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NATIONAL ACTION PLANS FOR NURSING: FROM VISION TO IMPLEMENTATION

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INTRODUCTION

Leadership is one of the most important issues in nursing and midwifery today. Nurses and midwives are becoming more aware that they need good leaders in order to ensure that the contribution of their professions to health care is maximised and its value is fully recognized. As a workforce mainly composed of women, with their attention fixed firmly on the needs of their patients, most nurses did not traditionally see any need to have strong nurse leaders among the country's top health policy-makers and managers. Today, however, they see that care - the essence of nursing - tends to be ignored, undervalued and under-resourced unless there are advocates to represent nursing views at the highest levels. Without such advocacy, care will continue to be regarded as a simple basic task, and not as what it really is - a complex and difficult job requiring skill and intelligence as well as compassion.

Linked with this desire for good nursing leadership, there is a growing interest in the need to adopt a more strategic approach to nursing. For example, the Vienna Declaration of 1988, drawn up at the first WHO European Conference on Nursing, is a strategy for nursing in the whole European region. It sets out a vision for the future and proposes some ways of making that vision into reality. In all parts of the world, countries and regions have already produced strategies for nursing, and others are in preparation: examples include Argentina, Bolivia, Chile, Croatia, Denmark, Ecuador, England, Kyrgyzstan, the Netherlands, Nicaragua, Northern Ireland, Paraguay, Scotland, Turkey and Wales. Even in health centres and hospitals, nursing teams are beginning to produce their own mission statements and action plans. Whether these are called strategies, policy statements or action plans, they follow the same basic principle - the need to pursue specific targets for improvement: to know what you want and how to get it, in order to increase your own effectiveness.

The 1992 World Health Assembly endorsed this strategic approach to nursing. It passed a resolution asking WHO to "assist countries with the development of national action plans for nursing and midwifery" (Strengthening Nursing and Midwifery in Support of Strategies for Health for All, May 1992, WHA45.5). Activities to provide such assistance were already under way in the European Region, as requested at the first and second meetings of European Government Chief Nurses and consultation meetings with smaller groups of nurse leaders.

The purpose of this paper is to provide ideas and information for nursing leaders at national level, especially those working in Ministries of Health or similar institutions, to help them develop a national action plan for nursing. Every country has its own traditions, strengths, leadership styles and priorities, so the intention is not to provide a blueprint. Furthermore, the global trend towards strengthening local health systems underlines the role of national plans as giving general guidance and emphasising expected outcomes, leaving the details of how this should be done to regional/local levels. On the other hand, nursing leaders everywhere share many of the same problems and challenges, and that a strategic approach is needed. This paper is offered in that spirit, as a starting point for discussion and a stimulus to begin the strategic planning process.

Finally, a note on midwifery. Some countries regard nursing and midwifery as one profession while others have separate regulatory, educational and professional bodies for the two occupations. In using the term "national action plans for nursing", this paper does not imply any assumptions about nursing's relationship to midwifery. The need for midwifery leaders to promote a strategic approach to its development is just as crucial as the need for nursing, but whether this is done jointly or separately is a matter for each country to decide. Either way, it is in the interest of both groups to define their goals and to work together on the many areas of mutual concern. The same point applies to other occupational groups which are regarded by some countries as part of the nursing workforce, such as feldschers, physiotherapists and community health workers. The principles of strategic planning are applicable across the board.

WHAT IS A NATIONAL ACTION PLAN FOR NURSING?

A national action plan for nursing is part of a continuing process of describing visions, choosing priorities, winning widespread support, taking action and evaluating the outcome. (Each stage of the process requires careful attention: this paper focuses mainly on the initial steps.) It is not a piece of paper produced in an office by a few administrators; it is the fruit of much debate among many interested people. Without such debate and commitment-building, no paper plan - however sensible and coherent - has any chance of success.

As suggested above, a national action plan can be known by many different names but has certain key features: a description of a vision for the future, and signposts of the direction to be taken to reach the vision. The plan can include midwifery and other occupations, or they can be tackled separately, but it should be closely linked to the overall national policy for health and health services. Ideally the national plan for nursing is one of a comprehensive series of interlinked plans designed to improve health in specific settings such as primary health care, acute services, schools or workplaces, and is a key component of the national strategy on human resource development for health. In countries where such plans have not been well developed, nursing can help to lead the way by demonstrating its own commitment to the strategic approach.

The most visible product of the national strategic planning process for nursing is a brief written document, usually endorsed by health policy-makers and leaders at the highest levels. This document will contain a vision of nursing for the future (perhaps for the next five or ten years, depending on the local situation), describing how nurses can help people to improve their health, cope with their illness or disability, and have a dignified death. It will set out specific goals which will help to make that vision a reality. It might also indicate the next steps to be taken to reach those goals, while respecting local autonomy in a decentralised health care system. This document may be widely circulated among the public, policy-makers and professionals, and its messages reinforced through other means such as discussion in the mass media, meetings and debates.

WHY DOES MY COUNTRY NEED A NATIONAL ACTION PLAN FOR NURSING?

The continuing cycle of producing a national action plan, taking steps to implement it and reviewing what has happened, assists the development of nursing in many ways. Some of them include:

- Ensuring an orientation towards health. The plan reinforces the goal of nursing as promoting improvements in the health of individuals and populations, with an emphasis on results/health outcomes.
- Optimising nursing's contribution to health and health care. The plan provides a focus for mobilising all available nursing resources to achieve the best possible results and best value for money.
- Building and maintaining a vision for nursing. It is easy to neglect our visions or regard them as irrelevant idealism when we are immersed in the details and difficulties of everyday work. A vision of where we want to go, especially when it is shared by our colleagues and friends, is an essential source of nourishment and inspiration.
- Having a clearer sense of direction. The day-to-day challenges of our work often make us feel overwhelmed and confused. This inevitable feeling is easier to cope with if we keep hold of an overall sense of where we are going.
- Making nursing's achievements more visible. Many of the finest achievements of nursing are warmly appreciated by patients and clients, but are not acknowledged in medical textbooks, conferences or influential discussions.
- Mobilising nurses and their supporters to be more active. The process of strategic planning helps to uncover or inspire unexpected new friendships and coalitions which can then work together to improve health care.
- Coordinating current nursing activities. The planning process helps nurses to identify what projects and innovations are already under way, to link them more closely together, to strengthen them, and to create clear frameworks for future developments.

- Making closer links between policy and practice. Policy-making is too often remote from the people who are supposed to carry out the policies. A planning process involving service users, practitioners and educators as well as policy-makers helps to reduce the usual damaging gaps between thinking and action, data and perceptions, policy and operation, planning and implementation, and experts and workers.

- Winning support. Nursing is more likely to win support from the people, policy-makers and other professionals if it can state clearly where it is going and what it hopes to achieve. Such support includes commitment and respect as well as money.

- Controlling our own work and future. Nursing traditionally has had little control over its own destiny, with nurses seen only as servants of another profession. A strategic plan is the starting point for becoming equal partners in health care work and in our relationships with professionals and the public. This in turn will help nursing to play its full part in ensuring health gain.

A strategic approach is particularly important at this point in nursing's development. All societies in Europe are undergoing momentous changes, which are creating a confusing mixture of opportunities and fears. Traditional values are being questioned, including assumptions about health care and the role of the state as protector of the poor and the oppressed. Health care systems, under strong financial as well as ideological pressure, are being reformed, with an emphasis on new thinking and new roles. Nurses, like all other health professions, cannot expect that their roles and relationships will continue unchanged. Increasingly, too, they will have to demonstrate their value and effectiveness to those who control the budgets. In this time of change, those with a clear sense of their hopes and directions are more likely to survive and prosper.

HOW TO DEVELOP A NATIONAL ACTION PLAN

When people think about developing a strategic plan, they often start with a discussion of the content - what the plan should contain. However, a better starting point is to establish a clear planning process before plunging into the content question. This should be done through the creation of a team who will be responsible for drafting the plan and overseeing the consultation process before the plan is finalized and implemented.

The steps to be taken can be divided into phases: building the leadership team, creating the draft plan, initiating the consultation process, finalizing the plan and implementation. In real life, of course, the steps will not be so neat and clearly defined; an open and creative process will inevitably, at many points, involve overturning previous decisions, revisiting areas which were missed, and so on. Some parts of the later stages may overlap with parts of the earlier stages. Nevertheless, it is helpful to have a map to steer by even if the journey contains some unexpected detours or delays. Five stages are described here, as follows:

- Building the team (structure issues) - Creating the plan (process issues) - Consultation - Finalizing the plan - Implementing and reviewing the plan (outcome issues).

STAGE 1: Building the team

Find the leader

Who should lead the process? It is important that there is clear leadership and that this is reinforced by the formal authority of the leader's position, whether she or he is chief nurse in the Ministry of Health, president of the national nursing association or holder of some other nationally recognised position. In general, if the plan is to be adopted as national policy it may be best to initiate the process within government. However, the formal position of government chief nurse does not always reflect the personal authority of the leader or her recognition by others. For example, in a country with a powerful nursing association, the most senior nurse in the Ministry may be seen as relatively weak. Some countries have no nurses at all in government positions, or working only in junior positions. Others have very decentralised or regionalised systems which do not lend themselves easily to national initiatives, in which case it may be preferable to develop regional action plans and then bring them together nationally.

Ultimately the answer will depend on each country's situation, and on finding a leader with the right balance of positional power and personal power. Whoever is identified as the leader, or chooses that role, the principle of working through co-operation and consensus will help to minimise fruitless power struggles and constant challenges to the leader's legitimacy.

Support for the leader

Right from the start the leader needs access to enough funds to establish and maintain the group, and secretarial help such as typing letters, booking meeting rooms, arranging travel and so on. Ministries of Health should be requested to support the project, since the leader cannot be expected to carry it out unaided. If this is impossible, funds may have to be found from other sources inside or outside the country. Group members should be asked to think about this at the first meeting (see below).

Convene the group

The leader should invite interested and influential people to work together on the project. This group may be called a task force, steering group, committee or leadership group. A group of this type may already exist, or it may be necessary to start a new one, but either way the same process should be followed to ensure everyone is committed to the project and contributes to it fully.

Sometimes interest can be stimulated by establishing a national committee chaired by a well-known public figure which then makes recommendations to government; in this case there must be strong representation of or close liaison with government nurses and other recognised leaders. Alternatively, the nursing association or trade union or other body may set up a group and invite wide participation. Strategic planning for nursing in countries where the nursing leadership is weak sometimes starts with a small, informal group of activists which has no formal authority but can act as a spur to others.

The membership of the group will vary according to national circumstances but might include some or all of the following:

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- nurses and midwives working in the Ministries of Health/Education/Labour;
 - other Ministry officials with responsibility for nursing issues;
 - Ministry officials with responsibility for planning, human resources and other key functions;
 - representatives of nursing associations and trade unions with nurse members;
 - heads of institutions influential in nursing, such as colleges of nursing, research centres, and WHO Collaborating Centres;
 - managers of nursing services, in hospital and community;
 - practitioners of nursing - clinical leaders and innovators;
 - other health professionals, especially doctors;
 - politicians and/or other policy-makers and opinion leaders;
 - citizen representatives, e.g. from community groups, local councils, voluntary organizations;
 - experts from elsewhere who are working on nursing development in the country.

It is important that the group is small enough to create a sense of ownership, belonging and trust; the larger the group, the harder this is. The core group should not be more than 12 people, who should ideally be committed to attending all meetings (consistency of membership also makes the task easier). Not every interest group or influential person can be represented, but ways should be found of involving them all at some stage, for example on subgroups or in the consultation process. The more people that can be involved in this way, the more chance there is of success.

Another issue to resolve is the balance between nurses and non-nurses. Like any group of people with a common understanding and experience, it is legitimate for nurses to discuss among themselves their visions, ideals and priorities before sharing them with others. Their conclusions can then be shared and viewed from other perspectives, although it is important that nurses maintain overall leadership of the process.

A further tricky issue is the need to bring together people who may have very different viewpoints. There are positive advantages in having a variety of perspectives brought to the group, since this is likely to reflect the diversity of opinion in the wider world, and if well managed can create stimulating discussion. Other tensions may arise from bring together people with a past history of conflict, especially in countries which have recently undergone rapid political change. One common example is hostility between professional nursing associations and trade unions. Both perspectives are legitimate and important and both should be considered - not least because anyone who is left out may try to sabotage the project. Excluding one or the other from the group for the sake of a quiet life will ultimately make its task harder, if not impossible. The group should be a genuine attempt to create a consensus, not a vehicle for one faction or another.

Create the climate

Once the group has been selected and the first meetings are under way, spend plenty of time helping group members to get to know each other and feel at ease. It is important that they participate as themselves and share something of themselves as individuals, not only as representatives or professionals. The group leader's role in laying these foundations is vitally important, and she should seek support from trusted colleagues/friends who can help her plan the meetings and discuss her hopes and fears.

Deal with the administrative issues

Ask the group to decide what help is needed for the project. Settle at the beginning such practical questions as choosing when and where the meetings will be held; obtaining permission for group members to attend meetings during work time; travel and subsistence expenses; and secretarial support, including organizing meetings, taking notes and circulating papers. A budget should be estimated at the beginning, and members should agree how they will obtain the necessary resources: funding will be needed now and later for maintaining the group, publishing the plan, publicity, public meetings and so on.

Discuss the need for expert help

The leader and the group may feel they need help with the process, or with particular aspects of its work. Often the leader takes on too much by trying to manage the content of the meetings and the process. She may easily and unwittingly become the scapegoat or lightning conductor for the emotions which are inevitably stirred up in any well-functioning group. It may therefore be valuable to use expert assistance from a facilitator or consultant whose role is not to direct the group, but to help it work creatively from a non-partisan stand-point. Such help may be available from WHO or from some other individual or organization which has no vested interest in influencing the group.

Allocate responsibilities

Ask the group to decide who will be responsible for specific tasks, including chairing the meetings, leading subgroups, providing secretarial support, hosting the meetings, and controlling the budget. It is important for successful group functioning that members are clear about what is expected of them, and that there is some way of making them accountable for what they do.

STAGE 2: Creating the plan

Define the group's mission

The group needs to reach a shared understanding of its goal, its role and its boundaries before it can work together effectively on the task. The leader should start the discussion by asking what is the purpose of the project? Full and open discussion of this is essential to ensure the members' commitment, understanding and ownership of the task.

Assess the situation

One of the group's first tasks is to conduct a brief assessment of the current situation. This map of the environment provides the baseline information on the task the group is going to tackle. Questions to be considered include: What is the current state of health and health care and of the social/political/economic factors likely to influence health in future? What are the strengths of nursing, and what are the biggest challenges it faces in contributing to health development?

The group needs to identify what sources of data can be used to provide a clear and accurate picture. Their own knowledge should be supplemented where possible by any available information, qualitative and quantitative. As well as the country's own sources, international organizations such as WHO may have good information. The scope of this assessment, including the decision whether to collect new data through surveys etc, will depend on the resources available to the group, the quality of existing data systems and other factors. A balance must be struck between the need to be well informed and the need to avoid spending too long gathering data to prove what is already known. The issue of information management is itself a possible subject for inclusion in the National Action Plan.

Describe the vision

WHO and many other organizations have produced statements which describe a vision for nursing - an ideal picture of how it should be in the future. For example, the Director General of WHO recently gave a view of the role of nurses 'not just as active providers of care, meeting the professionally defined needs of passive patients, but as facilitators who help people to take charge of their own health.'

These existing statements are a good starting point for discussion, but group should also be encouraged to describe their own visions for nursing in the future and what they see as nursing's contribution to health. As previously mentioned, people sometimes have difficulty in getting in touch with their dreams and ideals when they are bogged down in everyday problems, so it is important that the vision is both futuristic and also grounded in the country's social, cultural and political context. It must spring from those roots, rather than be transplanted from elsewhere - otherwise it will be irrelevant and will not inspire people's commitment, energy and sense of pride and ownership.

Visions are closely tied to people's personal values and beliefs, and some differences are sure to emerge in the group; these should be welcomed, valued and explored openly before agreeing what aspects of the visions overlap or coincide. This can then be formulated in a vision statement which will be embodied in the National Action Plan and will provide the direction and reference point for its specific goals.

Outline the options

The vision is likely to be wide-ranging. To be made real, what steps must be taken? Encourage the group to brainstorm all the possible options for making the vision real, without editing or selecting at this point.

Select priorities

The group will have made many suggestions, but now choices have to be made and priorities recommended. Decide what options are the most important. Many actions will need to be taken but it will not be possible to do them all at once - so which should be tackled first? At this stage the group will be recommending choices for wider consultation, not making final decisions, but the consultation process will be more productive some options are set out for discussion.

Analyse the opportunities and difficulties

Setting priorities is one of the most difficult aspects of formulating an action plan. Depending on their viewpoint or special interest, people will have different views about what should be tackled first. Some will argue that nursing education must be reformed, while others will advocate clinical practice development as the most urgent need. Of course all these issues will need to be tackled some time, but when resources are limited difficult choices have to be made. Many action plans fail to be implemented because they are unrealistic, containing too many priorities and unachievable goals; people then become dispirited and lose faith in the plan.

One useful way to assess how to put the suggested actions into priority order is to analyse their chance of success. What are the forces - people, institutions, regulations, finances - which can help or hinder progress on each option? Sometimes a priority which everyone wants may be impossible because of circumstances, and sometimes apparently lost causes succeed because support can be mobilized. The group should brainstorm to assess the feasibility of each option, perhaps using a simple planning tool such as "force field analysis". (Some of this work, as in other stages, can be done by subgroups or in consultation with other people.)

Agree on a draft plan

The possible content of the draft plan is described in more detail below. It could include a description of the vision; the current situation; the proposed priority areas; and short-term, medium-term and long-term goals. Drafting such a plan in committee is difficult, so after full discussion the draft should be prepared by the leader, secretariat or a small subgroup and then presented to the whole group for comment and final approval.

STAGE 3: Consultation

Now that the first stage of its work is complete and it has reached a consensus on its draft plan, the group can share its ideas with a wider audience. A marketing programme should be drawn up specifying how this will be done and who is the target audience.

The initial consultation may be done with a small target group of influential people such as politicians, medical associations, health care leaders, consumer associations etc, to test the water. At the right point, the plan should be disseminated as widely as possible, using the group members to explain and publicize it. Some countries have done this through sending a printed copy to every qualified nurse, as well as to interest groups. They have also organized public meetings, press conferences, articles in newspapers and magazines, and TV and radio programmes. Reactions to the plan should be recorded, and written feedback requested by a specific deadline.

The consultation process helps to achieve the following:

- encourages widespread debate on the issues - which are of great public interest;
- ensures that all relevant perspectives and views are considered;
- raises people's awareness and understanding of nursing;
- attracts support, from nurses themselves, from the public and from politicians and policy-makers;

- inspires positive thinking and action;
- highlights areas of difficulty and of special interest;
- helps the leadership group to review, revise and improve the plan;
- identifies more clearly how the plan can be implemented.

STAGE 4: Finalizing the plan

Once the consultation process is completed, the group should meet again to review it and discuss the implications. It should look at the written responses and any other feedback members have received, formally and informally. It should look again at the plan and review the priorities: do they still appear feasible in the light of the feedback? At this stage, if it is confident that the plan will be acceptable to its target audience, the group may arrange for the final version to be printed and distributed.

The plan needs to contain a detailed work programme. This can be attached to the main document, or issued later as a supplement. It should outline the next steps for implementation of the short-term priorities, say for the next year - what is to be done, by whom, when, and with what resources. It should be clear how these steps can be linked with or part of other health care initiatives.

The group may feel that this task should be done by those who will be responsible for implementing the plan, who may or may not be members of the group itself. If a new implementation group is more appropriate for the task, it should have overlapping membership with the first group and consult it closely. The decision will depend on each country's situation. One option is for the group which prepared the plan to become an official or ministerial advisory group or steering committee to oversee or advise on implementation; the specific activities in the plan will undoubtedly be the responsibility of many different groups, and this needs to be set out clearly and negotiated with the groups concerned.

Finally, whether or not the group will continue to meet in this forum, it should celebrate the important journey it has made together.

STAGE 5: Implementing the plan

A continuing review process needs to be established for national strategic planning in nursing. However good the plan, it will always need modifying in light of experience, especially in countries which are undergoing rapid change and where the future is unpredictable. Decisions need to be made - perhaps through recommendations from the planning group - about how and when to assess progress, celebrate the achievements, and draw up the next phase of the plan. Evaluating the outcomes of the plan will be a difficult but essential issue to tackle.

Implementing the plan is in itself a large and complex topic which needs to be explored fully, perhaps in a further paper summarising the extensive experience and literature already available. It involves great skill in management, especially the management of change, and leadership.

WHAT GOES INTO A NATIONAL ACTION PLAN?

The content and format of a National Action Plan for Nursing will vary from country to country; there is no perfect blueprint. Depending on your circumstances, your plan could include some or all of the following items:

- Introduction, including messages of support from key figures such as the Minister of Health. Acknowledgement should be made by name of all the people and organizations which have helped the project.
- Scene-setting, including a description of the current health/nursing situation.
- Description of the vision for nursing, including the role of the nurse in various health care settings, and the expected benefits for patients and society.
- List of priorities for action. These can be organized in different ways. For example, they can be grouped under subject headings, such as Practice, Management, and Education. They can be organized under functional headings, such as Primary Health Care and Hospital Services. They can be expressed as targets, standard statements or goals.
- Steps to be taken to achieve each priority, including activities, timescale, resources, and responsibility for implementation.
- Description of methods to be used to review progress and evaluate outcomes.
- Name and address which people can contact if they want to become more involved, obtain more information or make comments.

CONCLUSION

In drawing up your national action plan, it may be useful to look at examples from other countries. Action plans drawn up by other health care groups, by commercial companies and other organizations may also provide ideas and interesting comparisons, because the steps described here are ones which are followed by many organizations and groups, not only nurses. Articles describing the process of strategic planning can be helpful too - and you may wish to help others by writing about your own experiences of the process.

Working on a national action plan for nursing will not solve all your problems, but it will help you in many ways. The longest journey starts with a single step, and it's a good idea to know in what direction to set off - and to take a map and compass with you.

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