



EUROPEAN RESEARCH NURSING FOUNDATION

REPORT

**ENRF NATIONAL
REFERENCE POINTS'
VIEWS ON ENRF**

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Summary Report

1. Background

Founded by the [European Federation of Nurses Associations](#) (EFN) in May 2013, the European Nursing Research Foundation (ENRF), is aiming at making the bridge between evidence and policy-making process and act as a contact point for EU policy-makers and politicians, and analysing and compiling what already exists in terms of nursing research in the EU Member States, in order to convert existing data into evidence-based advocacy for the EU policy-making process.

The Foundation should have the ambition to become a reference point and identifiable value in nursing research, translating knowledge into health policy with the ultimate objective to improve our knowledge base when reforming national healthcare systems, and to become the scientific foundation to enhance the EU health policy agenda.

As such, the ENRF, together with EFN, has been closely monitoring the developments of Horizon 2020 – crucial for creating an evidence base for nursing research. With this goes automatically the sustainability of the Foundation, and we all know you need to invest first before the EU projects reach the ENRF. Time and Trust are both ingredients that lead to success.

Having as mission to mapping, bringing together existing nursing research findings on specific topics of relevance to EU policy debates, as an element of professional excellence to benefit the health of the population in the EU & Europe and to use this nursing research to influence EU policies and as such promote evidence-based decision-making, there is a need to strengthen the Foundation and the reference points capacity to be linked closer to the EU institutions, EU Funding programmes.

This capacity can be boosted by building up a network of national reference networks, as nominated by the EFN members. We learned out of the past: do not create a second WENR! The ENRF objective is therefore to analyse & compile what already exists in terms of nursing research in the EU Member States, in order to convert existing knowledge into evidence-based advocacy for the EU policy-making process. The ENRF reference points are key to achieve this goal.

Furthermore, the aim of the Foundation is to foster the dialogue between researchers, practitioners and policy-makers/politicians, in order to build a common research capacity for the implementation of the Horizon 2020 (and Horizon Europe) by providing concrete solutions for reformed health and social care systems with a highly skilled, motivated and qualified nursing care workforce, as set out in

the EFN Strategic and Operational Lobby Plan (SOLP). It is, therefore, important to establish links with various national reference points, nominated by the EFN member across Europe, which will enable the ENRF to have a direct link to national nursing researchers and other academics in the field of nursing.

The collaboration gives benefits to both parties, giving the ENRF a link to all EU Members States strengthening the ENRF capacity to support EFN EU policy work. In the same way, the national reference point would get more visibility at a European level and as such would increase its research potential to respond to the main health issues in Europe. The National Reference Points would also have opportunities to collaborate on research bids with colleagues across Europe, as such the ENRF becomes a facilitator for research, not a competitor.

The ENRF and its reference points create a win-win-win, triple win situation, leading to excellence, impact and quality outcomes.

2. The questionnaire

After three years from its establishment, the ENRF BoD decided to develop a questionnaire to its National Reference Points to evaluate its capacity and collect data on their views for improvements.

Mapping the ENRF National Reference Points and identifying what the topics of their interest, linked to ENRF priorities & the European Commission research and innovation agenda is a top priority to evaluate and develop further the nursing research capacity in the EU.

Consisting of seven questions, the survey solicited responses on the main areas of work/research of each National Reference Points; and their opinion on the ENRF role to serve the nursing research community in Europe. Qualitative comments were coded thematically and summarised under broad categories following standards procedures.

Amalgamated data from the questionnaire questions are presented and discussed in the following section, teasing out key recommendations for future ENRF work, arising from the National Reference Points' responses.

3. Results

3.1. Response rate

The questionnaire achieved a response rate of 64%, with 20 out of 31 ENRF National Reference Points responding to the call within the timeframe. Responses from the following countries are represented in this report: Cyprus, Croatia, Romania, Iceland, Bulgaria, Malta, Estonia, The Netherlands, Hungary, Lithuania, Czech Republic, Spain, Finland, Latvia, Slovenia. With some cases of multiple National Reference Points submitting data from one country.

3.2. Response to the questionnaire

Question 1: What is your place of work?

This first question invited the National Reference Points to provide input regarding their place of work. The respondents had four options of choice: University, Hospital, Community Health Setting, Other. The analysis revealed that most of the National Reference Points are working in a University (16/18), which is quite helpful to develop the ENRF. Two respondents are working in a Hospital (one part-time) and none of the reference points is involved in a Community Health Setting. Eight National Reference Points identified “Other” as option, whose working settings include: national nursing research foundation and institute for nursing research; national chamber for healthcare professionals; private practice; union; nursing and midwifery students’ training centre; national institute of public health; and national academy of medical science. The expertise of the reference points is broad.

Question 2: What areas of work are you involved in? (Please place an estimated percentage of time involved in each area)

The second question aimed to identify the working fields topics in which the National Reference Points are mainly involved. As for the first question, also in this case the respondents could select the answer among five options: research relevant to nursing; nursing education; clinical practice; nursing administration; and nursing advocacy.

Based on the responses collected, it emerges that all the respondents are involved in **research relevant to nursing**, although with a different degree of participation: on average, the respondents spend 39% of their working time on this activity. This is quite helpful to collect, map existing nursing research findings and use it to inform EU policy development.

The second most practice field is **nursing education**, that features the involvement of 19/20 respondents, and covers, on average, 37% of the National Reference Points working time. Nursing education policies at EU level have been a top political priority, as such, the reference points experience is extremely helpful to develop evidence-based education policies at EU level, especially when developing further the Directive 55/2013/EU and its annexes.

In addition, it is possible to observe that eight National Reference Points are involved in **clinical practice activities** (with an average of 18% of their time), eight National Reference Points are involved in **nursing administration** (with an average of 19% of their time), and seven National Reference Points are involved in **nursing advocacy** (with an average of 11% of their time). These fields of experience can be helpful for the ENRF to connect with EU institutions.

Finally, the respondents could also identify other areas of work besides the themes identified in the questionnaire. From their answers, it emerged that other fields of work in which the National Reference Points are involved are: **patient safety; administration; management, professional representation and regulatory body; trade union; expert work.**

Question 3: What are the main research areas of your research unit/research group?

The National Reference Points responding to this question gave an overview of the main research areas they work on, by identifying the five most relevant topics.

The most common research area among the National Reference Points is **nursing education**. In particular, thirteen respondents who identified nursing education as one of the main research areas, focussing on specific areas of nursing education such as clinical learning, nurses' competencies, mentorship and supervision in nursing, CPD, quality of nursing education, cultural competence of nurses and students, spiritual care and education, midwifery education and practice, interprofessional learning, ANP, new technologies and methodologies. This expertise can be extremely helpful to the ENRF in supporting EFN co-designing EU policies within DG Grow, responsible for mutual recognition of professional qualifications and DG Sante work on CPD.

Another research topic seven respondents have in common research related to **patient safety and health promotion**. Those National Reference Points working in this research field focus on patient safety, infections associated to healthcare, nursing care quality, patient and professional safety, nurses' non-technical skills as a safety component of work, and health promotion. Nursing research

mapping from these National Reference Points can be important to inform the EU policy and research agenda in the coming years.

Seven respondents included in their main research areas the **nursing working environment**, paying particular attention to stress at work in nursing, safe and positive environments for nursing practice, workload analysis, nurse-patient ratio, nurses professional life quality, impact of organisational climate on nurses' stress, self-esteem and intent to stay in the profession, violence at nursing workplace, burnout syndrome and work organisation factors. All research topics can be valuable at EU level.

Furthermore, **chronic conditions** have been identified as a research area by two respondents, focusing on developing nursing practice for chronically ill adults, complex intervention for chronically ill adults, self-management for chronically ill, and quality of life of patients' chronic diseases (elderly care).

Many **other research areas** have been reported by the National Reference Points, such as: caring behaviours and individualised care; mental health; the burden of family care in patients with dementia; patient and family orientation in nursing; occupational health of nurses; ergonomic in nursing; care of surgical patients (pain, recovery, anxiety, depression, quality of life, palliative care nursing); perinatal care; women's health – mostly menstrual related health; behavioural health determinants; nursing and midwifery practice; ethics of nurse practice; knowledge, attitudes and practices of pregnant women; research on healthcare specialists-lab technicians, MDTs; innovations in healthcare; professional identity nursing; elderly and long-term care; tasks shifting, new functions; collaboration; effective and human-centred nursing; nursing sensitive outcomes; youth studies; nursing migration and demographics; evidence based practice in nursing and health care sciences; transcultural nursing; regulation of the professional practice and certification/recertification and accreditation; healthcare management; and nursing prescription. This wide range of research expertise could be linked up with the networking support of the ENRF.

Question 4: Would you be interested in getting to know other ENRF reference points?

The fourth question inquired whether the respondents would be interested in getting in contact with other National Reference Points. The majority of the answers received registered a positive feedback, mostly motivated by the interest in expanding the network and cooperate in international research. In particular, the respondents highlighted their interest to exchange views, experience and to collaborate in research projects, and to keep updated with nursing trends and getting to know international innovations and guidelines and adopt them into their national development.

Question 5: Do you have any suggestions on how ENRF can help to serve the nursing research community in Europe?

This part of the survey aimed to investigate how the ENRF could come closer to the National Reference Points. In particular, the comments received gather suggestions on how the ENRF can help to serve the nursing research community in Europe.

The suggestions for the future work of the ENRF mainly concerned the ENRF coordinating role in fostering mutual collaboration. Comments suggest the ENRF facilitating networking opportunities, allowing people to meet and discuss their research, and contribute to disseminate research and best practices.

Additionally, the ENRF is seen as a key stakeholder to foster advocacy and support for strengthening nursing research in Europe. Some comments received from the National Reference Points highlighted that the ENRF could support nursing research in Europe by: e.g. establishing an online data base on specific nursing research topics (repository); getting access to key research findings for all the researchers as perceived as a challenge in some EU countries; outlining priority areas in nursing.

In particular, many comments received highlighted the ENRF potential role in facilitating research funding and the development of research collaboration with focus on nursing practice i.e., real clinical focus, internationally in Europe.

In line with these findings, the reference points would like ENRF to further promote nursing research funding, share information on research grant calls on research priorities in Europe and to help with networking where appropriate.

Other comments stressed the help received by the ENRF in sharing important information on Horizon 2020 open calls. Also, the summarising overview about the work of the European Commission in developing its proposal for the long-term EU budget was considered very useful.

Question 6: Is there anything else you think is important to say?

Finally, respondents have been given the opportunity to provide additional comments on any other topic they would consider important to discuss. The inputs that have been provided raised attention on the following matters:

- In nursing education, it is important to involve subjects not only related to the patients' care but also how to preserve nurses own health, physically and psychologically;

- The Foundation could also set up data base for innovative nursing practice;
- The importance to unite researchers of nursing discipline;
- More collaborative grants and projects are needed. The ENRF plays a central role for information sharing, networking and advising consortium building.

4. Conclusion

The analysis of the National Reference Points' responses to the survey questions revealed significant areas for the ENRF attention in developing its future activities. The value of the ENRF as central reference for the nursing research in Europe is widely recognised among its National Reference Points. Respondents jointly called for more action at EU level to boost nursing research, as such, coordinated action is needed to ensure the nursing research acts with a united voice in Europe to advocate for the need of nursing research funding opportunities. In order to develop the 'united voice for nursing research' and to strengthen the relation with EU Institutions, it is key EFN members appoint more reference points in their country. Furthermore, the ENRF can facilitate networking between ENRF reference points and potential upcoming EU project consortia.

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