



EU accession: A policy window opportunity for nursing?



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ABSTRACT

European enlargement has been studied in a wide range of policy areas within and beyond health. Yet the impact of EU enlargement upon one of the largest health professions, nursing, has been largely neglected. This paper aims to explore nurse leadership using a comparative case study method in two former Communist countries, Romania and Croatia. Specifically, it considers the extent to which engagement in the EU accession policy-making process provided a policy window for the leaders to formulate and implement a professional agenda while negotiating EU accession.

Findings of qualitative interviews and documentary analysis indicate that the mechanisms used to facilitate the accession process were not successful in achieving compliance with the education standards in the Community Acquis, as highlighted in the criteria on the mutual recognition of professional qualifications set out in Directive 2005/36/EC. EU accession capacity building and accession funds were not deployed efficiently to upgrade Romanian and Croatian nursing education towards meeting EU standards. Conflicting views on accession held by the various nursing stakeholders (nursing regulator, nursing union, governmental chief nurse and the professional association) inhibited the setting of a common policy agenda to achieve compliance with EU standards. The study findings suggest a need to critically review EU accession mechanisms and better align leadership at all governance levels.

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1. Introduction

While European enlargement has been studied in a wide range of policy areas, the impact of EU enlargement upon one of the largest health professions, nursing, has been largely neglected [13]. The present study considers the extent to which engagement in the EU accession policy-making process can provide a policy window for key nursing stakeholders (the leaders of the professional

organisation, the nursing union, regulator and governmental chief nurse) to formulate and implement a professional agenda while negotiating EU accession.

The European Union (EU) accession process consists of negotiations between national government and the European Commission with the aim of aligning national legislation with the *Community Acquis*, which encompasses accumulated legislation, legal acts, and court decisions constituting the body of EU law [15]. The Acquis comprises 35 chapters reflecting the broad sectors of EU responsibility; key among these is Chapter 3, the free movement of people and services. This chapter refers to legislation and case-law

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concerning the free movement of professions based on the mutual recognition of professional qualifications, including the education of “nurses responsible for general care” (Directive 2005/36/EC¹ (hereinafter: the Directive)).

Compliance with the requirements outlined in the Directive 2005/36/EU is a condition for the free movement of nurses within the EU and training programs have to adapt to the requirements of the Directive for all newly trained nurses. The way in which the EU accession negotiations relate to qualifications of health professionals can be instrumental in advancing nursing as a profession. The Directive aims to ensure that nurses who want to make use of their rights to free movement are trained according to EU standards. In this way, the Directive is a tool designed to create an internal market and growth in the EU and to boost employability of a skilled workforce. The study therefore focusses on stakeholders using EU accession as a potential policy window to further their own agenda and goals in the domestic arena.

The study draws on Sedelmeier’s [38] conceptualisation of Europeanisation by including the dynamics of pre-accession and analysing how durable and distinctive the patterns of candidate EU accession countries are [7,6,21,36,11]. Most scholars define Europeanisation as the ‘domestic impact of Europe and the EU’ in the sense that EU members and non-members adapt and change domestic institutions in response to EU rules and regulations [8,22]. Europeanisation refers to, first, the development of European level structures of governance, second, processes and mechanisms by which European level decisions and institutions influence domestic decisions and institutions, and third, the effect of the EU and other European institutions on member states ([8], p.484–486). With regards to candidate countries Europeanisation and the EU’s attempt to influence domestic adjustment prior to accession, Sedelmeier [38] posits that the important question is of durability of both the adjustment patterns and the EU’s pre-accession influence. It is believed that reassessing some of conceptual insights as well as the analysis of the effectiveness of the mechanisms used to process enlargement, can provide new knowledge on the process of Europeanisation [38]. In this way, this study aims to contribute to the broadening of the conceptualisation of ‘Europeanisation’ using nursing as an example. Examining the political mechanisms leading to the adoption of the EU Directive in relation to nursing during EU accession sheds some light on the process of Europeanisation in candidate countries. It is suggested that for new members, the period, during which adjustment changes could be designed and implemented, becomes a policy window.

This paper focusses on the compliance of national Romanian and Croatian legislation with the Directive prior to EU accession. Compliance from a nursing perspective implies transposing the minimum requirements of the Directive which relate to: the entry level of general education; a full educational programme of 4600 h; a minimum

one third of the educational programme as theoretical and minimum one half as clinical training on a full-time basis; and the curriculum including at least the study topics as described in Directive Annex 5.2.1. As the nursing profession is one of the most mobile professions in the EU [29], compliance with the Directive is crucial for patient safety and quality of care [13,30].

The compliance policy process for EU membership is supported by the European Commission’s Technical Assistance and Information Exchange (TAIEX) peer reviews and capacity building seminars. TAIEX is the instrument responsible for all technical assistance elements that prepare governments for the application of the *Acquis* [18]. These peer reviews have the main objective of determining whether adequate administrative infrastructure and capacity are in place to ensure full implementation of the *Acquis*. Peer review reports pinpoint areas that require further strengthening. The TAIEX capacity-building seminars are therefore largely demand driven, facilitating the delivery of appropriate, tailor-made expertise to address the shortcomings identified in the TAIEX peer review reports [15]. The capacity building efforts aim at increasing understanding of EU legislation in beneficiary partner administrations, promoting networking amongst participants and facilitating the exchange of best practices and experiences. A second evaluation can take place to measure progress – the peer review reports tend to be an important source of information for the European Commission (hereinafter: the Commission) comprehensive monitoring reports, on the basis of which political leaders from the Commission, the European Council and the European Parliament make informed decisions on progress towards compliance with the *Acquis*.

The study aims to explore nurse leadership engagement with the EU accession policy-making process; and the extent to which EU accession was used as a policy window to advance a professional agenda. The challenges the study sought to address relate to the position of nurses in the policy-making process, compliance with educational standards in the EU and uniting the voice of nursing to set the political agenda that influences the government negotiated outcomes from accession.

1.1. Context: pre-EU accession

An important part of the background to the research informing this paper is how nursing leaders were socialised during the former communist regime. Prior to 1990 both Romania and Croatia were communist states, but they experienced communism differently. Romanian nursing leaders and policy-makers negotiating the *Acquis* had experienced the Ceausescu regime and perceived it as one of the harshest and most nationalistic of the communist dictatorships [3,12,31,24,2]; in contrast, Croatian nursing leaders and policy-makers experienced a more liberal Titoist Communism [14,41].

Unlike other countries in eastern and central Europe towards the end of the 20th century, Romania’s political revolution was violent, ending with the execution of Nicolae and Elena Ceausescu on 25 December 1989 [25]. However, except for the ten-week military confrontation

¹ Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of Professional Qualifications, 2005 O.J L 255,30.2005, pages 22–142.

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