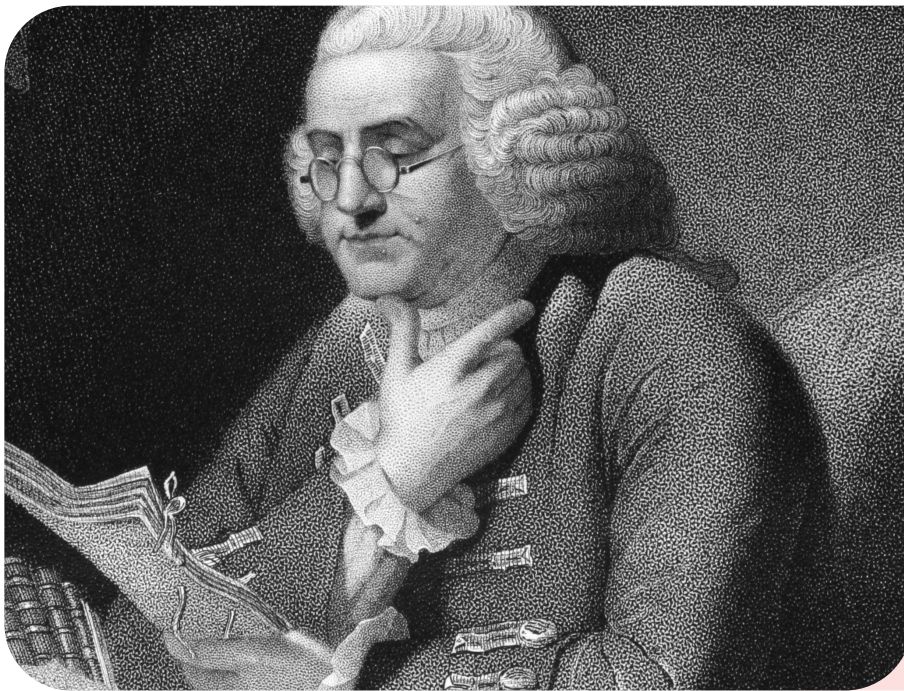
We will use the Deming cycle of Plan, Do, Check, Act – alongside planning and structuring, we will begin activities and feed the learnings into the next steps. This ensures continuous development and improvement.

To reach these long-term goals, we need to break the campaign into sections. Each year will have a subtheme, with goals and key performance indicators. The first section will run until 2025 with a milestone during the International Nursing weeks. These will have an emphasis on the 12th of May. One of the KPIs will be a large-scale gathering of representatives of the ESNO members in the European parliament in 2025.

In the first year, we will also identify subcontracting organisations, setting up short-term and long-term agreements.

While our ideas can seem like masterstrokes in our minds, they must look as good on paper as well.





”

“Those things
that hurt,
instruct”

– Benjamin
Franklin

Life during campaigning

Campaigning needs to be inspiring, and we need to put everything we can into it, to make it a success. It can also be challenging because it's not about supporting the status quo, it's about challenging it, to make a difference. This process can upset some people, leading to uncomfortable situations where the process is attacked or threatened. Leaders need to mentor and support campaigners, celebrating successes and working together to deal with setbacks. We can't solve all the problems, but we can work together to contribute to the outcomes.

You can't manage what you can't measure

A systematic approach is needed to keep track of impacts. It also helps the campaign organisers to see which areas are the easy wins and which will be trickier. While some easy wins are good, it's important not to focus on these to the detriment of other outcomes.

It's important to discuss which domains should be measured, from the ground level looking at the impacts on nurses' day-to-day lives, to the effect on policy and programmes. One example could be following a hundred nurses over a decade to track their professional and personal lives.



Specialist nurses recognition index

There will be a need for four outcome levels indicators with a bi-annual indexation to define the outcome of recognition of the specialist nurses in European healthcare towards 2030. This way, we can measure progress but also identify domains requiring attention or even intervention. In our experience, there are EU activities in place for measuring the nurse's workforce, but systems are hard to compare because national analysing systems have great variations. It's interesting to collect experiences and data from the nurses and their organisations. www.sepen.eu

The index is intended to serve as a practical tool to better understand and recognise what the enablers of recognition of specialist nurses are and how to improve them.

The interest requires an ongoing and structural model in collecting data, to observe progress. The data collection needs to be a combination of formal data collection with a scientific approach and evidence-based data combined practice experiences of specialist nurses with a representative European geographical scope. The suggestion is to define ten countries, and 50 nurses within each country for verification.

Based on¹⁸

1

Level of education and continuing professional development

This will show the progress of specialist nurses and level of education and also the opportunities to increase education and training in their professional career pathway.

2

Level quality of living with a good work and life balance

This will show the progress and the increase of working reasonable and acceptable hours, in a save health environment, work sleep balance, salary.

3

Level of autonomy position in role and responsibility in health environments

This will show the level of the position in the interdisciplinary context and scope of freedom within the nurses authority based on education and certification.

4

Level of recognition in regulatory environment, in both national and European context

This will show the status of the formal recognised nurse in national policy and formal regulation per health domain or specialty and the level of autonomy.

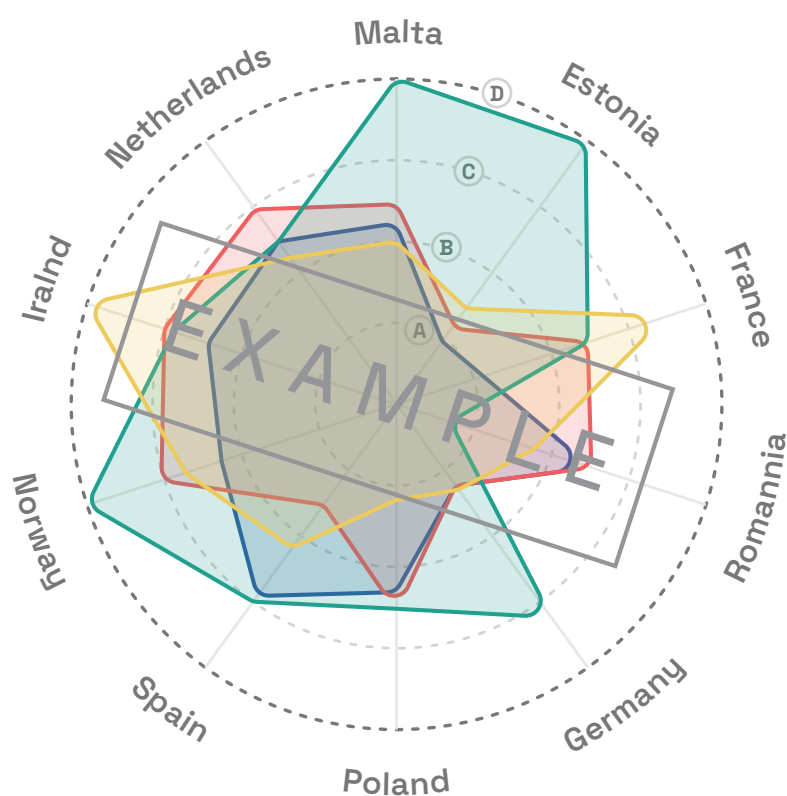
¹⁸ <https://selfcarepromise.org/wp-content/uploads/2021/09/Self-Care-Readiness-Index-Report-1.pdf>

To implement this, an expert group needs to be created with observers with a preference for relations and connections to establish EU-funded or related institutes, which have already been active in data collection and providing recommendations for national legislation and at a European level as well.

The index needs to be initiated in 2022 and start in 2023 with its first outcomes in 2025. With this, an evaluation report can be created with recommendations for the second half of the campaign. We will call upon nurses, institutes, and others to engage in this eight-year project.

The goal will be to provide recommendations at all four of the identified levels:

1. Specialist nurses must strengthen their determination in education and lifetime career span to ensure continuous professional development
2. Invest in finding a sufficient work-life balance and securing personal, psychological, social, and environmental wellbeing.
3. Stakeholders, institutions, and regulatory bodies are there to ensure that health professionals are able to work based on recognition and allow specialist nurses in the autonomy of the scope of their education, experience, and relevance in healthcare.
4. National regulatory bodies have the responsibility to do all in their power to ensure that specialist nurses have a secured position in policy and legislation and initiate the necessary steps to impose regulation if needed.



Comparative scale

- (A) no recognition
- (D) exceptionally well established
- Education and continue professional development
- Balance work and safety and quality of private life
- Level of autonomy and participation in interdisciplinary context
- Level of formal recognition and embedded in national policy and legislation

Don't let them go

In December, ESNO launched a video 'Don't Let Them Go' because of too many messages that nurses were leaving their work and even the profession. This video is translated in five other languages and posted in January. In this video 'seven recommendations' included support for those in charge. This is an alternative for collecting data and doing something about it. Below, you will find the seven recommendations that are relatively easy to implement and that would make an enormous difference according to nurses:



English

1. **IMPLEMENT** guidelines on nurses' wellbeing and safety at work
2. **INITIATE** education and training activities that are led by nurses within their personal expertise
3. **INSTRUCT HR:** not to favour economics, but prioritise nurses' personal perspectives
4. **INCLUDE THEM** in programmes and project development. Let nurses lead
5. **ENABLE THEM:** to connect with broad professional scopes, on both national and European level
6. **AWARENESS:** they are people, with private lives and responsibilities

FIVE LANGUAGES



Portuguese



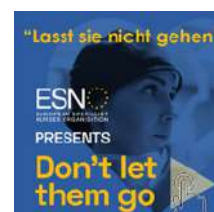
Spanish



Italian



French



German

It would be interesting if there are examples of nurses that take these aspects to motivate nurses to remain in their current job or motivate others to step into the nursing profession. **It's all about retention and recruiting**

"Nurses offer up a big part of their life by going into the healthcare sector and in return they **have the right to be facilitated in continuous professional development** but for most nurses, this is not the case, and they are not even respected."

"It's not about the newly-arrived young professional with ambition, but it's about those nurses who already have a **10-to-20-year career pathway who need to be well-positioned as well**. They can act as competent and inspiring experts and mentors"

Supporting local and national initiative in promoting wellbeing within the nursing profession

Example Belgium: 'Promoting mental health and the wellbeing of caregivers'

- The formation of a work group in Belgium on this subject with the most important representatives of the professional groups and healthcare organisations.
- Establish an inventory of the range of options available and support care providers with this, in a transparent manner down to the very basics.
- Facilitating the offer of education and periodic training and cooperation on this for all active care providers, whereby they can enjoy this at least 3 to 5 days every five years (free of charge), and auxiliary intervention resources if so desired.
- Continuously monitor bottlenecks threatening mental healthcare and map out, implement and adjust an action plan for this with the sectors and policymakers involved. This includes a barometer for absenteeism, outflow per profession, sector, region, institution, age group and related elements.
- Draw up national and local evidence-based interventions and programmes around this.
- National knowledge base.
- Monitor and facilitate sufficient staff, work pressure, and fair remuneration.
- Involvement in decision-making processes.
- Facilitate digital low-threshold innovations.
- safeguard resource facilitation for this and research resources.
- engage with caring4nurses campaign.

Budgets

Any campaign requires a budget. To be successful, the budget needs to be sustainable. For this reason, we aim to start modestly, based on realistic expectations. As the income increases, the activities can increase.

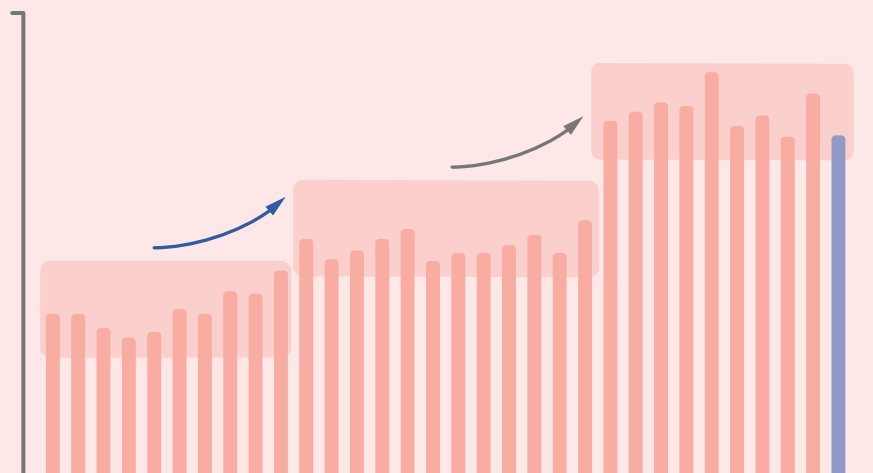
Funding

- Initially, funding will come from donations of **individual specialist nurses**, starting from one euro. Donating one euro is a symbolic act that confirms a nurses' dedication to the campaign. Donations of whatever amount will be welcome and will remain anonymous to demonstrate that no influence is taking place. A special **donation infrastructure** will be developed, which will be user-friendly and easy to access.
- ESNO projects will be included and will be **industry-sponsored**.
 - > The relationship with stakeholders is crucial, as sponsors, networking and support will drive long-term success. Because of European guidelines on influence, we need to be careful in handling these relationships, but we also need to show confidence and work on trust.
 - > "We live in an era where morality and a company's ethics are becoming increasingly important in terms of commercial success". Kate and Ella Robertson
- Any other form of income

Long and short-term budgets

Budget calculations for the campaign will be made in the beginning of 2022.

We do expect a slow start and up and downs over time. We also face the realities of health budgets, but over time, we expect to grow.



The campaign secretariat

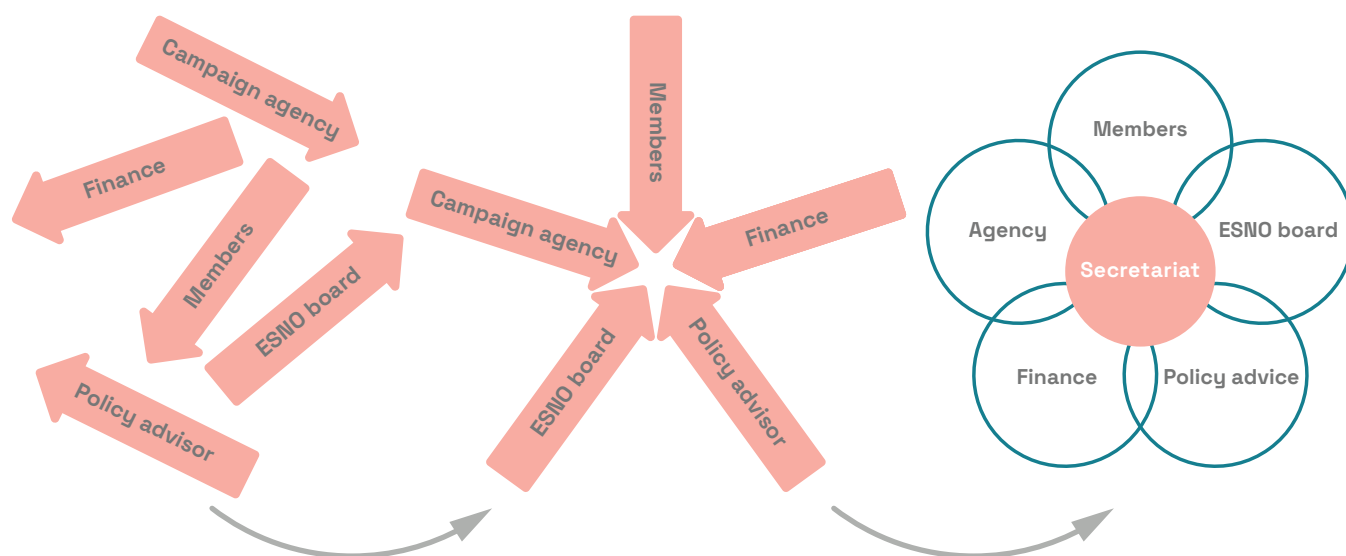
We aim to engage with a company or a good campaign manager, creating a secretariat with a good track record in campaigning within the Brussels environment, which has a good network of partners.

The campaign secretariat will have a head, an operations team, and a panel of advisors and contributors. The panel will include special policy advisors familiar with the environment in Brussels, who can connect with MEPs and people in the European Commission. In addition, we will include budget and financial advisors.

During the first year of the campaign, we will contact organisations suggested by the board and the members, to create an organisation team with a clear structure that will assure its sustainability.

The secretariat will be responsible for the overall project and process. We will look for people to take charge of the programme, who will keep in contact with the members and control the budget. The team will also include people with appropriate expertise.

The secretariat will put together a timeline for the decade-long campaign and will remain in contact with the members via email.



Showcasing the campaign

We will need to:

- campaign management
- campaign budget
- endorsement of members
- support and engage stakeholders
- timeline with milestones

Nurse leaders' narratives on the campaign

Statement–Veterinary Nurse about the Campaign



"I feel that one of our goals has always been to create a level of understanding and collaboration between veterinary and human nurses, and that whilst many differences exist - species being the most obvious! -, there are so many aspects of our role and values we hold that are similar. I wish that I had had more time and opportunity to work with the nurses within ESNO – there's so much we could all learn from each other"

The UK veterinary nursing (VN) profession is evolving rapidly, with many significant developments that have occurred recently and are likely to happen soon, including recommendations on changes to aspects of the legislation affecting our profession.

The Certificate in Advanced Veterinary Nursing, developed in 2019, offers VNs the opportunity to perform level 6 or 7 study in a discipline of their choice. Development of statuses for VNs and an Advanced Veterinary Nurse Practitioner role are also potential avenues for future progression.

Veterinary nurses (and the profession as a whole) have been under considerable strain during the COVID-19 pandemic, since the health and welfare of animals has still been attended to, but with the additional pressure of furloughed staff and skeleton teams. We currently face significant workforce issues, and the UK's departure from the EU has further exacerbated this. Guidance during lockdown periods permitted emergency work only, resulting in a backlog of routine and elective procedures. The pandemic has also led to an increase of approximately 3.2 million more pets in the UK according to recent data, further compounding the issue.

Despite the current challenges, the future of the veterinary nursing profession is bright. We are working hard to improve recruitment and retention, through our VN Futures School Ambassador Scheme and other initiatives to highlight veterinary nursing; and through many initiatives to increase role satisfaction and address the reasons for VNs deciding to leave the profession.

Veterinary nurses play an increasingly vital role as part of the vet-led team, in the delivery of healthcare to our nation's pets, and in supporting and educating pet owners.

**Jill Macdonald RVN DipAVN (Surgical)
FHEA–VN Futures Project Coordinator–
Veterinary Nursing, Royal College of
Veterinary Surgeons www.rcvs.org.uk**

Statement Urology nurses

European Association of Urology Nurses (EAUN) statement on “Campaign for the specialist nurse 2020 – 2030” of the European Specialist Nurses Organisation (ESNO)

The EAUN fully supports the “Campaign for the specialist nurse 2020 – 2030” of the ESNO, to focus on Urology nurses’ retention and strengthening their position. In Urology, however, specialist nurses are the key to patient safety, quality care and patient-centeredness. They provide the necessary expertise to advocate and support patients, relatives, the interprofessional and interdisciplinary team in the shared decision-making process on treatment, care, and support. Patient care, management, education, research, industry, and policy are the primary areas where specialist nurses in Urology work and show that they are well capable to improve patient care in various care settings. Therefore, the EAUN goes hand in hand with the ESNO specialist nurses’ campaign to raise awareness for specialist nurses in Urology.



P. Allchorne, EAUN Chair



F. Geese, EAUN Board Member

From hospital to community care – digital health

Over the past decade we see a shift taking place from hospital to community care. Even treatment, which was the domain of the hospital is now provided at home. The digitalisation of health gave a great impulse to this, and this was showcased especially during the pandemic. Patients could not go to the hospital, so treatments were given at home or consults at the local General Practitioners station. There are interesting programmes such as “the hospital in my living room”



“The expectation of the specialist nurse is already of huge relevance for the future and the community. Take, for example, the oncology nurses, working within the community and bringing their expertise to the table, providing very efficient care,

and contributing to early diagnoses at home and preventing acute care interventions. We also see treatments being executed at home, which in the past only happened in hospitals. They optimise hospital care and improve health outcomes through collaboration with medical and pharmaceutical colleagues. The digital era will give a great impulse to this new direction.”

- Professor Bianca Buurman, chair of the National Nursing Organisation V&VN during the ESNO congress 2021

”

“This is not a campaign but a loud call to reason, consultation with those responsible and the desire to remove uncertainties.”

–Anonymous



“The specialist nurses can be an autonomous practitioner and a general practitioner. The most important experience is the patient’s feedback. It’s not a case of you wanting to see the patient. No, the patients want to see the advanced practitioner nurse for consultation. It’s such a compliment and proves the high quality of care and special place of the nurse in a patient’s life at all ages and conditions. It’s a mentally stimulating job and care can be provided by means of face-to-face or telephone triage consultations.”

- Nicola Brown, Advanced Nurse Practitioner, Saintfield Health Centre¹⁹



“Nurses should be at policy levels, but we need to understand, ‘there is not only one policy table.’ What we must consider as nurses, how can we be at the table, and if we are not at the table, how can we influence. It’s crucial to seek influence to engage at all kinds of levels, and it does not matter where. It can be small, but over time, getting confident, you end up like a lot of the speakers in this congress at regional, national, or even European level. We need to keep the quote in mind, ‘if you’re not at the table, you probably end up on the menu’²⁰

- Paul Trevatt, Independent Consultant,
and member ICN Nurse Leadership Program.



“We need to push the nurses’ clinical practice to the request for professional recognition. The prospects of the clinical research nurse are an absolute needed part of the nurses clinical practice domain. In the basic university training. We need to see clinical post-graduate specialist nurses with a well-structured and defined career progression with consequent salary adjustments. Therefore, we need the creation of a well-defined job description at national and by preference European level.”²¹

- Anna Fumagalli, RN, San Raffaele Hospital, Milano, Italy



“The highly valuable role for specialist nurses in healthcare became even more visible and appreciated during covid-19. However, no international recognition and framework and an EU Common Training Framework could be a way forward for EU framework and automatic recognition. There is a specific role for the ESNO organisation and their members contributing to this process and act as a platform for discussion, debates and advice.”²²

- Walter Sermeus, Professor Walter SERMEUS, Leuven Institute for Healthcare Policy, University Leuven, Belgium during ESNO congress February 2021

19 <http://www.nursingandmidwiferycareersni.hscni.net/real-life-stories/nicola-brown/>

20 <https://www.youtube.com/watch?v=mU4KWI-mkeQ>

21 <https://www.youtube.com/watch?v=PsUAsfLcWNI&t=11s>

22 https://www.esno-congress.eu/resources/media/Online_congress_2021/Presentaties/Walter_Sermeus.pdf

Specialist nurses changing into something better

“We are more passionate, conscious and selective nurses than ever before. We look for quality, innovation, and sustainability in our search for the best possible patient care. That will last for the next decades. We love clever and durable solutions, and we are hurt when resources go to waste. We all want to make the most of our personal and professional lives, so we are increasingly aware of how we can optimise our mind, our body, our health, and our wellbeing, through prioritising focus on the choices we make, the people we meet, and the environment we live in.

Honesty, sustainability, and longevity are topics that form the core of our decisions when we provide care. This is amazing news, as we are changing our work,

by making it more efficient and focused on service to the patient and the civic society. These are the starting points for this decade in health provision. All the way from first sketches to the final moment of achievements, our experts are making sustainable decisions and creating systems that are built to last many years.

Our experts’ designs are customised to national, regional, and local cultures and systems, made by international teams for patients to experience the luxury of great care and maximum comfort during challenging times. It provides lofty standards expressed by passionate personalities while sending a subtle signal to the individual approach”.

Specialist nurses in a world of innovation

“What if, just for a moment, time stood still? A moment where you could feel calm and mindful. The workplace shielded from the busy demanding everyday ongoing changes. A work environment inspired by the innovation and results of achievements brought together with colleagues. Those colleagues form your ward and European network. You would feel this atmosphere in our soothing wards. We invite nurses to join us in exploring, discovering, and experiencing the health systems we have invented, in our own pace in our own health settings encouraged by the positive outcomes of satisfied patients.

When exploring the specialist nurses’ environment, you will find a new, creative, and innovative space.

Innovations are developed and designed for inspiration and personalises patient care.

You can find their contribution all over the internet, scientific magazines but above all, much closer to home than many realise. Specialist nurses are everywhere, and those with a track record of being passionate, and willing to run the extra mile, have more solutions at hand than often realised.

Specialist nurses would love to guide you through the myriad of choices – to find solutions and the way out of impasse and deadlocks, to find the outcome that is right. Specialist nurses are there to help, to understand and share passion to cultivate possibilities and sustainable choices.”

Nurses' stories during COVID-19 in a time capsule

From Portugal date 10 April 2021

Nelson Serrano Antunes

The last year has proved to be the greatest professional and personal ordeal for many of us. Pneumonia of an unknown origin that began to affect some individuals who frequented a certain market in distant China, quickly became the greatest calamity that humanity has experienced in recent decades, leading the WHO to declare Covid-19 as pandemic on the 11th of March 2020.

'The front line!' but I don't know if this is the right term to designate intensive care services. It seems much more real to me to call it the 'last line.' The line that runs out for those who unfortunately do not overcome the disease and the last ray of hope for those who arrive there, often without realising how or why. For us nurses, if it weren't for the permanent pressure caused by the number of people we have in our care and the fear caused by the presence of a cruel and invisible enemy, it would be another year of work in intensive care.

But these times will necessarily be remembered as different. Primarily, because of the need to prepare ourselves in the best possible way to face this enemy. Second, because of the feeling that we were exaggerating the measures and now because of the certainty that we were not prepared to take care of so many sick people at the same time, with so little resources. Improvisation reigned, we improvised with intensive-care spaces, where working conditions helped the enemy.

We ran out of human resources, until it was too late for reinforcements that had long been begged for and therefore, despite their selfless dedication, they could not help as much as they certainly wanted. The considerable number of patients in our care, with such high levels of severity, associated with the integration of new elements, generated a feeling of imminent exhaustion, experienced daily.

We experienced situations in which we were sure that we did not provide all the necessary care that we would have liked to provide, nor did we accompany the colleagues who came to our aid in the best way, but we did the best we humanly could.

We shared lives with patients and family members who are marked in our existence, and we have seen someone leave out of time, too many times. Fortunately, we managed to recover some energy in the possible union of the team, in the small and large victories of the patients and undoubtedly in the comfort of our family, which we have left for so long. At this moment we can see the end of this long endurance test in the distance where we have been staying for a year. Now that everything seems calmer, all we can do is believe in science and human responsibility so that soon we can rest.

Maria Arminda Tavares

At no time I could be prepared to face a pandemic. Looking back, when I think about March 2020 when Portugal declared a state of emergency, we were already implementing the measures and procedures of Diaverum's contingency plan. Providing and organising the unit with structural, material, and human resources to face the unknown was a gigantic challenge. The pandemic put us to the test, but we knew how to rise to the challenge. In response to this pandemic crisis, I applied on the ground what I acquired from academic and professional training over the years. *The biggest difficulty was certainly transmitting and maintaining calm and serenity to the teams, patients, and families.*

The fear of being infected or transmitting the infection to others, the anguish each time we performed the screening of signs and symptoms to detect a positive case. The need to comply with all the contingency plan procedures, the management of human resources, were undoubtedly a proof of perseverance and resilience.

On the date I write this testimony, it would certainly be a great wish from all of us that the pandemic was already more controlled. I know that the vaccinations will contribute a lot to this control and in our unit on 27/28 January and 17/18 February 2021 we vaccinated all patients and professionals. I emphasize the importance of receiving guidance from Diaverum in good time, the availability and mutual help of all employees, competence, resilience, positivism, spirit of mutual help and solidarity.

Since 2017, the nursing team had started educating patients on respiratory etiquette and from one day to the next, without exception, everyone started to comply. I emphasise the understanding and recognition of patients and families of the measures adopted. Undoubtedly relevant was also the fact that we did not lack personal protective equipment. Many thanks to Diaverum and to all those who contributed with their generosity, so that in record time we had all the necessary material for an effective response.

”

The biggest difficulty was certainly transmitting and maintaining calm and serenity to the teams, patients, and families

The months of challenging work in the context of a pandemic in which nurses took the lead in their fight, led to an accumulation of fatigue (physical, psychological, and emotional) that even today, has still not been restored, we continue day after day to care, to train and educate our patients. In haemodialysis, care for people cannot be suspended or sent to them by an email. In the provision of care, we are present without direct contact from reception to the administration of treatment, to education, rehabilitation, and discharge.

All this reflection leads me to consider that it is important, in the future, to think about strengthening our nursing teams, to concretely assess the work context of the dialysis units, with an analysis of their impact on the results of nursing care. Invest in the training of nurses and value nursing care. They are not an expense; they are an investment.

Célia Marques

The pandemic highlighted the need for specialist nurses to provide care. Nurses who, through their proficiency, and because of their ability to influence other colleagues in the provision of care, and reflect on practices, make a difference on a daily basis.

Maria da Anunciação Baltazar

It has been difficult to reconcile the emotional part with the physical component. The use of PPE is as necessary as the need to at least drink some water. The physical exhaustion of several months is not possible to recover as it leaves marks on our physical and mental health. Personally, now that we are lighter and that the difficult phase has passed, I do not feel hungry, I suffer from a loss of appetite, and sleep and I can't concentrate.

It is difficult to understand in just a few minutes how a patient suddenly becomes unstable and many of them are people, I know: colleagues, family members, users, and friends. I think it is also urgent to rethink the confinement, because after twelve hours of work or more, it will not be healthy to confine at home either.

Everyone's mental health is shaken. Professionals, their families and children and young adults everywhere. In my opinion, health education campaigns would be very important in the media instead of television programmes where not a single participant wears a mask and puts disinfectant on their hands. It is very important to continuously educate the general population and communicate that a vaccination is not the cure for the pandemic. In a word, the pandemic was, is and will continue to be a threat to the world.

Amélia Oliveira

The Covid-19 pandemic has had a significant impact on the National Health Service (SNS) at all levels of care. A SNS that previously operated with a shortage of human resources (namely nurses) and materials, revealed even more weaknesses in a context in which the need to reorganise services according to priorities relegated the monitoring and surveillance of people with chronic diseases to the background.

Chronic diseases are currently in the world, and particularly in Europe, responsible for a large part of mortality and morbidity. These diseases affect 8 out of 10 people over the age of 65 and around 70 to 80 percent of healthcare budgets across the European Union are spent on their treatment. Decompensation or complications associated with chronic diseases have negative consequences for both health services and patients. I think that these arguments reinforce the importance of continuous access to health care and chronic disease management, a process in which Specialist Nurses in Medical-Surgical Nursing (CME) and Specialist Nurses in CME in the Area of Specialisation in Nursing for the person in chronic situation play a key role in improving health outcomes. This in general and in the quality of life of people with chronic diseases in particular.

From my perspective, with attention focused on Hospital Health Units—intensive care, emergency, and inpatient services, necessary for the priority response to the Covid-19 pandemic, the prevention and management of chronic disease have not been given due attention on the part of the SNS. All over our country Portugal, many surveillance consultations were postponed. Many people were unable to carry out the complementary diagnostic tests necessary to monitor their clinical situation and the screening for oncological diseases was temporarily interrupted.

In the health institution where I work and in many other Primary Health Care units, the need arose to allocate human resources in Areas Dedicated to Respiratory Patients (ADR-Community) as well as epidemiological surveillance and monitoring of people with Covid-19 at home.

The need to reduce the risk of contagion was also highlighted, reducing people's access to health units, favouring telephone contact, which, being a valid resource, does not allow for a global assessment or the benefits of close contact. These constraints prevented many people from having access to adequate and necessary health care for the surveillance and monitoring of their disease and prevention of complications and imbalances in their health status.

One year after the beginning of the Covid-19 pandemic, it is important to reflect on the challenges in the response to the acute disease, but also and not least, to reduce the number of decompensations and deaths caused by chronic diseases.

Because people with chronic disease are a high-risk group for complications and death from Covid-19, it is essential to outline strategies aimed at the prevention and management of chronic diseases, providing services with adequate human resources, namely nurses with the skills to provide care to people in a chronic situation to strengthen multidisciplinary teams. It would also be important to invest in training and information for both health professionals and patients and to strengthen awareness campaigns, promoting health literacy. The main challenge in combating the pandemic is undoubtedly to keep the population as healthy as possible to improve resistance to the disease, and, in my opinion, we will only achieve this by promoting a balance between investment in responding to acute situations and valuing healthcare, disease prevention and health promotion.

Maria Isabel Fernandes

Over the last year, we have lived through an unprecedented experience with consequences that we currently cannot estimate. This has been and continues to be an unavoidable reality in all areas of our activity. Within the postgraduate training in Medical-Surgical Nursing, this is also our perception.

Despite the numerous plans, reorganisations, revisions, adjustments, substitutions, adaptations, in an attempt to enhance the opportunities that arose. Not neglecting, learning, and valuing what these professionals were looking for. Understanding the school as a structuring institution in the preparation and training of nurses, we could not fail to continually review, to (re)value what these professional nurses were expecting of us. The unique and rapid way in which the education system was organised, the transformation that teachers operated in their practices was immense. Their ways of working, (re)creating didactic and pedagogical approaches, communication resources and learning environment itself, allowed us to understand the true dimension of what is complex, what is incompleteness and about acceptance of impossibilities.

When we ask ourselves if we couldn't have gone further, we do so with our trainees in mind, the health professionals, in this extraordinarily difficult context at all levels, personal, and professional. Still, they have managed to have the resilience to pursue the achievement of their training development goals.

Our grateful applause goes to them, for the certainty they gave us of the acceptance of complexity, which is nothing more than the acceptance of not being able to hide the contradictions. It was in this dialogue of contradictions, risks, uncertainties, and unpredictability that we focused all our energies and identified the world of opportunities that we had not yet discovered and explored, individually or collectively. We were not prepared for the pandemic situation, but it is allowing us to confirm that once again

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**“The expected is never fulfilled and for the unexpected, god opens the door”
(Euripides,
5th century BC)!**

Ana Rita Loureiro

Nurses, in particular our association, the Specialist Nurses in Medical-Surgical Nursing (EEEMC) have taken and continue to take a prominent place in the current pandemic situation. It could underline the role of EEEMC around prevention, infection control and risk management. Contingency plans, protocols, procedures, creation of circuits and training of teams were some aspects in which they assumed their specific competences. It could also praise the EEEMC in Persons in Critical Situations.

In emergency services, in intensive care units, in the extra-hospital or in the medical-surgical wards, they detected early outbreaks of instability, acted in highly complex scenarios, in an unprecedented catastrophe with new procedures. I don't think we've done anything new, unexpected, or extraordinary. We do what we swore to do on the day we became nurses and what is legally incumbent upon us as Specialist Nurses and EEEMC.

The pandemic I want to witness is not Covid-19. There is a pandemic that is little talked about, but that has lasted for a long (too) long time: the true crisis was omission of nursing care. The heart of the current problem is the exacerbation of missing nursing care, necessary nursing care that is omitted from the person, in part or in whole, or significantly postponed. And if many succumbed to covid-19, many more were affected, transiently or definitively, by the omission of nursing care.

The truth that we still don't all assume is that most healthcare is provided by nurses. Rare are the health or disease processes that do not require nursing care. And they increasingly need specialised nursing care. ***Which continues to unsettle me, demotivates me but on the other hand paradoxically enough energises me and keeps me in this profession.*** This while realising that there are still many to whom nursing care does not reach in a timely manner. Whether a positioning that prevents a pressure injury or an assessment of vital signs that early detects a focus of instability.

I have dedicated the last few years to colorectal surgery. The operating theatres and surgical wards were the first services to be deactivated and their professionals mobilised. The remaining services felt enormous pressure to maintain the (possible) scheduled activity. In covid and non-covid services, the scarcity of nursing resources was all too evident and the omission of nursing care, which already existed, became almost unbearable.

At a certain point, I think we stopped seeing people and only saw numbers: new cases, recovered, deaths, new admissions, vacancies, and discharges. In writing this reflection, I bring to my mind several people who reveal a pandemic of omission of nursing care (and not only):

- A patient diagnosed with rectal cancer in early 2021, whose symptoms began in March 2020.
- Numerous patients on the waiting list for years with benign colorectal disease which is considered a non-priority who contacted me frequently because they have uncontrolled symptoms.
- Pre- or post-operative consultations that did not take place.
- Patients at high anaesthetic risk who see their surgery postponed because intensive care vacancies are still scarce.
- Patients without follow-up in stoma therapy consultations for months because the nurse was mobilised to a covid ward.
- And so on...

To these reports, I believe we all have many more to add. I believe we did what we should have done, however, I can't forget what was and remains to be done. Let there be a burst of courage to eradicate this pandemic of neglect of nursing care.

Aurora Pereira e Clementina Sousa

As with other Higher Education institutions, in March 2020, because of the COVID19 pandemic, the Escola Superior de Saúde do Instituto Politécnico de Viana do Castelo (ESS) suspended classroom teaching activities in view of the guidelines issued by the various health/education entities and consequently by the governing bodies of the institution.

This situation created an unprecedented challenge, with highly complex reorganisations to guarantee the teaching activity and minimise the repercussions on the training path of the various study cycles as much as possible. **Unpredictability became the keynote of everyday life.** At the same time, health institutions suspended clinical teaching/internships, a situation that continued for a few months because they no longer met the conditions to receive students, either because of their unavailability to ensure the required learning and supervision. But in addition, also because of the need/duty to protect users, professionals, and students themselves for spreading the virus. If technologies allowed solving parts of the teaching issues, health courses were, in general, faced with an increased problem regarding practical teaching, which cannot be replaced by other digital methodologies, due to its importance in learning in a real context and for the development of professional know-how.

The ESS/IPVC Master's Course in Medical-Surgical Nursing (CMEHC) was in the 2nd semester of the 1st year, with the curricular internships being carried out in intensive and urgent care contexts but suspended. On the other hand, these students, being Nurses exercising their activity in the "front line," also did not have the conditions to articulate the training path and the professional activity, now becoming even more demanding and stressful.

In view of this situation, the possibility of suspending ongoing internships and restarting in the second semester of the 2020-2021 academic year was analysed institutionally. After hearing the students, they expressed an interest in resuming as soon as possible. In this sense, the course coordination in conjunction with the school management maintained regular contact with the institutions, which gradually accepted the students, according to the circumstances of each context.

The resumption of activities was slow and asynchronous, starting on June 22nd and extending until December 4th, 2020, the date on which all students completed the last internship. All this reprogramming had implications for students and for the teachers who were forced to maintain their activity even during the vacation period. ***The students, although desirous of continuing and harming their training path as little as possible, were exhausted by simultaneously being nurses directly involved in the fight against the pandemic.***

But the implications of this pandemic were not only verified in terms of the implementation of internships, but also in the development of the Dissertation / Project Work / Internship of a Professional Nature of students in the second year of the course, either because of the difficulty in reconciling the activity professional, but also because of the difficulties inherent in collecting data in clinical contexts.

In accordance with guidelines issued for Higher Education, the Presidency of the IPVC, exceptionally, authorised the suspension of the deadline for delivery of the final work and the respective payment of tuition fees, however, we consider that overall, the course activities developed in a very positive way. This was due to a large extent, to the active involvement, availability, and commitment of the various actors, highlighting the role of the nursing directorates, training departments in articulation with those responsible for nursing from different contexts, who did everything to make these training paths possible.

The coordination of the course, in articulation with the teachers responsible for the internships and in a logic of institutional culture of proximity and the continuous concern with the quality of teaching, sought to maintain regular contact with each of the students (via zoom), individually organising the period of phase. It was the conciliation of these synergies, the resilience and the students' motivation that allowed the first year of the course to be successfully concluded and all students are currently attending the second year.

”

The students, although desirous of continuing and harming their training path as little as possible, were exhausted by simultaneously being nurses directly involved in the fight against the pandemic.

Stories from Malta

Noel Abela

The following testimony is based on my experience as a Nurse Specialist in Infection Prevention and Control at Mater Dei Hospital, Malta. The covid-19 pandemic has caused numerous challenges amongst the nurses including myself and colleagues at work.

During the pandemic, I and my colleagues were heavily involved in the drafting of Infection Control policies, training in donning and doffing of PPE's, adjudication of PPE's, receiving endless calls during office hours and even after office hours, training on how to dilute and administer the Covid vaccine, contact tracing of positive HCW's and patients including exposed contacts.

I have been working long hours sometimes 14 hrs shifts and every 2 days I was on-call on a 24hrs basis. This resulted in lack of sleep leading to burnout and not coping with the workload at times. It has also affected my family, as we could not plan to go out for a picnic, for a walk, etc.

To make the matters worse I ended up in quarantine for a whole month, which was quite challenging staying inside without going out for a walk etc. Since we had a shortage of staff, within our department I continued to work from home doing contact tracing and taking calls from HCW's that needed advice.

When speaking to my colleagues the nurses working on the wards, are also experiencing exhaustion and burnout due to the continuous pressure trying to cope with the high demand of Covid positive patients and also because of the shortage of nurses ending up in quarantine.

I believe that if we want to reduce the number of nurses leaving their profession because of burnout we need to find solutions not only financial benefits but most importantly how to prevent burnout. One solution could be the sabbatical leave. The duration of the sabbatical leave could be weeks, months, or a whole year; it depends on the severity of the case.

On a positive note, as a department, we had the continuous support of a psychologist. The support consisted of online meetings together and one-to-one meetings including team building.

About ESNO

What we do

ESNO promotes and represents the interests of Specialist Nurses in Europe. Through collaboration with stakeholder organisations and utilising advanced science, we pursue recognition under the Directive of Professional Qualification. We contribute to effective co-operation between health professionals, organisations, institutes and agencies, thus setting professional standards for education and continuing development.

How we work

ESNO implements long term strategies and policies to cohesively advance professional development and health projects in Europe. We achieve this through consultation with member colleagues and management associates. Through this co-operation we participate in a number of European Union institutions, forums and platforms, often with our partners in the health workforce.

Our network

Our network consists of a large variety of nursing field specialisations, such as clinical work, research, education, leadership and standardisation in hospitals, community and universities. We, and our colleagues, consult and co-operate with healthcare professionals, such as medical practitioners, pharmacists, occupational therapists, management and nursing associations in Europe and globally.



EUROPEAN PATIENT SAFETY FOUNDATION²³

Empowering People for Safety in Health Care. 'Preventable errors constitute one of the major intolerable drains in healthcare systems.' The European Patient Safety Foundation constitutes a neutral knowledge and best practices exchange platform for innovative, meaningful, sustainable and replicable solutions for Patient Safety improvement.

SURGICAL SMOKE ALLIANCE: A pan-European initiative bringing together different stakeholder organisations who are concerned by the issue of surgical smoke and the hazards it poses to those exposed.²⁴

NCD ACADEMY: NCD Alliance is uniquely placed to drive the NCD agenda forward. We are a recognised global thought leader on NCD policy and practice, a convener of the civil society movement, a partner to governments and UN agencies, and an advocate for people at risk of or living with NCDs. We have an

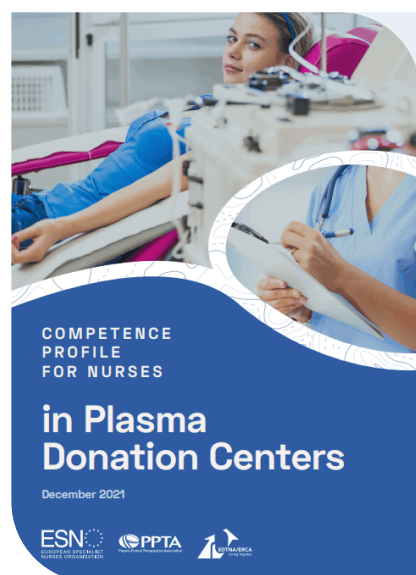
²³ <https://www.eupsf.org/>

²⁴ <https://surgicalsmokecoalition.com/>

impressive track record, but we also have the vision, the expertise and the solutions to drive change from the global to the local for the millions of people with NCDs worldwide.²⁵

CONNECTING NURSES: Connecting Nurses is an international project that was created for the nursing community to provide professional resources for its members around the world.²⁶

ESNO Publications



COMPETENCE PROFILE FOR NURSES IN PLASMA DONATION CENTRES

This competence profile has been designed to evolve over time. It is based on the current specific needs of plasma collection centers in Europe with regard to their operations. There is an urgency to create a competence profile for nurses in plasma collection centers so that nurses can not only provide greater support to physicians but also perform specific tasks when needed. The profile as described meets the essential aspects for nurses' competence to act according to minimum standards.



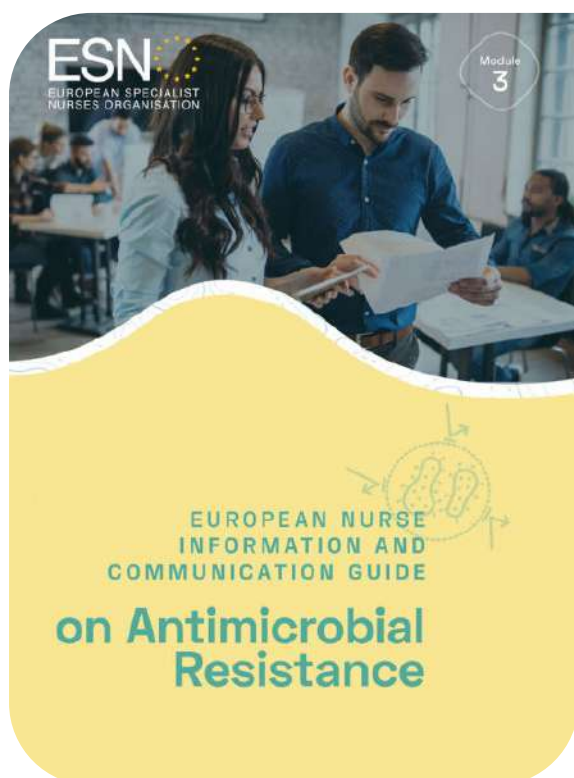
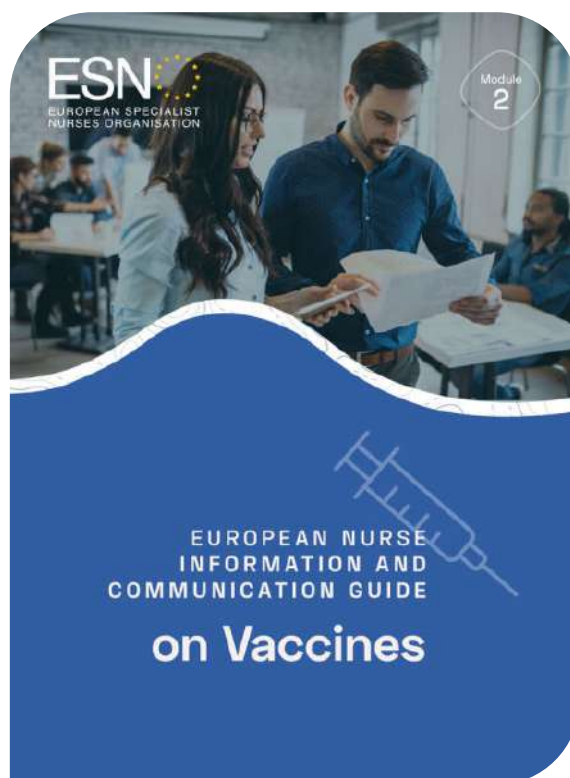
SURGICAL SMOKE GUIDE FOR NURSES

The health and safety of nurses and other health professionals is supported and protected at work by employers, institutions and European legislation and regulations. Health and safety protection covers a range of areas, such as violence, mental health, sharps, chemicals, toxic medications such as cancer drugs, and surgical smoke. 'Hazardous surgical smoke: Nurses' Information, Education and Communication Guide' is the first of a series of eight guides to safety at work. This guide provides information for nurses on the full impact of surgical smoke, with a particular focus on nurses and other healthcare professionals working in the operating room.

²⁵ <https://ncdalliance.org/>

²⁶ <https://www.connecting-nurses.com/>

ESNO developed a Nurses Information and Communication Guides on Microbes published in 2021. The guides provide information and support optimal communication around topics such as vaccination, anti-microbial resistance and infection prevention and control.



ESNO Surveys



'ABOUT THE SURVEY ON NURSES AND VACCINATION'

During this unprecedented year in relation to the Coronavirus pandemic, our attention has focused on viral and other infectious diseases, and especially on vaccination.

On top of this, there is also concern about nurses' personal uptake of the influenza vaccination 'with opinions being expressed without having heard the nurse's voice'. ESN is a strong advocate and promoter of nursing knowledge and competencies related to infectious disease transmission and vaccination, but we are also interested in whether this contributes to your personal decision on vaccination uptake. In this survey we learned about personal motivation related to influenza vaccination and, when available, the Coronavirus vaccination, and how this relates to specialist nurses' professional activity and training needs.

Ongoing survey related to the roles and position on specialist nurses and health themes.

During the campaign, a series of surveys will be published on all kind of subjects. See the website for past, current and scheduled surveys.²⁷

In schedule Q2 2022:

Date: 25 April 2022 - Vaccination ESN Follow-up Study: 'Nursing and Vaccination: uptake, roles, education, and responsibilities. This survey will be translated into eight languages.²⁸

DATE: TBC - Medication Errors In overall clinical practice, too many medication errors occur, which has an impact on patients and nurses, often because of avoidable complex systems or other reasons. This survey wishes to learn about the underlying dynamics in order to collect data and provide policy recommendations.

DATE: TBC - Cannabinoid Medication Over the past decade, more cannabinoid medication is entering health systems. There is a lot of misinformation and significant gaps in knowledge. In this survey we wish to learn about the knowledge and education gaps, to enable us to initiate activities in this field.

²⁷ <https://fonse.eu/blog/surveys/>

²⁸ https://fonse.eu/wp-content/uploads/2021/05/esno_vaccination_survey_2020-final-version_12-may_2020.pdf

ESNO Events

ESNO Congress

DATE
8 - 9
June 2023

VENUE
In the heart
of Brussels

Save the date and meet the specialist nurses community in its full spectrum, and learn about their innovations and contributions to European healthcare. All members will participate, with contributions from associates. At this event, European nurses will finally meet in the heart of Brussels. Nurses were champions during the COVID pandemic, showing such resilience and they have so many

stories to share. It will be nurses who are both VIPs, and also the people behind the scenes, making systems work and facilitating our full recovery program. We'll achieve great things with a strong collaborative approach where new alliances, friends and innovations are shaped. Save the date and become engaged with specialist nursing. In the congress we will meet the nurses and specialist nurses who remain and did not leave their job despite all the difficulties associated with the last two years, recovered and rose above their previous abilities by using the instrument of 'nursing itself'.

Follow us at www.esno-congress.eu and contact the ESNO office for more information.

ESNO Webinars

For our series of webinars and events, see our website.²⁹ The webinars are in collaboration with ESNO members and Associates.

12 May, International Nursing Day

1 June webinar CAUTI

Goal: Share knowledge on infection tract prevention in catheterisation, proper indications on use of indwelling catheters, and placement and maintenance of indwelling catheters. Engage to learn about the prevention of urinary infections in patients with indwelling catheters who are hospitalised, learn about proper indications for indwelling catheters, and learn about hygienic maintenance of indwelling catheters.

Sponsoring Organizations



"We are extremely grateful for the support of our sponsors, who are fully committed to helping our organisation and our activities. Together, we make a significant contribution to improving European health provision. With the help of our sponsors, ESNO can continue to fulfil its mission of supporting high quality health care programs"

<https://www.esno.org/page13.html>

²⁹ <https://fonse.eu/blog/project-webinars/>

ESNO members

EDTNA/ERCA	European Dialysis and Transplant Nurses Association / European Renal Care Association
EfCCNa	European federation of Critical Care Nursing associations
ENDA	European Nurse Directors Association
EORNA	European Operating Room Nurses Association
FEND	Foundation of European Nurses in Diabetes
IFNA	International Federation of Nurse Anaesthetists
EAUN	European Association of Urology Nurses
ESGENA	European Society of Gastroenterology and Endoscopy Nurses and Associate
EULAR	European League Against Rheumatism / Nurses section
EuSEN	European Society for Emergency Nursing
ACOVENE	Royal College of Veterinary Surgeons
EWMA	European Wound Management Association
IntNSA	International Nurses Society on Addictions Europe
ACENDIO	Nurse Diagnostics, Interventions and Outcomes (candidate)

Organisational Associates

GORNA	Greek Operating Room Nurses Association
AEEMC	Specialist Nurses in Medical Surgical Nursing Portugal
ANIPIO	National Society Infection Control Nurses Italy
PTPAIO	Polish Society of Anaesthesiology and Intensive Care Nurses
GORNA	Greek Operating Room Nurses Association
AEEMC	Specialist Nurses in Medical Surgical Nursing Portugal
NVAM	Association Professional in Anesthesia Netherlands
AICO	Italian Association Operation Room Nurses
PANAXEA	Health Science institute on innovations
CNSARICT	Croatian Nursing Society of Anesthesia, Reanimation, Intensive Care and Transfusion
CNNF	Croatian National Nursing Federation
AIIAO	Italian Association of Cancer Nurses

Individual Associates

56 Specialist Nurses from Europe and the Globe



Become the ESNO with your personal 'ESNO Associate Status'

As an 'ESNO Associate', you join many nurses from all kinds of specialities and health domains from Europe and beyond. You are not only an associate but also connected to the wider Specialist nurses' community. With your engagement you support the mission and goals of ESNO and contribute to the wide range of activities.

<https://www.esno.org/members.html>

Advertisement possibilities

This programme offers opportunities for advertisement on campaign related subjects, programs and projects. Contact the ESNO office for more information.

This document is created in memory of all the nurses who died during the 2020 COVID-19 crisis.

The European Specialist Nurses Organisation (ESNO) is a non-profit organisation. The goal of the campaign is to provide and facilitate 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 nursing organisations.

Our manifesto and its key messages have been developed in a consultative process together with our twenty member organisations and associates. We would like to express our special thanks to our membership for their support and dedication to this work.

Please visit <https://www.esno.org/members.html> for a full list of all ESNO members and associates.

We also thank the sponsors, who were not involved in developing the content but whose financial support made it possible.

You can find out how ESNO works with its sponsors, including our ethical guidelines and full transparency of our financial information, on our website: https://www.esno.org/assets/files/Mission-Code_of_Conduct.pdf

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Notes

Handwriting practice lines consisting of 18 horizontal dotted lines.

Our collaborative alliances





FIND MORE INFORMATION ON **WWW.ESNO.ORG**



*THIS GUIDE IS FOR EDUCATIONAL MATERIAL
AND FOR TEACHING PURPOSES.*

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