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NURSING LEADERS IN ACTION

Second Meeting of Chief Nurses, WHO Nursing
Collaboration Centres and Nursing Organizations
of Europe

Debrecen, Hungary
15-17 October 1991

ABSTRACT

Owing to the new directions chosen by European nurses at WHO meetings in the 1980s and to current changes in health care systems, the programme on nursing, midwifery and social work (NMS) of the WHO Regional Office for Europe needed guidance on its future work. The Regional Office thus convened the second meeting of government chief nursing officers and representatives of WHO collaborating centres and nongovernmental organizations concerned with nursing. People from 26 Member States of the European Region met in Debrecen, Hungary to discuss developments in nursing in the Region, to clarify both WHO's policies and action plans on nursing and the plans of Member States, and to offer mutual support. The participants identified five trends important to nursing development – cost, results, reform, decentralization and discontent – and discussed problems in health care systems, the effects of European Community directives, WHO and care providers as agents of change, and four priority issues. Against this backdrop, the participants recommended that NMS pursue three main roles – a facilitator of information exchange, a centre for human resource development and a catalyst for change – and that WHO devote more resources to this work.

Keywords

MIDWIFERY
NURSING
HEALTH FOR ALL
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Introduction

The second meeting of government chief nurses and representatives of collaborating centres and selected nongovernmental organizations concerned with nursing was held in Debrecen, Hungary. It was attended by 24 senior nurses and physicians representing 23 Member States, 9 representatives of established or potential WHO nursing collaborating centres, 11 representatives of nursing and nursing-related nongovernmental organizations, 6 observers and 4 staff of the WHO Regional Office for Europe. In all, 26 European Member States were involved. The working papers and the participants of the meeting are listed in Annexes 1 and 2, respectively.

The participants were welcomed by Mrs K. Sövényi, Chief Nursing Officer of the Hungarian Ministry of Welfare, the Mayor of Debrecen, and the chief medical officer of Hajdù-Bihar County, who gave a brief overview of topical health issues. Dr C. Sakellarides, Director of the Health Services Department of the Regional Office, and Ms J. Salvage, Regional Adviser for Nursing, Midwifery and Social Work welcomed the participants on the behalf of the WHO Regional Director for Europe.

Scope and purpose

In October 1986 the advisory committee for the regional nursing and midwifery programme recommended that the Regional Office convene a meeting of government chief nurses and the directors of WHO collaborating centres for nursing to discuss common concerns and identify priorities for the programme.

During the two years of preparation for the first WHO European Conference on Nursing, held in Vienna in 1988, 155 000 nurses from the then 32 Member States of the European Region studied the targets for health for all. They recognized that nursing practice, education, legislation and research required radical change if nurses were to realize their potential contribution to the attainment of health for all. The recommendations and the Vienna Declaration made at the

Conference required nurses to take the initiative in planning programmes to achieve this goal.^a

As a follow-up to the Conference, the first meeting of government chief nurses, directors of WHO nursing collaborating centres and representatives of selected nongovernmental organizations took place in Linköping, Sweden in 1989. Its main purpose was to discuss the implications of the targets for nursing and midwifery in Europe. The 54 participants exchanged experiences and gave guidance to the regional nursing and midwifery programme. They recommended that similar meetings take place regularly, at least biennially.

There have since been dramatic changes in many European countries, and new country health priorities have demanded the attention of everyone in the Regional Office, including the Nursing, Midwifery and Social Work unit (NMS).^b The 1991 meeting was convened to discuss the recent work of Member States and NMS and to agree on any necessary new directions. Its aims were:

- to share information on activities carried out by NMS at the country and intercountry levels since 1989;
- to discuss Member States' expectations of the Regional Office in helping countries to meet new health care needs, particularly the countries of central and eastern Europe and Turkey;
- to review the crisis in recruiting and retaining nurses and discover how it might be overcome;
- to discuss and plan the development of nursing and midwifery services at the district and local levels;
- to decide how to strengthen collaboration between chief nursing officers, directors of WHO nursing collaborating centres, nongovernmental organizations and NMS; and
- to make recommendations for the next four years of the NMS six-year plan.

^a*European Conference on Nursing*. Copenhagen, WHO Regional Office for Europe, 1989.

^bThe unit was called NMS during the Debrecen meeting, but resumed its former name, the Nursing and Midwifery unit (NUR), in 1992.

These tasks were summarized as: discussing developments in Europe, clarifying WHO's role and policies, clarifying nursing action plans in WHO and Member States and offering mutual support.

Setting the Scene

Several brief presentations outlined the context of nursing development in Europe.

Current trends in health care

The current trends in health services and health care systems are closely related to broader social, economic and political upheavals. Radical and frequent change has become a way of life, demanding flexibility and adaptability in personal and professional life. For people working in health care systems this means finding new ways of managing change, organizing services and planning for the future. Five themes of particular relevance are cost, results, reform, decentralization and discontent.

Health systems throughout Europe must be run on limited and often shrinking budgets. Demographic changes, the raised expectations of service users and their desire for greater involvement, advances in technology and other factors are together creating demands that services often fail to meet, despite the overall rise in health care spending over the last 20–30 years. In addition, while health service costs are spiralling, growth is in general fixed at zero.

On the other hand, cost constraints have stimulated some hard thinking about effectiveness. Governments and citizens want the assurance that resources, whether from the public or the private purse, are spent wisely and effectively. This trend helps to reinforce the sporadic but significant development of clinical audit and other forms of quality assurance.

The search for value for money places a new emphasis on results. It is increasingly recognized that results or outcomes are not the end of a process, but rather the starting point of service planning and delivery. Not the number of doctors or hospital beds available, but rather the health gains of individuals and populations should be the measure of

success in a health service. The acceptance by Member States of international and national targets for health was a major achievement, which is beginning to be reinforced by progress towards achievable subnational and local goals based on accurate assessments of need.

The focus on the attainment of specific health objectives, however, leads to doubts about the ability of existing health care systems to deliver the desired results. This is one of several driving forces behind the trend towards reform. Nearly every country in the European Region is debating the future of its health services and considering innovations in policy and provision. Whatever the underlying ideology, the potential role of market forces in health care is being explored through the questioning of long-held assumptions about the role of the public sector. Reform must be based on a careful analysis of current conditions and future health care needs. Changing the structure alone will not achieve the desired effect; the style and success of any organization depend on many other factors.

Some countries are devolving budgetary and managerial control to local units, giving them the freedom to establish their own priorities and manage their own affairs. The purpose is to make services more responsive and appropriate to local health needs. While greater freedom and flexibility to experiment are welcome, a balance must be sought between flexibility and coordinated planning, and between experimentation and guaranteed standards. In some instances fragmentation threatens progress towards the integrated planning of comprehensive services, while elsewhere central control is simply being replaced by local control or responsibility devolved without commensurate authority. Local activity must accompany review of the policy process at the national level, and ways must be found of ensuring that the rich experience of local health service development is fed into policy-making.

Ultimately, the success or failure of any health care reform depends on the people working in the system. Throughout Europe, women provide nearly all direct, hands-on health care, and they are overworked, underpaid and undervalued. In addition to some 5 million nursing personnel there are therapists, auxiliary workers, home helps and doctors. Many receive wages below the poverty line and carry heavy domestic responsibilities.

While this situation is not new, reactions to it are changing. Many nurses and other skilled workers will accept these conditions no longer and are leaving their health care jobs. Disenchantment has also led to low recruitment. Health care workers in the southern and eastern countries of Europe have fewer rewards and lower status, but those with transferable skills and qualifications are welcomed in other countries. Such a major crisis of confidence among health care staff could easily negate progress on other issues. While all these trends present nursing with new threats and opportunities, this is perhaps the greatest challenge of all.

Health care systems

Poor salaries, undesirable working conditions and lack of motivation among health care providers can often be attributed to the organization and management of the health care system. Such systems frequently lack openness, and domination by the centre in some denies people a choice. In the latter case planned resources may be drastically reduced when the demands of other sectors or national emergencies take priority.

Alternative systems include those in which the health services are funded from mandatory contributions collected from the users, so that their choices then mobilize the system. The obvious disadvantage is that the funding source is the people, and therefore the users are also the payers. In another type of system, health services are selected and provided by contractors representing the consumer. These examples beg certain questions, such as which health providers should provide what, whose voice should be heard in the contracting bodies, and whether statements should be made about what services a system cannot provide.

Nursing in the European Community

The nursing directives of the European Community (EC) have been in effect since 1979, after which almost every member state changed nursing education in some way. In future, nursing education in countries seeking EC membership will be required to meet specific criteria

(such as a minimum recruitment age for students). Other relevant directives include those on the freedom of movement of health professionals, although the quality of service provided by expatriate nurses will be the responsibility of each country, not the EC. The movement of patients will be possible from 1993.

Nurses need to gain equal status with today's competitive health care providers and to ensure that they have a voice at all levels of their own national health care system and at the international level through European organizations and agencies such as the EC. For this reason, a nursing focal point is being established in Brussels under the auspices of the EC Standing Committee of Professional Nursing Associations.

The role of WHO and health care providers as change agents

The four main roles of WHO in the European Region are set out in the Region's contribution to the Eighth General Programme of Work (1990-1995). They are:

- to make existing knowledge better known
- to promote research
- to act as a catalyst for health for all development in countries
- to promote cooperation and coordination between international organizations.

New methods are needed to bring about the many changes required in health care policy. As change agents, health care providers need to identify all the social actors - politicians, professionals, service users and others - who are relevant to each situation, and be alert to the need for appropriate timing. One of the most difficult principles for many health professionals to accept is the transfer of ownership and the subsequent transformation of their ideas into items on the political agenda.

Achieving desirable change is like playing a game of snakes and ladders. The moves up the ladder include goal setting, target-oriented policies, the acquisition of suitable language for negotiation, agreeing on common expectations and encouraging participation. In the policy

framework, these ladders must be erected at the right time and place to assist the relevant groups of social actors to interact, to grow together and to produce appropriate tools. Coordination is vital and should include decisions on who does what, as well as ensuring that the agreed direction is maintained.

Current issues in nursing

The WHO collaborating centre for nursing at the Department of Nursing of the University of Manchester, United Kingdom made a small Delphi-type survey on the key nursing issues in Europe. Several issues were identified from the preliminary analysis as being of concern to nurses in all 20 participating countries, and the participants at the Debrecen meeting confirmed these choices.

The definition of measures of quality and the maintenance of a high standard of nursing are high on the list of issues. The survey's respondents identified these as subjects for further study at the international level. Nursing education is also a top priority; the majority advocated a change to curricula oriented to health for all and many wanted nursing education based in universities. Third, the continuing shortfall of qualified nurses is a matter of grave concern demanding urgent international action.

Although a number of intercountry collaborative developments and partnerships were listed, the survey result suggested that international agencies and organizations such as WHO, EC and the International Council of Nurses need to increase their leadership and support of nurses, to enable them to work together across national boundaries.

The work of NMS

Recent NMS activities had resulted in a higher profile for WHO and health for all among nurses, raised expectations of WHO support, increased networking (including the establishment of more collaborating centres), the development of advice and support to Member States, and the production of seven booklets on nursing and health for all.

NMS now required advice on the most effective future action, given its limited resources. Many recommendations had already been made, but strategies, tactics and infrastructure needed to be developed. Priorities must be set, bearing in mind the institutional setting in which NMS operates: the Health Services Department, which comprises units working on policy development, service and education development, epidemiology and research. A second factor was the special influence of WHO, exerted through access to heads of governments and other leaders and to health information. The participants were therefore asked to specify what they wanted from NMS, particularly during the 1992–1993 biennium, and to explore how they could increase their ability to use WHO in their own work settings.

The Way Forward: Conclusions and Recommendations

Against this backdrop of change, and given the limited resources of NMS, the participants agreed to identify priorities for further development from the recommendations made at the Linköping meeting in 1989. They proposed that NMS pursue three main roles: a facilitator of information exchange, a human resource development centre and a catalyst for change.

Facilitator of information exchange

1. Current problems in human resources include: shortages of nurses and other therapists, oversupply of other categories such as doctors, overspecialization, curricula inappropriate to people's health needs, poor staff development and little evaluation of quality. Data held by WHO and other agencies on workforce distribution and deployment would be of great interest and benefit to Member States, and NMS should ensure easy access to such data.
2. Exchange of information on developments in nursing, including the activities of WHO nursing collaborating centres and other nursing organizations, should be increased. This could help to avoid duplication

of projects and studies, promote better use of resources, enable more organizations to lead or manage a particular activity, and ensure that information reaches the right people. To achieve this goal, NMS should:

- establish and maintain a database on nursing projects and studies, drawing on existing data banks in nursing collaborating centres and elsewhere;
- identify collaborating centres that have developed demonstration projects in such areas as practice, education, leadership and research, and share information on them with government chief nurses, nongovernmental and intergovernmental organizations, while encouraging links between collaborating centres undertaking similar projects;
- identify one person in each country, probably in the office of the chief nurse at the ministry level, as a contact point responsible for updating NMS at regular intervals on nursing developments;
- involve nurse leaders more closely in the development of WHO nursing projects, policies and activities, thus increasing awareness and enabling easier collection and distribution of information;
- consider developing an evaluation method leading to the issue of a "seal of approval" on the successful completion of a project or study;
- develop closer liaison with nongovernmental and intergovernmental organizations, collaborating centres and government chief nurses by periodic meetings, and by publishing material on areas of mutual interest; and
- circulate information on changes in health care through regular newsletters.

Centre for human resource development

3. Some Member States have special needs in areas such as nursing education, leadership, career development and quality assurance. NMS

should enhance its role as a human resource development centre by:

- identifying nursing experts to assist colleagues in other countries;
- arranging the twinning of institutions and the exchange of visits by students and faculty from different Member States; and
- requesting countries in a period of transition to clarify their needs and make them known; and requesting other Member States to offer practical help.

4. Linguistic difficulties limit the participation of nurses in intercountry activities. NMS should explore ways to help nurses who wish to learn another language.

5. NMS should cooperate with other units in the Regional Office to develop nurses' expertise in health economics.

Catalyst for change

6. The fundamental changes in health services in Member States are creating confusion and stress, especially for nursing staff, which comprise the largest proportion of the health care workforce. Their commitment or opposition to these changes will strongly influence health development. NMS should use the unique position and role of WHO to help Member States to develop a model to manage these changes.

7. Many nurses have difficulty in making their voices heard by ministers and government officials. The powerful and respected voice of the WHO Regional Office for Europe would assist nurses in gaining a hearing. To achieve this goal, the participants at the meeting in Debrecen should:

- lobby their countries' delegations to the World Health Assembly, raising nursing issues and where possible securing nursing membership of the delegations;
- request health ministers (or their equivalent) to make public statements on the countries' progress on WHO resolutions; and

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- request NMS to organize meetings of nurse leaders every 1-2 years to compare thinking on health and nursing issues and to report on progress.

8. Throughout the meeting frequent references were made to the limited human and financial resources of NMS. In the light of the many and pressing nursing/midwifery needs of most Member States in the Region, particularly the countries of central and eastern Europe, this problem aroused grave concern. Further, the funding of NMS and related projects was not commensurate with the importance that WHO ascribed to nursing and nurses, or the size of the nursing workforce in the Region.

The success of the activities recommended by the participants at the Debrecen meeting required far more resources for NMS, collaborating centres and nursing development in each country. Without such resources, the momentum created throughout the European Region by the Vienna Conference would be lost.

*Annex 1***BACKGROUND DOCUMENTATION^a**

- EUR/ICP/HSR 334 First Meeting of Government Chief Nursing Officers and Collaborating Centres on Implications of the HFA Targets for Nursing/Midwifery – A Follow-up of the First European Nursing Conference (Vienna, 1988), Linköping, Sweden, 18–21 October 1989
- ICP/HSR 334 Implementation of recommendations from the first meeting of government chief nursing officers, Linköping, Sweden, October 1989. Progress report

^aCopies can be obtained from the Nursing and Midwifery unit, WHO Regional Office for Europe, Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark

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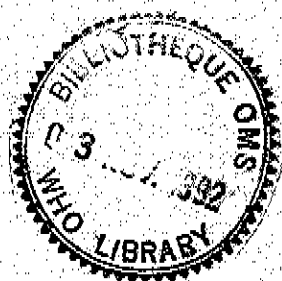
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NURSING LEADERS IN ACTION



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TARGET 26

HEALTH SERVICE POLICY

By the year 2000, all Member States should have developed, and be implementing, policies that ensure universal access to health services of quality, based on primary care and supported by secondary and tertiary care.

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