

## A multi-country perspective on nurses' tasks below their skill level: reports from domestically trained nurses and foreign trained nurses from developing countries

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### Background

Several studies have concluded that the use of nurses' time and energy is often not optimized. Given widespread migration of nurses from developing to developed countries, it is important for human resource planning to know whether nursing education in developing countries is associated with more exaggerated patterns of inefficiency.

### Objectives

To describe nurses' reports on tasks below their skill level and to examine the association between nurses' migratory status (domestically trained nurse or foreign trained nurse from a developing country) and reports on these tasks.

### Design

We used a cross-sectional quantitative research design to gather data from 33 731 nurses (62% response rate) in 486 hospitals in Belgium, England, Finland, Germany, Greece, Ireland, The Netherlands, Norway, Poland, Spain, Sweden and Switzerland.

### Methods

Nurse-reported information on migratory status and tasks below their skill level performed during their last shift was used. Random effects models estimated the effect of nurses' migratory status on reports of these tasks.

### Results

832 nurses were trained in a developing country (2.5% of total sample). Across countries, a high proportion of both domestically trained and foreign trained nurses from developing countries reported having performed tasks below their skill level during their last shift. There was a pronounced overall effect of being a foreign trained nurse from a developing country and an increase in reports of tasks below skill level performed during the last shift.

### Conclusion

The findings suggest that there remains much room for improvement to optimize the use of nurses' time and energy. Special attention should be given to raising the professional level of practice of foreign trained nurses from developing countries. Further research is needed to understand the influence of professional practice standards, skill levels of foreign trained nurses from developing countries and values attached to these tasks resulting from previous work experiences in their home countries. This will allow us to better understand the conditions under which foreign trained

nurses from developing countries can optimally contribute to professional nursing practice in developed country contexts.

## Psychosocial factors associated with embryo donation for scientific research in Northern Portugal

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### Background

Innovative public health interventions use embryo research as part of a commitment towards personalized and regenerative medicine. Such research depends on citizens donating embryos. The decision tends to be emotionally and morally challenging. The objective of the present study was to estimate the prevalence of in vitro fertilization (IVF) couples donating embryos for scientific research according to psychosocial characteristics of women and men.

### Methods

Within an ongoing hospital-based study, 184 heterosexual couples were interviewed at Hospital de São João (Porto, Portugal), between August 2011 and June 2012. After blood sample collection that aim to diagnose pregnancy, couples were invited to answer a structured questionnaire administered by trained interviewers and a self-administered questionnaire to gather data on sociodemographics, anxiety (State-Trait Anxiety Scale) and depressive symptoms (Edinburgh Postnatal Depression Scale), perceived social support (The Multidimensional Scale of Perceived Social Support) and quality of couple relationship (The Relationship Questionnaire).

### Results

The majority of couples (84.2%) accepted to donate embryos for scientific research. Catholic were more often in favour of embryo donation for scientific research than non-catholic (men: 90.5% vs 75.0%,  $p=0.049$ ; women: 90.0% vs 68.8%,  $p=0.027$ ). Older women (>35 years) refused to donate their embryos for scientific research more often (92.4% vs 79.3%,  $p=0.023$ ). Compared with men who refused, men who accepted embryo donation to research presented higher trait anxiety levels (median (Q25-Q75), 34 (30.00–38.00) vs median (Q25-Q75), 37.5 (32.50–43.75),  $p=0.038$ ).

### Conclusion

The proportion of IVF couples who accepted to donate embryos for scientific research in northern Portugal was higher than the tendency verified in similar studies carried out in other European countries, such as United Kingdom or Belgium. Men who agreed to donate embryos for scientific research presented higher levels of trait anxiety. Catholic were more willing to donate than non-catholic. It is worth considering this information in the creation of evidence-based guidelines for psychosocial intervention during counseling on the decisions around the fates of frozen embryos.

## D.8. Pro/con workshop: The need for health data vs the protection of personal data

Chairs: Walter Ricciardi, EUPHA and Fabrizio Carinci, Italy

Organiser: EUPHA

Personal data "any information relating to an identified or identifiable natural person" is and should be protected under European data protection legislation. At the core of this is EU Directive 95/46/EC (Data Protection Directive), which serves as the basis for the national Data Protection Acts of all EU

Member States. Its objective is to secure the free flow of personal data within the internal market while ensuring a high level of data protection. Due to their sensitive nature, the processing of health and other sensitive data is in general prohibited (Article 8).

However, the use of such personal data is necessary for adequate and efficient public health monitoring and research.