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ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

EUR/ICP/HSR 341
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ENGLISH ONLY
UNEDITED

NURSING PRACTICE DEMONSTRATION PROJECTS FOR THE "GENERALIST NURSE"

Report on a WHO Consultation

Athens, Greece
27-30 June 1990

1990

EUR/HFA target 28

TARGET 28

Content of primary health care

By 1990, the primary health care system of all Member States should provide a wide range of health-promotive, curative, rehabilitative and supportive services to meet the basic health needs of the population and give special attention to high-risk, vulnerable and underserved individuals and groups.

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1. Introduction

A World Health Organization Consultation on the Nursing Practice Demonstration project for the "generalist nurse" programme was convened in Athens, Greece, from 27-30 June 1990. It was composed of nine senior nurses from seven Member States, representing nursing education management, research and practice; one social worker; three members of WHO staff (including a physician); and five nurse observers. A list of participants is given as Annex 1.

The meeting was hosted by, and organized in collaboration with, the Hellenic Red Cross Society and the Hellenic Graduate Nurses' Association (HGNA), under the direction of the President of the latter, Ms Stavroula Papamicrouli. It was opened by the President of the Hellenic Red Cross, Mr Gerasimos Apostolato, who welcomed participants to his country and specifically to the Red Cross Nurses' Rest House at Kifissia, the venue of the meeting.

Ms Elisabeth Stussi, Regional Officer for Nursing, WHO Regional Office for Europe, also welcomed members of the consultation and thanked the two Hellenic organizations for their very generous hospitality. This was the second of two Consultations relating to the "generalist nurse" programme. The first, which had taken place in Turin, Italy, a few days previously, had made recommendations (1) relating to the basic curriculum required for "generalist nurses" and this second Consultation was now requested to advise on the practice demonstration component of the programme, including the continuing education experience required by registered nurses to prepare them to function as "generalists".

1.1 Scope and Purpose

Following up on the meeting of the Government Chief Nursing Officers, Linköping, October 1989, at which the outline of a six-year plan for the development of the "generalist nurse" programme was adopted (2), a Steering Committee was convened in EURO in February of this year. The members of that Steering Committee adopted provisionally the definition of a 'nurse' and of his/her functions as proposed at the meeting of the Council of National Representatives (CNR) of the International Council of Nurses (ICN) at Auckland, New Zealand, 1987, and integrated in the Danish/Canadian Primary Health Care Project: A Nursing Model (3). They also agreed that a basic nursing curriculum should be developed to meet the criteria embodied within those definitions.

The overall purpose of this second consultation was to advise the EURO Nursing Unit regarding the development of a demonstration practice project which will provide information to countries and WHO on the potential impact which could be made by suitably prepared "generalist nurses". The consultative group was expected to:

(1) consider and agree amendments (if any) to the proposed role, functions and competencies of the "generalist nurse" as set out in the attached draft profile;

(2) identify already evaluated practice models in Member States from which learning experience may be gained;

(3) develop and refine the proposed project protocol, including criteria for selection of communities to serve as demonstration areas;

(4) identify content of continuing education curriculum for State Registered Nurses to be prepared as "generalist nurses";

(5) suggest strategies which may be deployed to:

(a) ensure support for the project from:

(i) influential local persons;
(ii) health care consumers;
(iii) other health workers;

(b) mobilize the local community to become actively involved in the project;

(c) ensure enactment of any needed legislative changes;

(d) encourage cooperation of members of the mass media;

(e) identify communities which may be approached to participate as demonstration areas.

2. The current situation

The group heard from the Regional Nursing Officer of some of the demographic, socio-economic and health trends prevailing throughout the WHO European Region and of the six-year plan devised by the EURO/Nursing Unit aimed to make nursing more relevant in its response to those trends. The main thrust was to assist Member States to develop "generalist nurses" able to work in hospital and community, as recommended by the First European Nursing Conference in Vienna in 1988 (4).

Accordingly, a first draft of a profile of this proposed "new" health worker had been circulated to all 32 Member States for national debate. Comments were still coming in but a deadline had been drawn for the end of July 1990. Those received before that date would be considered - along with amendments and suggestions received from the Turin Consultation - when redrafting the profile. It was hoped that this Consultation would also review the first draft which had been included in the background documentation. A second draft would be made available by the end of the year.

After contributions to the profile had been made, participants presented short country analyses of the current situation. While they were aware of the need to not confuse "needs", "wants" and "demands", three major categories of "need" were described.

2.1 Categories of need

The vulnerable, deprived or "high risk" individuals or groups have obvious needs. These can be old, disabled, handicapped or chronically ill persons; the extremely poor; those who are HIV positive or lonely. For example, in many instances, relatives, friends, doctors and nurses still have to put elderly people in homes or hospitals because there is not enough appropriate support in the community to enable them to stay at home. The very act of removing elderly people from their familiar surroundings can increase confusion and dependence and hasten physical and mental deterioration.

Secondly, people who prefer, when faced with long-term illness, to be at home rather than in hospital, need access 24 hours a day to professional nursing help, support and advice for both themselves and their informal carers. The importance and value of the informal carer should never be underrated. Many people want to care for sick or dying relatives, friends or neighbours. When they are unable to do so, they feel inadequate and guilty at what they perceive as their own failure. A major factor in hospital admission and late discharge is the lack of support for informal carers and the wish of the sick or dying person not to be a burden to his/her family.

Thirdly, people want information which they can readily understand about their own health care; about what they can do to prevent ill-health and promote good health; about the support and advisory services which nurses, midwives, social workers and doctors can provide; and about how to make use of those services.

It was obvious to the group that ideas should be founded on a belief that the health care professional should work in partnership with the client. They were convinced that consumers are increasingly wanting and welcoming this approach, and that nurses are singularly well qualified for putting across health education messages in terms people can readily understand and in a way which encourages people to follow the advice they are given and to make informed choices affecting their health.

2.2. Principle and aims of nursing services

The Consultation agreed that how best nursing services can respond to the needs and expectations of consumers could be summed up in the following statement:

Nursing services should be sensitive to and respond to the requirements of individuals, their families, and the community in which they live. They should be organized locally so that people's relationships and other links can be maintained.

That being the guiding principle, the aims of the nursing services should be to:

- enable people to make decisions about their health on the basis of informed choice;

- promote health and well-being and prevent illness and disability in persons of all ages;

- provide care and support in the hospital and community which gives maximum independence and enhances the individual's/family's quality of life;

- provide care and support in the community which not only enables maximum independence and enhancement of lifestyle, but specifically aims to prevent hospital admission whenever possible and desired; to encourage early discharge from hospital; enable persons with permanent or long-term health problems to remain at home if they so wish; and support those who are terminally ill so that they may be allowed to die at home;

- work in partnership with informal carers and provide them with appropriate support when indicated;

- work with all other health care workers and professionals, members of other sectors and statutory and voluntary agencies so that a comprehensive, integrated network of care is assured whenever and wherever is needed;

- ensure the involvement of people in the community in the planning of health services and evaluation of their effectiveness.

2.3 Auxiliaries

Considerable discussion took place on the role, status and education of auxiliaries. It was recognized that with the prefix "nursing" such helpers may be thought to constitute a second level of "nurse" and, in the eyes of the public especially, be seen and treated as such. Nevertheless, the majority of the Consultation's membership were of the firm opinion that auxiliaries should continue to be taught and supervised by nurses. They should, therefore, have the title "nursing auxiliaries" (or aides/assistants); be part of the nursing team mix and also receive education which enables them to work as "generalists".

At the present time, in some Member States, it was reported, these health workers were forming their own associations with the specific aim of developing a career structure outside the influence of nurses. Because many remain in the same post for a number of years, often they had deeper knowledge of the work setting, formed strong working relationships with members of other disciplines, and had the confidence which comes from familiarity of the practice situation.

It was the considered opinion of the Consultation members that it was of vital importance to the success of the "generalist nurse" project that this category of health worker is involved from the outset.

3. Purpose and goals of the demonstration project

It was against this background of discussion of identified needs and desired aims of nursing services, that the purpose and goals of the proposed demonstration project were discussed and agreed.

3.1 Purpose of the demonstration project

The demonstration project is being initiated in the hope of establishing the relationship between the impact of nursing interventions and the improvement of health in a given population. This will involve exploration of changes in the functions of nurses, including:

- clarification of those functions which are:

  (a) independent;
  (b) interdependent; or
  (c) dependent (e.g. upon patient compliance or cover acceptance).

- identification of skills, knowledge, attitudes and actions which enable nurses to fulfill curative, rehabilitative, supportive, preventative and promotive aspects of nursing care.

3.2 Goal of the demonstration project

The following goal was agreed by the group: the project would aim to develop "generalist nurses" who would be able to:

(1) promote a partnership relationship between nurse and client/patient, aimed to increase the latter's self-reliance and self-determination;

(2) develop skills in assessing the health care needs of individuals, families and groups, planning to meet those needs, implementing plans and evaluating their outcomes;

(3) develop indicators for assessment of the effectiveness of nursing interventions made;

(4) identify disadvantaged, deprived, at risk or vulnerable individuals and groups and those with multiple needs in order to develop specific nursing interventions to meet their needs in the most effective way;

(5) provide comprehensive nursing services and guarantee their continuity and availability for the whole 24-hour period;

(6) work with autonomy and be accountable for the coordination, individuality, holism and continuity of primary nursing care of a given caseload;

(7) provide advice and support to individuals, families and communities in attaining or maintaining healthy lifestyles and self-care.

(8) involve the community in planning, implementing and evaluating health care services;

(9) participate in teamwork for the achievement of common goals and to develop collegial relationships with all members of the health care team;

(10) contribute to community development which is based on meeting expressed needs.

4. The educational programme

4.1 Educational needs

From the presentations of curricula currently in use in their own countries, the group identified the following gaps in the education of many registered nurses:

(1) health education: advising on the prevention of disease and disability and the promotion and maintenance of health;

(2) mother and child care;

(3) special health care needs of school age children and young people;

(4) participation in the prevention of communicable diseases;

(5) providing psychological support;

(6) nursing care in work settings;

(7) home nursing;

(8) providing consultation clinics;

(9) participation in multi-professional teamwork;

(10) participation in health campaigns;

(11) participation in policy making and decision taking;

(12) identifying and using pertinent research findings;

(13) identifying areas for research or special study;

(14) being responsible for own professional development.

The Consultation members realised that the list was not exhaustive and that each country would need to identify gaps and weaknesses in their current basic curriculum in order to ensure that these are covered in any continuing education programme which aims to prepare and redirect nurses for work in the community.

4.2 Skills and competencies required

It was agreed that a blueprint was neither feasible nor desirable, but that again each Member State would select the attitudes, skills and competencies required in their "generalist nurses" according to their own population needs.

The following, however, were identified as being those most likely to be in need of development or strengthening:

- team membership;
- administration or management;
- teaching;
- assessing needs and planning, providing and evaluating nursing care in community settings;
- working at the primary health care level and maintaining progress in that context;
- working with authority and autonomy;
- working within the limits of national legislation and professional ethics;
- understanding and applying, as well as undertaking, nursing research;
- an awareness of the need for professional growth.

4.3 The learning environment

The learning environment should be conducive therefore to:

(A) Personal development: development of:

- an awareness of the need for, and involved in, self-growth;
- an understanding of the need to empathise with and be sensitive to the needs of others; and
- a concern for health issues and the ability to speak and act with assurance and authority in relation to them.

(B) Cognitive development: development of:

- powers of observation and ability to search for and select, relevant information;
- powers of analysis, critical thinking and creativity;
- the ability to identify priorities, make informed decisions and be accountable in carrying them out;
- powers of logical thinking and the utilization and application of knowledge.

(C) Acquisition of knowledge specific to nursing and the ability to utilise it with understanding and autonomy, i.e., in:

- identifying the problems and needs of individuals, families and communities requiring nursing care; planning and giving care to solve the problems and to meet their needs;

- evaluating the effectiveness of care given and contributing to the continual search for the most effective care possible;

- teaching and supporting patients/clients and staff within the demonstration practice area;

- identifying possible areas for change and research within the field of health care/nursing practice; and

- recognizing, analyzing and dealing with management problems as they arise in all practice situations (hospital and community).

4.4 Preparation of nurse teachers and managers

From their own country presentations, it was clear to the Consultative group that a crucial target for early action in the change process should be the preparation of teachers and administrators of post-basic schools.

A major difficulty is finding teachers adequately prepared both in the educational sciences and with practical field experiences in primary health care. Currently employed teachers deplore the lack of continuing education opportunities to keep them abreast of recent developments in both educational planning and evaluation, and also the nursing care processes which are conducive to health promotion and maintenance.

Coupled with this, in those Member States where there are few post-basic schools, teachers are relatively isolated from each other. The group considered that it might be practicable to develop networks of post-basic nursing education programmes which have a concern for improving teaching of nurse teachers and managers. The network concept implies the use of local resources, human and material, for collaboration in the development and linkage of training programmes. All those involved could learn from each other's experiences, curricula designs, preparation of culture/philosophy-sensitive learning materials, evaluation methods, research findings and even teacher and student exchanges.

Participants also endorsed the recommendation of members of a WHO Expert Committee on Nursing (5) that action be taken to reorient all programmes for nurse teachers and nurse managers so that the principles of Health for All through primary health care become a unifying conceptual frame of reference. They emphasised that such a programme presupposes the availability of all necessary resources and strong administrative support.

4.5 Planning and administration of the educational programme

The Consultation members believed that like all other educational programmes for professional nurses, continuing education for "generalist nurses" should take place at university level. The majority was of the opinion that rather than a structured course, adult learning modules might be more appropriate for experienced nurses. These should be designed to give the necessary prerequisites to those who were to participate in the demonstration practice project. Accreditation of a range of modules could lead to university recognition and, in time, compile a degree course.

In the future, as student nurses qualify as 'generalists' from the outstart, they would need little more than refresher courses, but nurses already qualified under the past or present arrangements for general training would require substantive education on a full-time or part-time basis before being able to practise in the community.

The group also stressed the need for involvement and participation in the practice project, of nurse managers as well as nurse educators, from the very beginning and in this context they recognized the importance of the nurse manager at national level. In countries where a Department of Nursing with an executive Nursing Officer in the Ministry of Health does not exist, its establishment should be an urgent priority.

5. Development of a protocol for the project

Turning to consider the design of a protocol for the project, the Consultation members discussed briefly the one produced for the Danish-Canadian Primary Health Care project: a Nursing Model (6). They suggested that this could be a guide if adapted to cover secondary and tertiary levels of care. They outlined the following structure:

(1) Background and rationale. To include:

- Alma Ata Declaration and HFA/PHC(7);
- Vienna Declaration;(8)
- Recommendations from the First European Nursing Conference (Vienna 1988); (9)

(2) The project proposal. To include:

- purpose and goals;
- pre-requisites:
- criteria for selection of demonstration areas;
- conditions for participation of Member States;
- pre-trial data collection analysis and interpretation.

(3) The "generalist nurse" practice. To include:

- profile of the "generalist nurse";
- proposed practice of the "generalist nurse";
- conceptual framework for practice;
- education for practice.

(4) Action Plan. To include:

- general principles;
- specific nursing issues;
- time frame.

(5) Administration of the project. To include:

- project financing;
- formation of local support groups;
- intercountry twinning or networking;
- WHO/EURO technical advice.

(6) Evaluation of the project and practice. To include:

- development of indicators;
- periodic monitoring and final evaluation of:
  - the project;
  - the practice.

More detailed content under each of these headings was agreed and recorded for future use by the Nursing Unit, who gave an undertaking to develop the protocol and send it in draft form to Member States by the end of 1990.

6. Strategies for achieving change

The group realised that numerous strategies recommended by participants at previous nursing meetings, workgroups and conferences were apposite. (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20). They suggested that these be grouped, collated and made available for consideration by Member States and local communities participating in the practice demonstration project.

7. Identification of practice demonstration areas

The Steering Committee and the Consultation on Curriculum Development had accepted provisionally the criteria and conditions listed in the protocol of the Danish-Canadian Primary Health Care Project: A Nursing Model (21). They were discussed in relation to the practice demonstration project.

The final version of these accepted by participants was as follows:

7.1 Criteria for selection of practice demonstration areas

(1) The local community wishes to have a nurse-managed service; the majority of local persons support the project and accept active involvement in it;

(2) There is an understanding and an acceptance on the part of all others directly concerned (particularly general medical practitioners, social workers and midwives) of the concepts and principles which guide the project, and a willingness to participate actively in the achievement of its aims;

(3) There is strong support from the regional/provincial/federal authorities (as appropriate);

(4) Nurses involved are well motivated and committed to the project's success;

(5) There is a clearly defined and accessible population or target group (which may be defined by age, sex, condition or other) of a manageable size to which the service will be offered.

(6) There are primary, secondary and tertiary levels of health care either within the practice area or closely adjacent to the population or target group to be served.

(7) There is an established link between hospital and community services;

(8) A school or department of nursing is either within or closely adjacent to, the proposed practice area;

(9) There are plans for, or willingness to develop, continuing nursing education (either hospital - or community based);

(10) All appropriate facilities and needed human resources are either existing or will be developed/in post before the project is initiated.

7.2 Conditions for acceptance of Member States into the Project

(1) There is acceptance of the conceptual framework of the "generalist nurse" programme and its underlying principles;

(2) There is acceptance that management and control of the project will be carried out by nurses;

(3) There is a commitment to:

- the aims of the project;
- remain in the project until its completion;
- monitor and evaluate the project.

(4) There is an undertaking to finance the project (WHO/EURO will provide technical advice, resource materials and whenever possible, seed money);

(5) There either is, or there is currently being developed, a national/regional/federal health policy based on the HFA strategy;

(6) There is an undertaking to continue the programme during the period of the project and to later integrate it into the overall health care service, if evaluation shows it to be successful.

8. Recommendations

Having reached these conclusions, the Consultation members made the following recommendations:

A: WHO/EURO should:

1. Call upon Member States to recognize the vital necessity of involving nurse leaders in the formulation and implementation of national health policies and plans, and should encourage the creation, where they do not exist, of national/federal management positions from which nurse leaders may make this contribution.

2. Obtain support for and commitment to the nursing programme from Member States by selecting it as the topic for Technical Discussions and/or an Agenda item at an early session of the Regional Committee.

3. Review, collate and make available to Member States, all pertinent recommended strategies suggested by participants at recent nursing meetings, workgroups and expert committees, which could assist in achieving desired changes and successful outcome of the project.

B. Member States should:

4. Take action to reorient all programmes for nurse teachers and managers so that the principles of Health for All through primary health care become a unifying concept.

5. Review and implement as appropriate, strategies for achieving change as recommended by participants at previous meetings of nurses (See 3 above).

6. Develop a long-term plan with the aim to raise all educational programmes for nurses to university level.

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Annex 1

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