

Nursing Education - From Vision to Action in Changing World

Carol Hall, Sheila Cunningham and Anneyce Knight reflect on nursing education and some exciting new innovations following participation in the 2018 FINE nursing education conference.

Introduction

There is consensus that there are shared contemporary issues within nursing and nurse education which require collective consideration and on occasion shared solutions. Nonetheless, in the complex world in which we live, taking time to reflect on our work can become lost in the need to meet many competing demands. A conference can be expensive and time consuming, and as time pressures and deadlines loom risk becoming a short trip to present a paper rather than fuller engagement. With this in mind, we offer perspectives on our learning from The Federation of European Nurse Educators (FINE) 11th International FINE Conference in Malta (21-23 February 2018) and some opportunities and challenges facing nursing education today.

FINE is a membership organisation which, since its inception in 1994, has facilitated knowledge exchange and discussion around contemporary challenges in nursing education. Attendees came from 22 nations and 5 continents to share best practice and educational research innovation. This paper offers insight into key themes that emerged from the conference and the opportunities innovations and challenges facing nursing education today. We include examples of papers debating these themes. In conclusion, we reflect on our experiences and offer benefits of global in networking nursing education.

Key themes

Recruitment and retention and resilience; Mobility and migration and changing populations; Enhancing Clinical Learning, Ethical and transcultural care; Scholarship and leadership of nursing and nursing education,

Issues in recruiting and retaining global nursing professionals

The '*Vision to action in a changing world*' theme of the FINE Conference recognised challenges and opportunities relating to professional mobility and population migration. Unsurprisingly, while we noted the specifically British situation relating to recruitment of EU nurses in light of the referendum and impending Brexit, many countries with members present at the FINE conference in Malta had their own stories to tell, many around shortages of nurses and others about changing healthcare needs requiring specific types of nurses, including those with specialist and advanced practice. Depares (2018) highlighted the need to foster humanly

sensitive care beyond borders and benefits in recognizing potential skills and expertise of incoming migrants. Her presentation was framed particularly within Malta, where migration and mobility of populations present specific national workforce issues for healthcare, but offered messages for all. Overseas nursing programmes currently exist in many countries but supporting development in a country of high incoming migration and seasonal mobility offered new contexts for thinking about global workforce and humanistic and egalitarian integration.

Nursing is also a stressful profession, and resilience, alongside adaptive skill, is important for flourishing. Two notable presentations debated topics brought together through the networking of the audience. Galea (2018) discussed the issue of stress and the ultimate expression of that: burnout as a key issue in Malta, while Benbow (2018) pointed out that embedding of resilience education may positively influence the well-being of nurses. In this simple example, Galia (Malta) identified issues, while Benbow (UK) offered solutions. The conference delegates enabled combination and extension of knowledge exchange through their critical reflections and contributory expertise – How can these ideas be combined? What could Maltese resilience education look like? How would this translate into a different cultural setting with many different populations? Continuously, we were reminded that networking across cultures and the capacity to have rich and varied insights into common issues offers new and innovative tools to create solutions.

Enhancing clinical learning

In Europe, preparation of nurses for nursing as registered practitioners is similar across member states through the application of the Sectoral Directive (EC/36/2005 amendment EU/55/2013) as a minimum benchmark. However, there are differences in the application of technical skills and the changing position of nurses within healthcare teams to meet local need and support technological advance, as well as the level of study undertaken (diploma, degree or both). Understanding changes in education and the expectations of nursing across Europe goes beyond short discussion, but sharing innovations in pedagogic practice is helpful. Two Finnish projects at FINE 2018 highlighted contemporary practice education innovations. Hämäläinen (2018) presented a unique collaboration with local Emergency Care Services: Fire department, Gulf of Finland Coast Guard, South-Eastern Finland Police department and volunteer organizations. The project extended simulated and inter-professional working and learning opportunities. In a separate study, Kauronene (2018) explored nursing in remote areas in Finland which lack equity of healthcare services offering a movable nurse consulting service in the countryside. The nursing model, including remote visits and use of associated technology required an evolving skill set for learners and dynamic challenges for educators and practitioners. The projects offered exciting possibilities for new pedagogies in the future and insight into contemporary practice development.

The issue of clinical learning environment and quality monitoring also emerged. While quality assurance of clinical learning environments is well established as a prospective approach in the UK (Nursing and Midwifery Council, NMC, 2008),

documentation and process for educational evaluation audit of clinical learning environments varies between universities. In Europe, there is emphasis on retrospective measurement through the widely validated Clinical Learning and Supervision Instruments CLES and CLES + T (teaching) evaluation tools (Saarikoski et al; 2008). Higgins, Hall and Cunningham (2018) presented HEALINT, a new co-operation between the UK, Spain, Malta, Finland and Poland determining a pan-European quality audit process for clinical learning environments, to facilitate quality and reduce the frequency that student placements require auditing by different universities.

Enhancing Transcultural Nursing Education

Learning about transcultural care is critical for healthcare students. 'The health@world project' in Belgium (Decock, 2018) combined learning through practical exposure to different nationalities and cultures to practise skills and share nursing issues, while the TRaNSCoCoN project (Brown et al 2018) included culturally focussed Re-usable Learning Objects (RLO's) where nurses across five European countries (Belgium, Germany, Ireland Portugal and the UK) explore an aspect of nursing with illumination from their own perspectives, to show students how care may be different in different cultures. Luukkainen and Eramaa (2018) offered a 5 year project to develop and implement an undergraduate transatlantic double degree in Nursing between 3 EU countries (Finland, Northern Ireland, Hungary) and the USA. 26 students completed the programme and enhanced their opportunities in the global, multicultural labour market. This project also looked at merging disciplines (nursing, physiotherapy, podiatry), which potentially has implications for professional recognition across nations. We reflected on the critical need for students to review nursing practice from different perspectives, to promote a greater understanding of the profession and of patients across the world. These projects demonstrated vitality and energy which has now been the case over a number of years. We eagerly await some evaluation of the impact of these and their publications over time.

The scholarship of nursing: generating and using evidence

The World Health Organisation (WHO) asserts that quality health-care services require advanced clinical decision-making and the best available evidence to improve quality in health care (Jylhä et al 2017). Nurse educators have a responsibility to ensure evidence underpins person-centred care and informs both teaching and the decisions they make as nurses wherever they work. Evidence must be disseminated across Europe and globally where common health issues cross borders. Contemporary solutions proposed at FINE 2018 included the development of short impact scenarios to identify the impact of nursing research; the application of new technologies to make research evidence available to nurses in short 'bite-size' learning that they can easily use in practice, and the increasing development of robust evidence based guidelines published and available for clinical practice and to share. For example, Bonneze et al, (2018) presented an innovative

Geriatric Early Warning Instrument to identify deteriorating health in older people in nursing homes preventing hospitalisation. This tool, which is being developed to be transferable to nursing homes worldwide could enhance the quality of life of older people and reduce the cost. Embracing technology and e-health also led to innovation, such as Amahdar et al.'s (2018) smartphone application to improve maternal and infant health outcomes in Morocco and Chover-Sierra and Martinez-Sabater (2018) social networks use of social networks to explore Spanish nurses' level of knowledge about palliative care.

Reflection

Implementing contemporary evidence-based practice requires nurses and midwives to develop strong and effective transformational leadership to implement new and innovative ways of working. We need to network globally, and lead collaborations to understand and address the many common issues faced, including changes in population health, advancing technologies, the movement of peoples and the availability of our most precious resource – healthcare workforce. We must work together more than ever to provide professionals fit for the provision of global healthcare solutions and have confidence to both evaluate and disseminate findings critically. Vitally, nurses need commitment to challenge clinical practice, as well as the ability to empower others to develop their evidence-based practice and inform health policy.

We observed from FINE 2018 that our issues are not different, but national and local nuances are, and these can be our biggest asset in offering essential and sometimes individualistic lenses through which the profession can be viewed. We were intrigued that so many of the projects or problems we observed appeared universally similar, while resolutions and innovations were at times quite different. Participation in the conference, through the sessions and discussions prompted questions and greater insight into seemingly common problems that we face and challenged our expectations. We considered our own contexts differently and found ourselves energised with new and refreshing resources for future working. The energy and rigour shown by nurse educators meeting together clearly created the first shoots of innovative solutions to common knotty problems with few evident answers and we look forward to future projects.

FINE 2018 conference offered us so much more than the moment. Opportunities to debate with international experts in the field, combine best practice and create new networks for future collaboration can sustain and should be cherished. With careful management and considered reflection, these precious times in our calendars are excellent for enhancing dynamic momentum in global nursing education.

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All abstracts are available on the Post conference website https://www.fine-europe.eu/?page_id=275&lang=en

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