

## EDITORIAL

Dear Colleagues,

Nurses play a significant role in addressing health problems and long-term care worldwide. What nurses do has changed considerably in recent years in Europe. In the past, nurses worked mainly in hospitals, home care, and nursing homes; nowadays, more and more new nursing services such as palliative care are emerging. Hospitals, palliative care, and ambulatory palliative care services enable dying people to be well cared for in the final stages of life. In Germany and Austria, a new service has been developed, known as “Early Prevention”. Midwives and nurses accompany the families of newborn babies with “social problems” for an extended period of time. This gives nurses and midwives a new role in prevention. Another innovation in Germany and Austria is the development of “Community Health Centers”, which existed in many Central European and Eastern European countries even during communist times. In these centers, nurses work together with other healthcare professionals, and are responsible for primary healthcare and long-term care.

Nursing Care has also changed significantly in hospitals. Care problems have become more complex, prompting changes in nursing care and the nursing process. More and more patients are being treated in ever shorter time in hospitals. The length of hospital stay has shortened dramatically. Treatments are increasingly being carried out on an outpatient basis, and hospital beds in Germany have been reduced by a third. How can we, as nurses, react to these changing requirements? As in other European countries, “Advanced Nurse Practitioners” and “Nurse Specialists” are now being trained at universities in Germany and Austria. This will change nursing as a profession. We hope that nurses will respond competently and professionally to the challenges of our time. For this they need up-to-date knowledge, as published in the journal CEJNM.

This issue of CEJNM is an example of the diversity nurses must respond to. For example, we can read articles on public health nurse services for maternal-child immigrant healthcare; the relationship of quality of life of lung cancer patients and smoking; urinary incontinence; the effectiveness of a gender equality course on undergraduate midwifery students' attitudes toward domestic violence; and an analysis of high risk pregnancies and pharmacotherapy as a case risk factor. All of these articles show how complex nursing is. The complexity of nursing problems is not only the result of medical problems such as lung cancer, but also social issues such as immigrant health or domestic violence.

I am pleased with the articles in this issue and wish all readers an instructive read.

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