[illegible] OF NURSING [illegible]

[illegible]

[illegible] Preliminary list of working papers

[illegible] Scope and purpose

[illegible] Overall agenda

[illegible] International programme

[illegible] Provisional list of participants

NURSING CARE OF PEOPLE WITH AIDS AND THEIR FAMILIES

[illegible] into the [illegible] strategies for an integrated response [illegible] AIDS epidemic. National AIDS [illegible] will be [illegible] at meeting?

A report from the programme on Nursing

WORLD HEALTH ORGANIZATION
Regional Office for Europe
COPENHAGEN

TARGET 4

Reducing disease and disability

By the year 2000, the average number of years that people live free from major disease and disability should be increased by at least 10%.

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NURSING CARE OF PEOPLE WITH AIDS AND THEIR FAMILIES

Report on the First Task Force Meeting

Kiel
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Note

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Introduction

The First Task Force Meeting on Nursing Care of People with AIDS and their Families was convened in Kiel from 3 to 6 May 1989 by the WHO Regional Office for Europe in collaboration with the Institut für Gesundheits-System-Forschung, Kiel.

The Meeting was attended by 15 participants (10 nurses and 5 doctors) from seven European Member States and from the United States. The Regional Officer for Nursing, the Nursing Officer and a short-term professional from the regional programme on AIDS of the WHO Regional Office for Europe, and two members of the global programme on AIDS in WHO headquarters were also present.

Scope and purpose

The overall aim of the Meeting was to develop the elements and priorities of a nursing approach to AIDS for the European Region and to ensure that an information system, models and other aspects needed for a nursing response are developed.

The specific purpose of the Meeting was to identify the major contribution that nursing could make by addressing the issues of AIDS in Europe. The objectives were to:

- learn about the global and regional incidence of AIDS;

- learn about the nursing care available in selected European Member States;

- analyse the current situation and make recommendations on that basis to key priority groups in the Region;

- identify information that needs to be developed in the Region; and

- identify plans for nursing development on AIDS, that need to be addressed during the next biennium.

Discussions

The Task Force heard reports on the regional and global programmes on AIDS, and discussed the mechanism of collaboration between the Task Force, the regional and global programmes on AIDS, and the Nursing unit of the Regional Office. It also made a recommendation to WHO that its work should continue, and sought recognition of the central role that nursing has to play in the care of people with AIDS and their families.

While all those present hoped for an eventual biomedical solution to the problem of AIDS, they recognized that, until this is achieved, those affected by the human immunodeficiency virus (HIV) would need continual nursing care and support.

The Task Force recognized that the emergence of HIV has mobilized funds and resources in many countries that would not otherwise have been available. This has enabled nursing to address issues highlighted by HIV infection that already existed in the health care of many other people, and from which it must learn so as to deliver a higher level of care and support to all people. To achieve this, nurses must communicate and listen to people with HIV infection and those close to them.

The Task Force considered that those issues affecting the nursing care of people with AIDS needed to be addressed by the First Meeting of Government Chief Nursing Officers and Collaborating Centres to be held in Linköping, Sweden, from 18 to 21 October 1989, and also recommended that they be considered for inclusion in the five-year plan for nursing in Europe. Through these mechanisms, the Task Force's work has the potential to have a positive effect on the work of nurses in Europe.

The role of nursing in AIDS in Europe has five major functions: direct care, teaching/learning, research, coordination and counselling. All these functions must be incorporated into any model of care developed for people with AIDS.

One major issue was the desirability of involving nurses in all programmes dealing with AIDS; this involvement should encompass all tiers of nursing from the local level to the ministry level. It was noted that many countries had begun to develop nursing programmes for AIDS.

Frankness, openness and ultimately public dialogue are essential in addressing the issues arising from AIDS. Information systems need to be developed that will enable nurses to fully assume their role in the care of people with AIDS. The Task Force would need the following data to gain a proper European perspective of the situation and the problems that have to be faced: surveillance data for Europe; data on health systems in individual countries; media portrayal of AIDS in individual countries; country policies on AIDS prevention/care; and response of voluntary organizations. A data base with the following elements would be helpful: key nurses involved in AIDS care; care settings; models of care; nursing developments in AIDS care; and current nursing research in AIDS care.

WHO has set 38 targets for health for all in Europe to be achieved by the year 2000. In addition, the following universal imperatives have been identified for nursing care: mortality, morbidity, client functioning, decision-making and decision-taking, and cost. In dealing with AIDS, nursing must take all five imperatives into account.

The merits of specialized versus general care settings, and home care versus hospital care were examined. Such models need to be evaluated in terms of their cost to the health system and their acceptability to the consumer. The Task Force recognized that, in some countries, the incidence of HIV infection is low enough to establish designated care facilities. In other countries, this is not so. National differences must be catered for in the size and response to the problem. The development of nursing coordination roles to ensure quality levels of service to people with AIDS and those close to them was seen as a positive step.

The WHO/International Council of Nurses guidelines were reviewed by the Task Force. These have been distributed by the Nursing unit to all chief nurses, hospitals and primary care groups on the Regional Office nursing mailing list.

Nursing curricula must be strengthened, at basic and postbasic levels, to ensure that all nurses are educated on such AIDS issues as:

- knowledge of transmission;
- protection of self and of others (infection precautions and direct clinical care);
- lifestyle issues for those with AIDS;
- legal issues (dealing with wills, legal status of relationships, insurance and employment);

- counselling for care givers (preventing burn-out, allowing time off, management of stress and bereavement); and

- teaching/learning (epidemiology, attitude change, new terminology/case definition, guidelines for care, the policies and aims of the voluntary sector, government agencies and international agencies).

The role of the Task Force

The Task Force discussed the framework within which it could make recommendations for its work to progress, based on the fact that HIV infection affects the whole lifecycle whether the individual has asymptomatic or symptomatic infection. Care protocols are needed that encompass nursing, care, health promotion and complementary therapies which, in conjunction with medical protocols, offer a continuum of care and support. The following are identified as the target groups within nursing/midwifery to be reached by the Task Force: policy-level nurses; nursing and management; the educators of educators; research nurses and groups; and key practitioner groups (general nurses, midwives, occupational health nurses, school nurses, and nurses of mentally ill and handicapped people).

Information gathered by the Task Force should be disseminated to relevant groups as soon as possible through the Regional Office nursing mailing list. In disseminating information, the Task Force will fulfil its main remit to act as a catalyst for change, help to initiate and stimulate nursing research, and support European collaboration. It was suggested that information about the Task Force should be included in the next Nursing/midwifery in Europe newsletter.

Arising out of the lengthy discussions that took place, the Task Force felt that there was an opportunity to broaden the scope of the expected outcomes of its work, emphasizing the role of the nurse as an educator for health and an initiator of primary prevention. The nurse's role as an advocate[a] for those people with AIDS against whom there might be prejudices was underscored. These people need someone to speak for them within the health care system.

Conclusions and recommendations

1. The Task Force believes that the work it has identified is crucial to ensure that an equitable system or level of nursing care is available to all the people in Europe infected with HIV.

2. To avoid re-inventing the wheel, a small subgroup of the Task Force is needed to examine what systems or nursing interventions have been developed at national or international level. This will enable the Task Force to identify those areas of care that require strengthening.

3. A videotape should be developed outlining the role of nursing and the Regional Office in the issues arising from AIDS. This videotape should:

- explore current nursing research initiatives with the Work Group of European Nurse Researchers;
- review the need for model training curricula in the Region; and
- explore the continuing education needs in pilot countries.

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[a] The term *advocate* is used here but it may cause confusion owing to language differences and thus needs to be defined.

4. The following activities constitute an appropriate agenda for the Task Force:

- to collaborate with nursing research groups to examine the areas for priority research;

- to monitor current nursing research into AIDS;

- to identify existing expertise in the nursing interventions used in caring for people with AIDS;

- to develop mechanisms to facilitate the exchange of knowledge among nurses in Europe;

- to examine the role, responsibility and extent of nurses' participation in the delivery of complementary therapies in AIDS care;

- to collaborate in the collection and dissemination of information on relevant customs or practices throughout Europe, including religious care, spiritual care, human rights, legal issues, infection control, and procedures after death;

- to prepare a timetable for this work; and

- to provide the Regional Office Nursing unit with information on established courses dealing with the nursing care of people with AIDS and, when available, provide copies of the core curricula.

5. The Regional Office Nursing unit should:

- print a bibliography of relevant nursing articles dealing with AIDS in the Nursing/midwifery in Europe newsletter;

- through the newsletter, identify priority areas and developing areas of AIDS care;

- recommend to WHO that all future conferences on AIDS sponsored or organized by WHO include a nursing component; and

- make proposals to the regional programme on AIDS for funding the above.

6. The following recommendations should be taken to the First Meeting of Government Chief Nursing Officers and Collaborating Centres to be held in Linköping, Sweden, in October 1989:

- consideration should be given to how the relevant proceedings of international conferences on AIDS can be disseminated to nurses in their own countries;

- policy recommendations should be made to governments for the setting up of AIDS information hot-lines;

- education on all aspects of the AIDS care should be incorporated into all basic and postbasic courses and all other nurses should be exposed to meaningful education on AIDS; and

- mechanisms should be developed to ensure that the continuing personal development of all nurses is incorporated into the education process.

Annex 1

PARTICIPANTS

Temporary Advisers

Dr Jonathan Abramson
St Clare's Hospital and Health Center, Speelman Center for HIV related diseases, New York, NY, United States of America

Dr Fritz Beske
Director, Institut für Gesundheits-System-Forschung, WHO collaborating centre for public health research, Kiel-Wik, Federal Republic of Germany (Chairperson)

Ms Kathy Claeys
St-Jan General Hospital, Bruges, Belgium

Ms Geneviève Déchanoz
Hospices Civils de Lyon, WHO collaborating centre on nursing, Lyon, France

Dr Bart Eijrond
National Committee on AIDS Control, Amsterdam, Netherlands

Dr Kornelia Jahn
Frauenklinik, University of Düsseldorf, Federal Republic of Germany

Ms Anne Maas
Hôpital Erasme - U.L.B., Brussels, Belgium

Ms Irene Mparutsa
Nursing Officer, The League of Red Cross/Red Crescent Societies, Geneva, Switzerland

Ms Catherine Panchaud
Forschung Pflegesektor, Schweizerischer Berufsverband der Krankenschwestern und Krankenpfleger SBK, Zentralsekretariat, Berne, Switzerland

Dr Xenia Scheil-Adlung
Ministry of Youth, Family Affairs, Women and Health, Bonn, Federal Republic of Germany

Ms Claude Schneeberger
Infirmière générale, Hôpital Paul Brousse, Assistance Publique Hôpitaux de Paris, Villejuif, France

Mr Bernt-Eberhard Schmitz
Red Cross Station (DRK-Sozialstation Kücknitz), Lübeck, Federal Republic of Germany

Mr Richard Wells
Royal Marsden Hospital, London, United Kingdom (Rapporteur)

Ms Birgit Westphal Christensen
c/o Nordic School of Public Health, Gothenburg, Sweden

Representatives of Other Organizations

Mr Peter Plappert
International Council of Nurses, c/o Zentrum für AIDS Arbeit Schwaben, Augsburg, Federal Republic of Germany

World Health Organization

Regional Office for Europe

Dr Marie Farrell
Regional Officer for Nursing (Secretary)

Ms Elisabeth Stussi
Nursing Officer

Ms Lisbeth Paludan
Short-term Professional, Regional Programme on AIDS

Mrs Irène Henriksen
Administrative Assistant, Nursing unit

Headquarters

Ms Birgit Hansen
Global Programme on AIDS

Ms Helen Schietinger
Global Programme on AIDS