

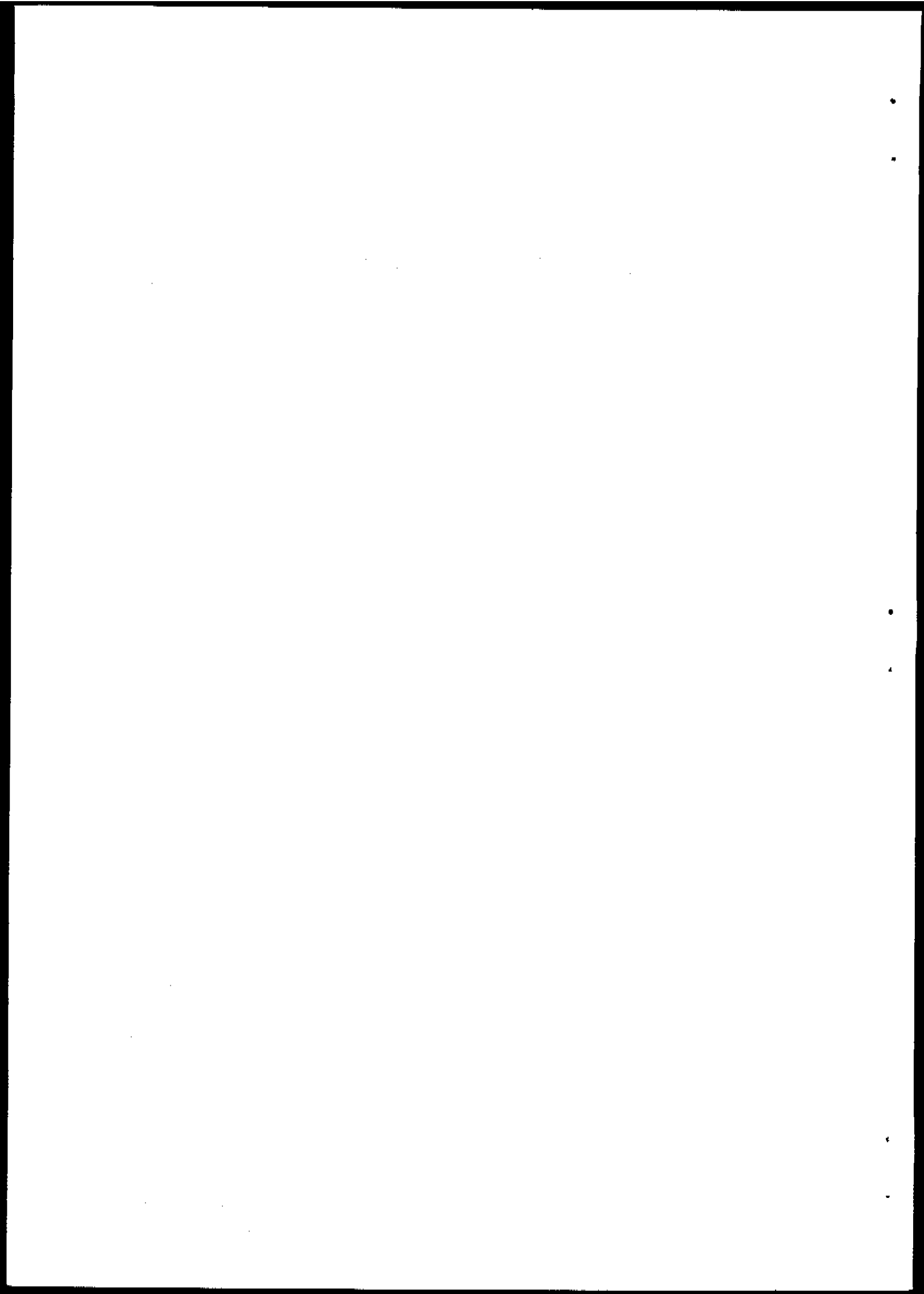
8702

Nursing/midwifery programme

*Report of the Sixth Advisory Committee
1986*



WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE
COPENHAGEN



8702

110.3 World Health Organization
Regional Office for Europe
Advisory Committee on the
Nursing/Midwifery Programme
in the European Region
Meeting
in
Ljubljana, Yugoslavia
1986

REPORT OF THE ADVISORY COMMITTEE
OF THE NURSING/MIDWIFERY PROGRAMME

Ljubljana, 20-22 October 1986

Nursing
Midwifery
Europe
6591-6

ICP/HSR 311
8333J
ORIGINAL: ENGLISH
UNEDITED

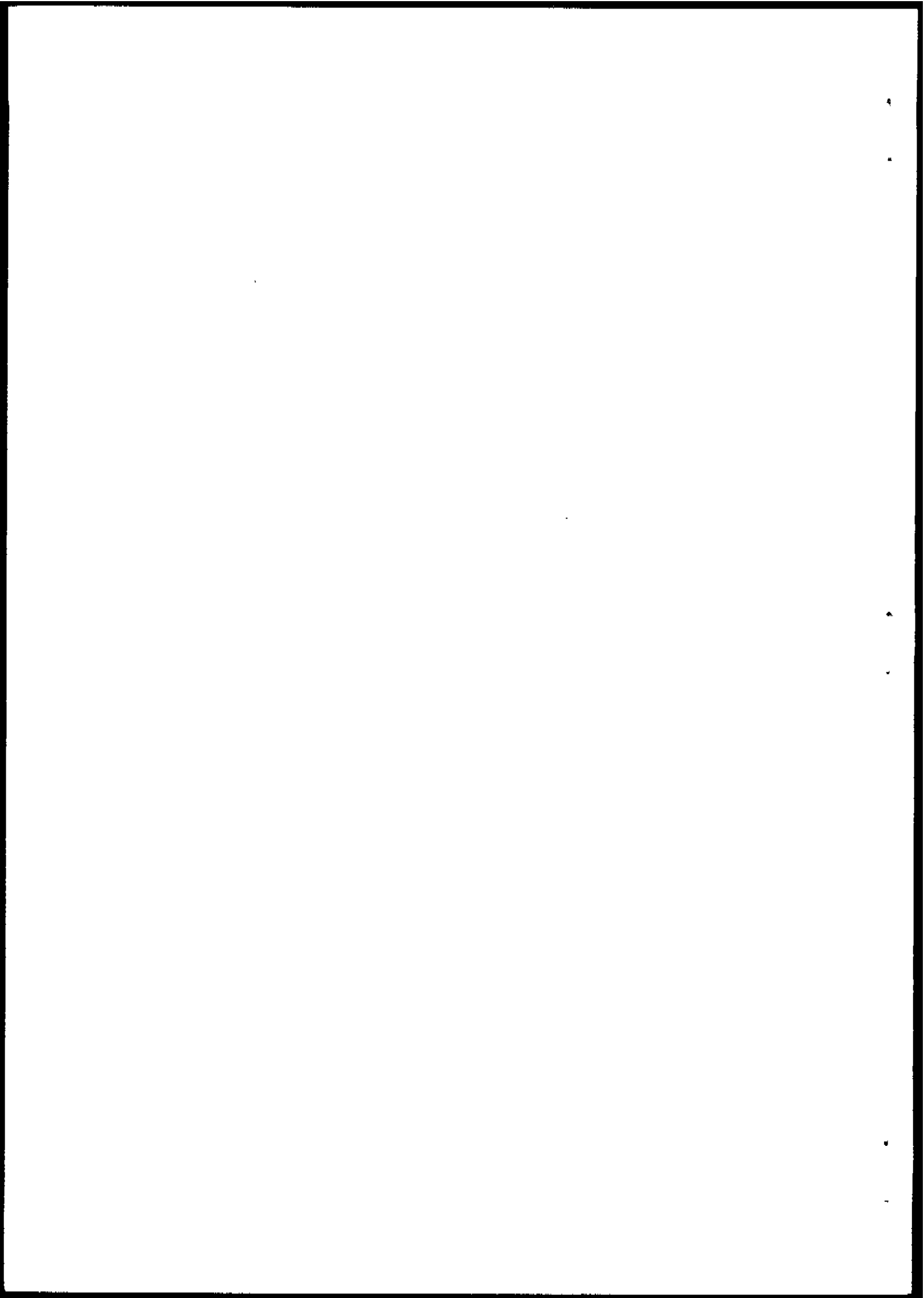
WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE
COPENHAGEN

Note

The issue of this document does not constitute formal publication. It should not be reviewed, abstracted, quoted or translated without the agreement of the World Health Organization.

CONTENTS

	Page
1. Introduction	1
2. Nursing/Midwifery Programme	2
2.1 Background and history of the programme	2
2.2 Structure of the programme	5
2.3 Staffing and Finances	6
2.4 Expert associates	8
2.5 WHO Collaborating Centres	8
2.6 Intercountry programmes	8
2.7 New activities proposed	14
2.8 Proposed priorities in programme	14
3. 1988 Nursing Conference	15
3.1 Presentation of draft discussion paper by Dr J. Robinson	15
3.2 Comments and suggestions for redrafting	15
3.3 Pre-conference preparations	17
3.4 General discussion	17
3.5 Recommendations	18
Annex 1 List of participants	21
Annex 2 WHO Collaborating Centres	23
Annex 3 Full text of presentation by Dr J. Robinson	25



1. INTRODUCTION

The Sixth Advisory Committee on the Nursing/Midwifery Programme in the European Region, hereafter referred to as the Programme, met in Ljubljana at the invitation of the Government of Yugoslavia. The meeting was unique in that it was the first to combine the Advisory Committee with the Nursing/Midwifery/Medicosocial Work Liaison Group. Throughout this report it will for convenience hereafter be referred to as the Advisory Committee. A list of participants is attached at Annex 1.

The meeting was opened by Dr D. Leskovsek, President of the Slovenian Republic Committee for Health and Social Welfare who welcomed everyone and referred to the importance of nursing activities in Yugoslavia and specifically to the development of nursing education in Ljubljana. Dr A. Wojtczak responded and provided an overview of the current European scene. An optimistic picture of countries moving from discussion of targets to their implementation emerged. He stressed the importance of the Programme and indicated the advice which was required from this committee. Dr M. Farrell then emphasized the role of the Advisory Committee in critically assessing and providing advice on the Programme. The challenge was to ensure a well-designed plan for nursing development in the European Region. Ms N. Ben Dov was elected chairman and Mrs Y. Moores rapporteur.

The purposes of the Advisory Committee were to:

- analyse the outcomes of the programme vis-à-vis its objectives during the first half of the European medium-term programme (1984-1986) as part of the Seventh General Programme of Work (1984-1989);
- examine the "objectives", "outputs" and "activities" concerning nursing/midwifery/medicosocial work in the light of the overall Target Document, particularly Targets 26 to 31 and 36, for the period 1987 to 1991;
- review the preliminary plan and programme of the Conference on Nursing and contribute to the identification of the Member States and the professional organizations' expectations concerning such a Conference;
- review the European Discussion Paper on Nursing/Midwifery which will serve as a basis for the reorganization of the Unit's work and for the European Conference on Nursing in 1988;
- identify areas of strength and areas demanding improvement for the MTP period 1987-1991 and the remainder of the Seventh General Programme of Work considering recent developments in health care, in light of the recent WHA Resolution on Nursing/Midwifery (WHA 36.11), progress report (WHA39/7) and the recently accepted European Regional Target Document;
- offer concrete proposals, suggestions and recommendations to the WHO Regional Office for Europe for any changes which would further enhance the achievement of the stated objectives, outputs and activities of the programme and which would enhance the effectiveness of the 1988 Conference.

Dr A. Mangay-Maglacas gave a global presentation of nursing developments. She referred to the 1985 statement of the Director General, Dr H. Mahler, in which he said: "If the millions of nurses in a thousand different places articulate the same ideas and convictions about primary health care, and come together as one force, then they could act as a powerhouse for change. I believe that such a change is coming, and that nurses around the globe, whose work touches each of us intimately, will greatly help to bring it about. WHO will certainly support nurses in their efforts to become agents of change in the move towards Health for All."

She felt that the European Region was on many fronts leading the way in the implementation of nursing policies. Specifically she indicated:

- (i) the establishment of a global network whereby nurses could share experiences through collaboration thus diffusing knowledge;
- (ii) that much of the promoted research in the future would be decision-linked;
- (iii) that a review of legislation concerning the nursing roles in primary health care was currently being undertaken.

2. NURSING/MIDWIFERY PROGRAMME

In order to relate the Advisory Committee's conclusions and recommendations to the Programme, this part of the report is in the form of an expanded status report on the Programme; the Advisory Committee's views on the various programme elements are placed immediately following the sections to which they refer. For the sake of clarity the extracts from the programme and the Advisory Committee's observations are presented in different typeface.

2.1 Background and History of the Programme

The Programme has been established through the 5th, 6th and 7th General Programmes of Work and was formerly grouped under three broad areas: (a) nursing research; (b) nursing services; and (c) nursing education. In the early seventies the focus of the programme was on nursing education. Nursing practice based on research replaced the central emphasis on education during the late seventies. This was, in part, due to the initiation of a large research effort by WHO in collaboration with 11 countries of the Region with nursing practice as the subject under investigation.

The 1984-85 programme began with the write-up of the seven-year study on People's Needs for Nursing Care, the redesignation of four European Collaborating Centres in Nursing, the creation of mechanisms for dissemination of information, and the need for experimentation to influence public policy related to care practices.

During this period, the Unit followed the Target discussions and changes in the programme were made to assist the nursing/midwifery community to understand the shifts and the commitments which would be required by nurses, midwives and social workers to address the targets in the years before 2000.

Further, emphasis was placed on the creation of generic materials within the intercountry programme which could also be used through the country programmes or medium-term cooperative programmes with specific countries. Examples include: workshops on epidemiology, nursing leadership and primary health care and a slide/tape presentation and brochures on standards of practice.

Currently the Unit follows the Health For All Strategies and is developed in relation to the four main roles of EURO: (1) to help make existing knowledge better known; (2) to promote priority health research; (3) to act as a catalyst in promoting national health policy development towards HFA 2000 principles; and (4) to improve cooperation and coordination between international organizations active in the health field.

The Unit has held Advisory Committee meetings every other year; the last meeting was held in 1983 in Athens, Greece. Several recommendations were made which included the following:

- (a) place increased emphasis on management;
- (b) underscore the emphasis the Unit has been placing on efficiency and effectiveness in the Programme;
- (c) formulate future targets to indicate a move toward interprofessional and intersectoral approaches;
- (d) make major efforts to support the network structure, particularly for communicating information; and,
- (e) establish a steering group to replace the Advisory and Liaison Committees.

The breadth and extent of the Programme is evident by the number and types of intercountry and country projects, by the support requested of the Unit by other units in WHO and by the joint efforts carried out with other regional programmes. A strong nursing component can be identified for almost all the 38 targets. Nursing organizations, institutions, programmes, and publications are growing at an unprecedented rate within the Region. These observations have been made by many, including WHO directors, those at country level in public relations work, those in publications, and by nurses themselves. The challenge will be to address those issues which are of most concern to member countries and those on which the greatest impact can be made with the least expenditure of resources.

The Advisory Committee recorded its appreciation of the work of the Nursing Unit for its commitment to the achievement of its programme activities and especially to production of the Nursing/Midwifery Newsletter.

The Advisory Committee considered the recommendations which emerged from the 1983 Advisory Committee meeting in Athens and recommended that:

- (i) *with regard to (a) above, the emphasis placed on management should be restated. Management training is crucial if nurses are to contribute fully in a multidisciplinary way to the achievement of the Targets. It was suggested that the material developed for the management courses should be made more widely available and the training should be adapted and provided at a higher level than the current middle management groups.*

- (ii) *the call for further efficiency measures referred to in (b) above should be pursued. They could include, for example, an evaluation of the Nursing/Midwifery in Europe newsletter with feedback from readers and an exploration of the extent to which the latest technology for the dissemination of information and improved communication could be used.*
- (iii) *with regard to (c) above, nursing must continue to be integrated and be prepared to provide an appropriate input in an interprofessional and intersectoral approach.*
- (iv) *with regard to (d) above, further efforts should be made to support a communication/information structure which linked with the global approach to networking. An effective example was considered to be the Workgroup of European Nurse Researchers and further thought should be given to that approach. The Danish Nurses Association offered to help by convening a first meeting of Collaborating Centres extended to include "Associate Centres" in order to make such a gathering representative of all the European Region countries. It was felt essential that such an exchange of information and dialogue concerning research and other activities related to Primary Health Care should take place both to avoid any duplication of effort and also to maximise the use of resources to achieve the Targets. It was also recommended that a government nurses link should be explored and if possible facilitated by WHO. This would again seek to alleviate duplication of work and ensure a more concerted effort. The Advisory Committee recommended that a regional network should exist in support of the global network.*
- (v) *with regard to (e) above, the combination of the Advisory Committee and Liaison Group was endorsed and should be continued in this joint way as it ensured a more effective coordination and exchange. It was further recommended that:*
- *it should meet at regular two yearly intervals and there should be continuity of membership;*
 - *links within countries should be established by the current membership in the role of mentors to develop younger staff having the potential to act as possible future members;*
 - *the issue of associate experts within WHO should be explored; membership of the group should comprise influential nurses who can personally effect change;*
 - *the membership should be committed to decisions taken by the committee and as a demonstration of such commitment they should be asked to report back on initiatives taken, say, within six months.*

2.2 Structure of the Programme

The Programme, like all other programmes in the European Regional Office, is structured within the six-year programming and two-year budgetary cycle of the Organization. A six-year programme is called a General Programme of Work; the Organization is currently in the Eighth General Programme of Work, and in the first half of the 1986-1987 budgetary biennium. Programming mandates come from the World Health Assembly and the Regional Committee which reflect the expectations of Member States at the global and regional level of the Organization.

In Europe, a special mechanism, called the Consultation Letter, has been developed to identify the priorities of the Member States. Each country evaluates the proposed programme plan of the entire Regional Office by rating the activities of each of the programmes. This is done through a scoring mechanism where items are rated on a three point rating scale (high, medium, or low). Continued support by the Regional Office is based, in part, on the results of these evaluations. The results of the last Consultation Letter on the proposed 1988-1989 programmes are presented in a later section of this report.

The Unit has received mixed reactions from nursing authorities in the member states relative to the Consultation Letter. Some ministry nurses indicate that they never see the Consultation Letter, even though their ministries receive copies. Some nurses report that they know the Consultation Letter has reached their country, they indicate their interest in commenting, and they are denied this request, whilst in other countries nursing authorities are expected to comment and rate the nursing activities.

Activities are divided into intercountry and country programmes. Intercountry projects are usually developed first then applied at country level through country programmes, or medium-term cooperative programmes (MTP's). This was mentioned above using the examples of workshop materials applied later at country level.

The major focus of this status report is on intercountry projects. However, reference is made to country projects to illustrate how the programme is implemented at country level.

The Advisory Committee expressed considerable concern that in some countries government nurses had not been given an opportunity to contribute to the response to the Consultation Letter. It was considered essential that this nursing input should be provided, but it was appreciated that this was ultimately a ministry level decision. It was recommended that:

- (i) WHO include in any Consultation Letter a paragraph which suggests that nurses should be included in the review of programme proposals.
- (ii) the WHO link person in each country ensures that each government department was aware that the nursing views in relation to their response is considered vitally important and would be welcomed.

- (iii) *Government nurses develop approaches or appropriate mechanisms to bring about this involvement in review and consultation following receipt of the Consultation Letter.*

2.3 Staffing and Finances

Most units in the Regional Office are staffed with a Regional Officer (internally called a programme manager) and secretarial support. Many programmes have links or counterparts at WHO Headquarters in Geneva. The Unit is staffed by two Regional Nursing Officers, an administrative assistant and two secretaries. The Unit is looking for country support to fund a full time nursing post as the volume of work has increased beyond that which the existing staff can manage. This is evident from the studies carried out by the Unit which tracks the time and activities of the Unit staff. For example, in 1985 and 1986 both nursing officers worked on the average a 55-60 hour week, using week-ends to travel to and from official country visits. In addition, requests for collaboration are turned down because of workloads carried by the nursing officers and support staff.

At WHO Headquarters in Geneva, a focal point for nursing is established and serves as a valuable critical resource to the European Programme.

Funds are received from both regular and voluntary sources. Currently the most generous support is being received from:

- (a) The Danish Nurses Association which for the past two years has covered the cost of an editor for one day per week to assist in the publication of the European Nursing/Midwifery Newsletter. The Association has partly financed the first WHO international meeting on nursing leadership in June 1986, and collaborated in the holding of a workshop on Epidemiology, held in Denmark at the Danish Institute for Health and Nursing Research.
- (b) The Belgian Ministry of Public Health which has supported many meetings, publications, and activities of the Unit. Some recent activities include: funding of the 1986 phase of photo collection for the photo exhibit and publication for the 1986 Regional Committee, the 1988 World Health Assembly and the 1988 Conference on Nursing, and financial support for two international meetings on standards of nursing practice.
- (c) France which continues to support the ongoing Collaborating Centre on Nursing in Lyon through which the Nursing/Midwifery Newsletter is translated into French. In addition, support has been given to hold national fora to stimulate national debate, and financial and logistic support has been provided to hold a French-speaking international meeting on standards of practice and an international workshop on advanced nursing management.
- (d) Yugoslavia which hosted a major meeting in 1983 related to the publication of the 11-country multinational study, the present meeting of the Advisory Committee and Liaison Group, and a recently held WHO national workshop on curriculum development related to the HFA

strategy and the 38 European Health Targets. In addition, a full-time nursing post in Maribor has been made available to support the work of the Collaborating Centre which also translates the Nursing/Midwifery Newsletter into the national language and which will assist in some 1988 Conference and pre-Conference activities.

- (e) Finland which has provided funds to support the Finnish Collaborating Centre on Nursing and the creation of a nursing curriculum with a framework geared toward the HFA Strategy. Finland also funded an international WHO Symposium on Post-basic Education which was held in 1984.
- (f) Austria has funded the development of a research protocol related to care of the elderly in the community, and has offered financial support to host the 1988 Conference and pre-conference planning meetings in 1987.
- (g) Hungary has provided logistic and manpower support for the completion of a national survey on midwifery and midwifery practices, and for one discussion meeting of nurse administrators and midwives relative to the 1988 Conference. The country covered the costs of simultaneous translation and part of the accommodation for a national workshop on management of nursing services in primary health care.
- (h) Poland hosted and provided logistic support for a national workshop on primary health care, and until 1985, participated as a WHO Collaborating Centre involved in the multinational study on nursing care.
- (i) Turkey hosted and provided logistic support for four workshops on primary health care and for five national fora held in 1986.
- (j) The Federal Republic of Germany, in collaboration with the Institut für Gesundheits-System-Forschung-Kiel, in Kiel, hosted and largely funded a type of consensus conference with the professional and lay press on divorce, and assisted in the production of two publications from that meeting.
- (k) The Union of Soviet Socialist Republics (USSR) has provided manpower and mailing costs to translate and forward the Nursing/Midwifery Newsletter to the 15 republics of the USSR and to other foreign countries according to their mailing list.

The Advisory Committee discussed at some length the way in which the limited expert nursing resources available within the Regional Office could be best deployed and whether through any other mechanism additional help could be made available. It was agreed that the work of the personnel of the Nursing Unit must not be diluted by involvement in areas of work which could be undertaken by personnel without a professional nursing background. Within the programme to support the implementation of the Targets, it is quite clear that the nursing officers can make greater impact on some activities than on others.

It is essential that those matters receive due priority attention. The Advisory Committee recommended that:

- (i) a more creative approach be given to the use of WHO fellowships.
- (ii) a specific project to fund a nurse be developed for a period of between three to five years and sources of alternative funding be sought.

2.4 Expert Associates

A WHO fellow and nurse epidemiologist from Canada spent six months on a combined WHO fellowship and post as temporary adviser in the Unit. In addition to fulfilling the commitments to her fellowship, she developed and led a workshop on epidemiology for Scandinavian nurses and completed, with the Regional Nursing Officer and the Danish Institute for Nursing and Health Research, a research proposal subsequently funded by a Danish funding organization with the largest award ever granted to nursing research in Denmark.

2.5 WHO Collaborating Centres Working Within the Nursing/Midwifery Programme

The roles and development of the Collaborating Centres associated with the Programme were discussed at length relative to the terms of reference of each Centre. (See Annex 2 for a brief summary.)

Future Collaborating Centres

Requests for the reestablishment of WHO Collaborating Centres have been made by Belgium, Norway and Poland. The Unit is assisting these institutions in this process which takes several months.

2.6 Inter-country Programmes

Output 26.1.4 Information to stimulate national debates on roles and functions of PHC in health systems from 1987.

The Nursing Unit activities linked to this output are:

- Issue of newsletter Nursing/Midwifery in Europe four times a year in English, French, German and Russian;
- Annual meetings of advisory liaison committees.

The Advisory Committee recommended that:

- (i) the Nursing/Midwifery Newsletter should continue as it was considered to be a most important mechanism for good communication. However, as referred to earlier in this report, it was felt that it should be the subject of an evaluation.
- (ii) a meeting of government chief nurses and nurses from collaborating centres should be convened in order to share information as a basis for policy and decision making at all levels of the primary health care system.

- (iii) *an information gathering centre should be established. Two or three times a year it should publish a list of what has been collected with a resumé of content and a note of where nurses could access it.*
- (iv) *the nursing research institutes of Europe be used as resource centres in the development and implementation of the WHO European Research Action Plan.*
- (v) *support should be given to establishing small pilot demonstration projects relating to the primary health care team thus promoting interdisciplinary studies. Results of such projects could be analysed and evaluated and any conclusions shared with other countries.*

Output 27.2.1 Ways of determining needs for services, personnel and financial support for primary health care by 1988.

The Unit's activities linked to this output is the review and analysis of legislation supporting primary health care personnel in selected Member States (1986-88).

Existing legislation in many countries may not address nursing practice in primary health care. In some countries the actions suggested for nursing to reach Regional Targets may be feasible with existing legislation. Country by country reviews are currently being carried out by an attorney familiar with primary health care and nursing practice to review country legislation on nursing and suggestions are being made for changes. Three country reviews have already been undertaken, each of which has been very well received by the respective Ministries involved.

The Advisory Committee felt there was only a loose connection between this output and the activity. It recommended that it was important to promote utilization studies and the assessment of need. Resources from the Netherlands and the German Democratic Republic were offered to support such an activity.

Output 27.2.3 Support for programmes of basic, postbasic and continuing education of primary health care personnel in the delivery of basic health care by 1989. The Nursing Unit activity linked to this output was the setting up of workshops on leadership in nursing/midwifery as a basis for country training activities (one per year 1986-1988). One such workshop has been held. It was well received but there is a suggestion that future workshops could usefully be multidisciplinary.

The Advisory Committee felt that this output was of great importance and that particular emphasis should be given to the development of curricula to take account of HFA 2000.

It was recommended that:

- (i) *a six-month evaluation of each of the workshops should take place in order that all countries could receive feedback and be given*

access to teaching material which had been developed. They would then be better equipped to establish their own national programmes.

- (ii) consideration be given to multidisciplinary workshops to promote team development.*

Output 27.2.4 Recommendations concerning roles, functions and training in nursing practice for PHC in European settings by 1989.

The Nursing Unit's activities are:

- Study group to prepare a conceptual framework for nursing practice in Europe (1986)
- Collection of information on present nursing practice in Europe (1986)
- Advisory group to review conceptual framework (1986)
- Planning meetings/advisory groups (3) for the preparation of the Nursing Conference, including review of scientific papers (1986-87)
- Training of group leaders for national forums and conference debates (1986-87)
- National forums for discussion of the position paper on nursing prepared for the Conference (1986-87)
- Success stories/photography display on contemporary nursing/midwifery practices in Europe (1986-87)
- Model legislation for nursing/midwifery in Europe (1986-88)
- Report on current midwifery roles in selected Member States (1986-88)
- Report on current nursing roles in selected Member States (1986-88)
- Analysis of psychosocial aspects of change for nursing/midwifery to HFA (1987-88)
- Conference on regional HFA targets: a challenge to nursing practice (1988)
- Publication (1989)
- Follow-up national forums to debate the reorientation of nursing/midwifery to HFA (1988-89)

This output will require considerable financial support from Member States and has already involved extensive planning and reorganization of workload by the Nursing Unit staff. However, Member States have been most supportive and are contributing generously in relief time for staff, funds-in-trust and in material and logistic support in the countries. Detailed consideration of the 1988 Nursing Conference was given and is referred to separately later in this report.

The Advisory Committee appreciated all the work already completed for the 1988 Nursing Conference. It felt that financial support should be sought from, for example, selected industrial establishments, collaborating centres, professional organizations, non-governmental organizations and Member States. It is suggested that a copy of the correspondence to the Government be sent to the appropriate member of this Advisory Committee to enable local action to be pursued. The Advisory Committee also encouraged the Unit to consider a study of the nursing and women issue in Europe and a review of the level of satisfaction of health professionals.

Output 27.3.2 A model for a nursing/midwifery clinical information system by 1990.

The identified Nursing Unit activities on this front relate to a review of needs and current approaches and the development of a model information system (1987-1989) and report (1990).

It appeared from responses to the Consultation Letter that the idea is new and requires more explanation and the adoption of more simple language.

The Advisory Committee felt that this output required clarification and further information. There was however considerable interest in this topic as it was felt to be an essential development and crucial to nurse manpower planning.

Output 27.3.3 Improved statistics on nursing/midwifery personnel as a basis for better decision-making and planning by 1991. The Nursing Unit activities are:

- Consultant study to analyse current practice with regard to statistics on nursing/midwifery personnel (1986-87)
- Consultation to develop ways of improving data collection (1987)
- Preparation of guidelines (1989)
- Publication of guidelines (1990-91).

This output provoked mixed responses from Member States with the main objection being cost. However, the Nursing Unit has been approached many times for collaboration in projects aimed at the development of continuing education programmes based on country projections which are not available, or to plan for manpower with no base line data. One pilot study is underway on midwifery and midwifery practices in Hungary. The Committee was informed that manpower information system activity has been transferred to the Collaborating Centre in Paris and it will be assisting in examining ways to collect critical statistics at the lowest possible cost.

The Advisory Committee supported the view that manpower information systems were of critical importance in the efficient management of the nursing service. It felt that encouragement should be given to the development of comprehensive systems at country level.

Output 28.2.1 Effective methods of reaching and serving high-risk, vulnerable and underserved groups and their implications for the provision of PHC services by 1989.

The Nursing Unit activities are:

- Assessment of effects of public information on high-risk mothers and children in urban and rural PHC settings (1986-87)
- Meeting of core group for the development of prevention programmes for high-risk families (1988)
- Selected country models for families in PHC (1988-89)
- Implementation of prevention programmes for high-risk families (1988-89).

The Advisory Committee felt there was a need to strengthen the methodology required to identify people at risk and this should include the full range of parameters. It was also considered essential that demographic and epidemiological knowledge should be used in making projections. It was observed that several countries had explored how nurses can best reach and intervene with groups at risk and that this information should be shared.

Output 28.2.2 A model for effective and efficient nursing intervention in care of the elderly, including support for self-care and lay care by 1989. The Nursing Unit activities are:

- Development of projects on the contribution of lay care and self-care groups, using previously prepared position papers on the subject and evaluation (1986-89)
- Development of country nursing project in care of the elderly (1989)
- Model for home care for elderly patients after discharge from hospital (1986-87).

This output accorded a relatively low ranking. The Unit's analysis is that support has been given for the elderly element but not for the lay/self element identified. This output demands creative thought for innovations in care practices for the elderly.

The Advisory Committee felt that society has to move towards accepting the help of lay people and that thought needs to be given to the education of nurses so that they are better equipped to teach and support them.

Output 29.1.1 A task analysis for various categories of personnel by 1989.

The Nursing Unit activities are:

- Consultant study to develop guidelines on the scope and practice of nursing/midwifery personnel and make recommendations on their integration with other PHC personnel (1986-87)
- Development of instruments for the analysis of nursing practice with a view to improving teamwork (1988-89).

The Advisory Committee recommended that the output should specifically include personnel in the primary health care team.

The Advisory Committee felt that information already existed relating to the activities and that the Nursing Unit should disseminate this information to facilitate Member States in their own activity. It was also pointed out that the 1988 Nursing Conference will also add to existing information.

Output 29.2.2 An assessment of the contribution of self-care technology to health by 1988. The Nursing Unit activity is the review of existing information on the extent of self-care and description of self-care technology and report on self-care (1988).

The Advisory Committee considered that the Nursing Unit, in cooperation with collaborating centres and certain Member States, reviews existing information on the extent of self-care.

Output 31.2.2 A network of regional and national groups to be responsible for quality assurance in nursing care by 1990.

The Nursing Unit activities are:

- Selection of groups to participate in studies (1986)
- Meetings to complete data-gathering instruments and methods for country-testing (1987-89)
- Testing of proposed guidelines for standards of nursing practice in selected countries (1987-89)
- Analysis and write-up of findings from first stages of the study (1989)
- Revision and publication of guidelines for standards of nursing practice (1990).

This output received fairly high ratings by Member States and aspects of the output have already been realized in an initial group of five countries. Efforts are presently being made to train a group of European nursing consultants who can assist regional groups in learning about and developing quality assurance programmes in nursing. It was also noted that quality assurance will be a topic of the technical discussion at the Regional Committee in 1988.

The Advisory Committee felt that the Nursing Unit should be included in the discussions and preparations for the technical debate in the Regional Committee and be part of the whole activity.

The Advisory Committee accorded this activity a high priority and recommends that model guidelines for standards development in nursing be tested, that this development be monitored and the information gathered be disseminated.

The Advisory Committee also recommended that a documentation system in nursing should be developed to form the basis of an input into a comprehensive quality assurance programme.

Output 36.4.1 Formulation and promotion of medical and nursing integrated curricula in line with the HFA 2000 regional strategy from 1986. The Nursing Unit activities are:

- Consultation to design university curriculum components for nurses (1988-89)
- Advisory services to training institutions for implementing HFA curricula (from 1988).

This is a new output added in 1986. Two experiments in curriculum design have been initiated and will be based on the 38 Targets and the HFA regional strategy.

The Advisory Committee gave this output a high priority rating and felt that information gained from the two experiments should be disseminated.

2.7 New Activities for the Programme

The Advisory Committee recommended that the following new activities should be added to the Programme:

- (i) *that a regional network should exist in support of the global network and regular meetings of government nurses with managers of the collaborating centres would fulfill this objective.*
- (ii) *that the use of the mechanism of "Associates" should be explored. It felt that this could be a method of strengthening links between countries and support a regional network.*
- (iii) *that the staffing of the Nursing Unit must be strengthened and a specific project to fund a nurse should be developed for a period of between three and five years and sources of alternative funding be sought.*

2.8 Summary of Priorities proposed by the 1986 Advisory Committee on the Nursing/Midwifery Programme

	<u>High</u>	<u>Medium</u>	<u>Low</u>	<u>Blank</u>
26.1.4. Information to stimulate national debates on roles, functions	11	2	-	2
27.2.1 Country reviews on national legislation	4	6	-	5
27.2.3 Basic, postbasic, continuing education	12	1	-	2
27.2.4 1988 Nursing Conference to reorientate practice to primary health care	10	2	-	3
27.3.2 Clinical information systems	3	8	1	3
27.3.3 Improved statistics on personnel	3	6	3	3
28.2.1 Approaches to high risk groups	4	8	2	1
28.2.2 Lay/self care of elderly	2	8	4	1
29.1.1 Task analysis of personnel	5	6	3	1
29.2.2 Assessment of self-care technology	-	4	10	1
31.2.2 Develop quality assurance	13	2	-	-
36.4.1 Curricula towards Targets	13	1	-	1
<u>Priorities added by Advisory Committee</u>				
Meeting of Government nurses	9	6	-	-
Use mechanism of associates	13	-	-	2
Improve staffing of nursing unit	13	2	-	-

Other activities were added but were not included in this priority ranking.

3. 1988 NURSING CONFERENCE

A WHO Conference on Nursing is to be held in Vienna, Austria, 21-24 June 1988.

3.1 Discussion Paper

It had been agreed that a discussion paper would be drafted to serve as a stimulus for discussion among the nurses in the Region. This paper would form the basis of debate by nurses in Europe at national fora and the responses and ideas would be fed back to the Nursing Unit at the Regional Office. These would form part of the background documentation provided to the participants of the Conference from which a position paper would be written.

Dr J. Robinson introduced the draft discussion paper. The full text of her presentation is attached as Annex 3. Quoted below are some of the key points raised:

- The Target document was seen as a new framework within which nursing should recast itself and its scientific base of practice. This challenge should be met by nurses themselves and should be the major focus of the Conference.
- Nurses would have to redefine and reexamine the scientific base for nursing practice if the Target document represented a statement of the expectations of the future health care system and its providers.
- Dr Asvall not only welcomed the dialogue among nurses but challenged them; he indicated that opportunities to make real changes within Europe were not many and that this Conference was one way of providing such opportunities.
- The intent of the paper would be to identify what specific nursing contribution and content was required to reorient nursing practice to the care of people in Europe.
- It is essential for nursing to develop its theoretical base in order to meet the challenge. This would be the focus of the paper.

It was confirmed that the audience for the paper was all nurses in the European Region through the national fora and other methods of dissemination.

3.2 Comments and Suggestions

A summary of the Advisory Committee's comments and suggestions on the draft discussion paper is given below:

Main comments:

1. The discussion paper should be comprehensive and should not necessitate other reading material to be appended such as the Nursing Target synopsis if thousands of nurses were to be reached and involved.
2. The discussion paper is difficult for nurses to comprehend as in the main they are currently prepared for a role in curative care.
3. The wording may be difficult for many nurses to comprehend.
4. The level of professional thinking and theoretical knowledge amongst European nurses differs from country to country and also within countries.
5. Since the previous medium-term programme came to a conclusion there has been an expectation amongst nurses in Europe that something will follow and therefore this discussion paper was expected and needed.
6. The existing collaborating centres and the national fora must initiate an extensive educational process.

Main suggestions for change:

1. The introduction should be redrafted to include:
 - (i) the outline of the philosophy and content of HFA 2000.
 - (ii) the role of nursing in HFA 2000.
 - (iii) a clear indication that change in the attitudes of nurses is required.
 - (iv) an emphasis that the previously defined role of nursing has a theoretical foundation.
2. The section on "Universal Imperatives" should feature as an appendix and be presented as just one possible concept.
3. The analysis should not be codified by targets, rather according to the six themes of HFA, i.e. equity in health, add life to years, etc.
4. It should be stated explicitly what elements can be drawn from the theories to confirm what is said in Paragraph 4.2.
5. Paragraph 6, "A definition of Nursing Practice" should be moved forward in the document.
6. The "Elements of a Framework/Model/Theory" should be moved from the Appendix to the text.

The Advisory Committee recommend that these comments and suggestions should be taken into account when the document is redrafted prior to its distribution.

The Advisory Committee congratulated Dr Robinson on her presentation and a vote of thanks was given to her and the co-authors of the paper.

3.3 Pre-conference Preparation

The Advisory Committee were brought up to date by Ms E. Stussi with respect to the following pre-conference preparations:-

1. The background material and other information concerning the arrangements for national fora had been sent to all Member States in September 1986.
2. A photographic book and exhibit which presented success stories of situations in which nurses had already enabled targets to be reached was being compiled.
3. Discussions were taking place in countries to present and explain WHO activities and that of the nursing unit to nurse leaders to enable successful national fora to take place. At the same time country level information and other literature was provided and discussions were held concerning the designation of a suitable identifiable person to lead the country effort. The presentations made clear the challenge and a key objective in this personal dialogue was to motivate nurses to accept this challenge.
4. The Nursing Unit had set aside for each country one month to work with the nurses. The national fora were to take place between June 1986 and December 1987.
5. A letter would be sent to governments inviting two official delegates to the Conference. Invitations to other WHO Regions and some international nursing organizations would also be conveyed.
6. The planning committee for the conference would meet to bring together country level reports and experiences to prepare papers for the Conference.

3.4 General Discussion

The main areas of discussion centred on the following issues:

1. Funding

Members of the Advisory Committee were informed of the nature and extent of costs of the Conference and that further funding was still required. All nursing associations in Europe would be approached and several other types of organizations had been approached. The funding of national fora would be provided by each country in various ways. The documentation and translation of materials was being undertaken by individual nurses in various countries on the basis of goodwill.

2. Regional Committee 1987

Members of the Advisory Committee were informed that the Conference and associated nursing issues would feature on the agenda for the Regional Committee meeting in Bruges. It would be necessary to draft a paper to support this item. It was hoped that a number of Government nurses would be in the country delegations to the Committee.

3. Objectives of the Conference

Considerable debate was focussed on whether the Conference should be a multidisciplinary or nursing activity. The following are just a few of the relevant points which were made during this debate:

- It is team members who need to be reorientated to the achievement of the Targets, not just nurses.
- The power and control issues which existed within the primary care team should be addressed.
- The client was a most important member of the team and should be represented.
- Nurses need to talk through their own contribution before dialogue with other professionals.
- To bring about team changes requires all members of that team to be away together.
- The requirement is to gear nurses at a different level to instigate such local change.
- Parallel interdisciplinary activity should be set up as a separate and additional activity.
- A large resource was being spent on nursing and this must be geared correctly.
- The achievement of the Targets was a health matter not a professional matter.

3.5 Recommendations

The Advisory Committee recommends that:

1. *the Nursing Unit be congratulated for all the efforts they were making in preparation for a successful conference which was over and above the regular activity of the Unit.*
2. *the compilation of a photographic account of success was endorsed and that it should be made widely available.*
3. *the WHO facilitate a regular annual meeting of Government nurses from each European country. The objective of the first meeting in the autumn of 1987 would be:*
 - (i) *to ensure satisfactory country input to the Conference*
 - (ii) *suitable delegates were chosen by Governments*
 - (iii) *to provide information to enable them to directly brief their Government colleagues*
 - (iv) *to be made aware of the objectives and anticipated outcome of the Conference.*

The consequent meetings would enable WHO to brief these nursing leaders on the up to date position and policies as they relate to nursing and gain their committment to WHO programmes.

The Danish Nurses Association agreed to help with such arrangements and it was agreed that Collaborating Centre directors should join such a meeting.

4. *Government nurses should be informed of the agenda for Regional Committee 1987 in order that they could seek to provide an input.*
5. *the Conference should be for nurses and the objectives of the Conference be:*
 - (i) *the sensitization of the European nurses and their mobilization to the HFA/PHC movement.*
 - (ii) *the identification of nursing's present and potential contribution towards the achievement of the targets.*
 - (iii) *the identification of the changes required in nursing practice, education and research to contribute towards the achievement of the targets.*
 - (iv) *the development of strategies to effect changes including follow-up actions by countries and WHO.*

ICP/HSR 311

8333J

page 20

LIST OF PARTICIPANTS

TEMPORARY ADVISERS

- Ms N. Ben Dov
Head of Nursing Division, Ministry of Health, Jerusalem, Israel
- Dr Jan Both
Medical Adviser, Sickfund, Nyveraal, The Netherlands
- Ms E.H. Christensen
Executive Director, Danish Nurses' Organization, Copenhagen, Denmark
- Ms B. Westphal Christensen
Acting Director, Danish Institute for Health and Nursing Research, WHO
Collaborating Centre, Copenhagen, Denmark
- Ms G. Déchanoz
Chief Nurse, WHO Collaborating Centre, Lyon, France
- Dr E. Glomb
President, Nurses' Association of the German Democratic Republic, c/o
Ministry of Public Health of the German Democratic Republic, Berlin, German
Democratic Republic
- De E. Haugen Bunch
Research Consultant, Norwegian Nurses' Association, Bekkestua, Norway
- Dr D. Leskovsek
President, Slovenian Republic Committee for Health and Social Welfare,
Ljubljana, Yugoslavia
- Dr L. Magao
Director, Office of Studies and Planning, Secretariat of State for Health,
Department of International Relations, Ministry of Health, Lisbon, Portugal
- Ms Y. Moores
Chief Nursing Officer, Welsh Office, Cardiff, United Kingdom
- Dr J. Robinson
Director, Nursing Policy Studies Centre, University of Warwick, Coventry,
United Kingdom
- Dr P. de Schouwer
Secrétaire-général, Ministère de la Santé publique et de la Famille, Cité
administrative de l'Etat, Bruxelles, Belgium
- Ms M. Slajmer-Japelj
Chief Nurse, Health Centre Maribor, WHO Collaborating Centre for Primary
Health Care Nursing, Maribor, Yugoslavia

Ms M. Sorvettula

Director, The Nursing Research Institute, WHO Collaborating Centre for
Nursing, Helsinki, Finland

Ms K. Sövényi

Chief Nursing Officer, Ministry of Health of the Hungarian People's
Republic, Budapest, Hungary

Dr D. Vailland

Conseillère Technique, Ministère des affaires sociales et de l'emploi,
Paris, France

Dr C. Wlodarczyk

Head, Organisation and Management Section, Institute of Occupational Health,
Lodz, Poland

REPRESENTATIVES OF OTHER ORGANIZATIONS

Ms C. Holleran

Executive Director, International Council of Nurses, Geneva, Switzerland

Ms I. Znidarsic

League of Red Cross and Red Crescent Societies, Petit-Saconnex-Geneva,
Switzerland

Ms E.H. Christensen

Northern Nurses' Federation, Oslo, Norway

WORLD HEALTH ORGANIZATION

Regional Office for Europe

Dr M. Farrell

Regional Officer for Nursing

Ms I. Henriksen

Administrative Assistant, Nursing Unit

Ms E. Stussi

Nursing Officer

Dr A. Wojtczak

Director, National Health Policies and Systems

Headquarters

Dr A. Mangay-Maglacas

Chief Scientist, Nursing, Division of Health Manpower Development

WHO COLLABORATING CENTRES WORKING WITHIN THE NURSING/MIDWIFERY PROGRAMME

WHO Collaborating Centre for Health and Nursing Research

Danish Institute for Health International Manager: Ms Agnes Bjorn
and Nursing Research
Fensmarkgade 1
DK-2200 Copenhagen N, Denmark

Summary of Terms of Reference: Implement a Nordic workshop on epidemiology, provide a distribution channel for WHO materials, assume responsibility for assisting in publication of Nursing/Midwifery Newsletter, develop training materials and continuing education courses related to models of care for community based nursing.

The Nursing Research Institute in Finland

Nursing Research Institute International Manager:
Töölöntullinkatu 3A5 Ms Maija Sorvettula, Executive Director
SF-00250 Helsinki, Finland

Summary of Terms of Reference: Conduct research on primary health care, participate in testing of guidelines for standards of nursing practice, serve as consultant for national fora and 1988 Conference; serve as contact focal point for the Nursing/Midwifery Newsletter, disseminate materials within national nursing network, develop and test country-wide distance learning programme in nursing.

WHO Collaborating Centre in Nursing at the Hospices Civils de Lyon

Centre Collaborant OMS International Manager:
en Soins Infirmiers Ms Geneviève Déchanoz
162, Avenue Lacassagne
F-69424 Lyon cedex 3, France

Summary of Terms of Reference: Develop a system of classification of needs in nursing, and participate in the development of a taxonomy of nursing terms in French; assist in the development of a national plan of work for nursing development in France; translate and distribute the Nursing/Midwifery Newsletter; assist in the preparation and holding of national fora in preparation for the 1988 Nursing Conference; host two international meetings related to selected HFA targets.

ICP/HSR 311
8333J
page 24

WHO Collaborating Centre of the Public Health Nursing Service,
Health Centre, Maribor

Health Centre Maribor
TOZD Patronazno varstvo
YU-62000 Maribor, Yugoslavia

International Manager:
Ms Maijda Slajmer-Japelj

Summary of Terms of Reference Carry out studies on nursing and home care; translate the Nursing/Midwifery Newsletter, assist in national discussions in preparation for 1988 Nursing Conference, prepare teaching package on nursing research, host and conduct national workshop on nursing curriculum, assist WHO/HQ in nursing leadership and networking activities.

PRESENTATION OF THE DISCUSSION PAPER FOR A
CONFERENCE ON NURSING 1988

by

Dr Jane Robinson, WHO Temporary Adviser

Background

In April 1985, the WHO Nursing Conference Planning Group met in Copenhagen to discuss informally the organization of a conference on nursing.

The members of this group were¹:

- Dr Marian McGee, Dean of Nursing, University of Ottawa, Canada
- Ms Maija Sorvettula, Director, Nursing Research Institute, Finland
- Ms Margarida Cunha Rosa, Expert in Quality Assurance in Nursing, Ministry of Education, Portugal
- Dr Jane Robinson, Director, Nursing Policy Studies Centre, United Kingdom

WHO/EURO members of staff included: Dr Marie Farrell, Regional Officer for Nursing, Ms Elisabeth Stussi, Nursing Officer and Ms Janine Morgall, Temporary Adviser.

WHO Headquarters was represented by Dr Amelia Mangay-Maglacas, Chief Scientist, Nursing, Health Manpower Division.

The discussion began with a review of the purposes of the meeting. Dr Farrell informed the meeting that upon completion of the multinational study on nursing, a partial review of the success of the project was made during the Nursing/Midwifery Unit's programme review in January 1985: The next step was to ensure dialogue and debate within the Region relative to the advances made in nursing and the reorientation required in the years ahead.

At the time, Dr J. Asvall, Regional Director, WHO Regional Office for Europe felt that the political will of WHO could be brought to bear on factors, institutions and people considered pivotal in decision-making and that nursing should reorient itself in the light of the emerging character of the European Regional Target Document. An all-European Conference on Nursing was suggested as the mechanism to stimulate this action.

The initial discussion began with the question, "Why a European conference on nursing?". Many comments were made which related to past work of the Nursing/Midwifery Unit in the Regional Office and to the recently accepted European Regional Target Document. Dr Maglacas mentioned the global

¹ Ms Maijda Slajmer-Japelj, Chief Nurse, Health Centre Maribor, Yugoslavia, joined the group for later meetings held in London (November 1985), and Copenhagen (July 1986)

activities of WHO vis-à-vis the regional ones within Europe. The Regional Target Document was seen by the group as politically dynamic, carrying implications for profound change both in the way nurses provide care and in the shifts required in relationships if such changes were to be effective and lasting. The Target Document was seen as a statement about the dynamic changes taking place in European people's demands and needs for care, and in their expectations of health care systems and health care providers. The Document was also seen as the new framework within which nursing should recast itself and its scientific base of practice. This challenge, it was felt, should be met by nurses themselves, and should be the major focus of the conference.

Nevertheless, considerable scepticism was voiced about the political nature of the Target Document. The writings of Dr Halfdan Mahler and Dr Vincent Navarro were contrasted in the often-voiced concern that nursing may be legitimizing the transfer of high-tech medicine into the home and be reorienting itself, not to meet consumer needs, but to transferring the "handmaiden role" (a function as assistant to the physician) into the home. Further, scepticism was voiced about the success of nurses in some countries in establishing the patient or client as the focus of care because of the paternalistic, traditional attitude of physicians who attempted to control the behaviour of those in other disciplines. If nurses (who are usually women) were to serve the patient rather than the physician, considerable risks would be involved. On the other hand, maintaining the status quo meant sustaining the "second class" status of such women. On a personal level, considerable depression reportedly results and nurses shy away from added responsibilities, particularly as there is no hope for increase in status, prestige, recognition or salary. The urgent call for governments to study incentives to attract workers to health care, particularly in rural areas, was noted. Other interactions between nursing and women's issues (the hours they work, their working conditions and wages) were mentioned. If the Target Document was to be implemented, profound changes in all these areas were required. Again, the above issues were seen as carrying far-reaching political consequences which the group felt had to be examined in the conference. If the issues were not open for discussion, members of the group indicated that they would not be interested in developing the conference.

During a meeting with Drs J. Asvall, Regional Director and O.P. Petersson, Director, Development of Comprehensive Health Services, the above comments were reviewed.

The group believed that the issues could be defined as two sets of conditions:

- (1) that it would be obliged to expose the political implications of the documents as they affect the reordering and restructuring of priorities in existing health settings throughout Europe, and more importantly:
- (2) that they would have to redefine and reexamine the scientific base for nursing practice if indeed the Target Document represented a statement of the expectations of the future health care system and its providers.

The group was assured by the Regional Director that full political support for such exploration, as well as financial support for the conference, would be forthcoming. Dr Asvall not only welcomed the dialogue among nurses but challenged them; he indicated that opportunities to make real changes within Europe were not many, and that this conference was one way of providing such opportunities.

After considerable discussion the group appeared satisfied that the Regional Director was prepared to lend his full support to the Conference.

It was agreed therefore that the content of the conference would be developed around a position paper to be developed by Dr Marian McGee, Dr Jane Robinson, Ms Margarida Cunha Rosa and Ms Maija Sorvettula between the autumn of 1985 and June 1986. To develop this position paper, the group would be expected to work on reviews of literature within their own country and to meet twice before the final paper was drafted. Dr McGee would head this group and assume responsibility for the final drafting of the document. Throughout Europe, fora would be established where the position paper and the Target Document could be discussed in open meetings and where nurses could dialogue about some of the issues in both documents. The intent of the paper would be to identify what specific nursing contribution and content was required to reorient nursing practice to the care of people in Europe.

Initial debate within the group over the balance which should be struck between an emphasis on nursing science (a concept which is poorly developed in many parts of Europe) and the policy implications arising out of the Target Document were resolved successfully. It was agreed that it is essential for nursing to develop its theoretical base in order to meet the challenge of the European Targets for Health for All however difficult and perhaps revolutionary the ideas might seem to be. This then would be the focus of the paper, and the associated policy issues would be addressed in the supporting papers which would be given at the conference.

The group was concerned to ensure that the ideas in the paper should be understood by the nurses of the European Region. It was believed that the ideal vehicle for the transmission of ideas would be through the use of national fora where the paper and its background would be presented and discussed. The nurses' own responses and ideas would then be fed back to the Regional Nursing Office.

It was on this basis that it was decided to develop a discussion paper rather than a position paper which carried the implicit assumption of something settled and irrevocable. The group saw the paper acting rather as a catalyst, or a springboard, which would enable the nurses of Europe to develop their ideas in relation to the objectives of the conference, that is relating nursing practice to the achievement of the 38 Targets for Health for All.

The development of the discussion paper

The group agreed that nursing, as with any discipline, is historically and socially defined. The paper could not, therefore, be prescriptive as to which theoretical perspectives nurses in any Member State should support. There was a need instead to demonstrate that the implicit theories to which nurses subscribe should be made explicit.

It was only in this way that nursing care could be more systematically planned, implemented and evaluated. Theories of nursing are only useful insofar that they guide decision-making in practice at the levels of description, explanation, prediction and prescription. It is notable that this notion is closely linked to the proposition already discussed at this Advisory Meeting that future research in WHO should always be decision-linked.

In order to understand how far the process of theory development has already proceeded in Europe, a survey of Member States was carried out. The response (Appendix III) shows that nursing theory in Europe is already moving from the implicit to the explicit, and is therefore ripe for further debate and discussion by the nurses of the Region.

Members of the group also reviewed the European literature in order to identify the nursing theorists of the Region. Although the multi-language problem has perhaps inhibited full communication in the Region, the references cited in the discussion paper show that nursing theory in Europe is well developed.

Nursing theory is not a new concept. Meleis, 1985, writing of Florence Nightingale, says that "conceptualization of environment as the focus of nursing care", and her admonition to nurses that they need not know all about the disease process, are the earliest attempts at differentiation between the focus of nursing and medicine. Her concept of nursing which we are finally beginning to pay attention to, includes the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet, all with the least expense of vital power to the patient. "Nursing should be to assist the reparative process" and decrease suffering.

Her "notes in nursing", in which she articulated phenomena central to the domain of nursing, evolved from extant nursing practice. The "notes" were based on her observations and her experience in nursing. They are a living indication of the potential of extant nursing practice as a source of ideas for theories to describe, predict and prescribe nursing care. Her focus on environment and health is becoming a more accepted focus of nursing. One cannot help but wonder, if nurses had continued to consider extant nursing practice as the major source of ideas, whether or not the theoretical base of the discipline would have been at a different level than it is today

The group agreed that a conceptual framework was needed in order for nurses to make a larger contribution to policy and programme formulation. Nursing is a situation-based process of nurse/patient interaction. It begins with an assessment of function and need and develops into strategies to optimize people's competence to function (para 6.1).

It can be categorized therefore according either to need hierarchies or to the context of nursing situations (3.1). The group used both approaches, but in the final analysis found that the concept of universal imperatives (2.3) was most relevant in relation to the 38 targets. (The classification by situation was not useful for Targets 32-38 which demand a separate analysis for issues which are concerned essentially with macroscopic policy initiatives).

The use of this framework was not agreed without some initial controversy for some members believed that "the right to exercise choice" and "cost effectiveness" underpin all of the remainder. Their separate inclusion was justified on the grounds that it is important to ensure their consideration in any discussion of health policy, programme or strategy.

Each of the 38 targets was analysed therefore in terms of its relationship to the universal imperatives for decision-making in society. Most noticeable in this analysis was the marked shift in emphasis in the target document from objectives which stress survival, and even from the control of morbidity, towards the promotion of optimum functioning, client choice and cost-effectiveness. In turn, Dr Marian McGee helped the group to identify the nursing theoretical approaches which are most relevant to each level of the hierarchy.

Nursing theories vary however according to the perceptions which authors have of nursing and according to the particular school of thought to which the theory belongs. These are issues for which there can be no prescription, and the paper merely addresses the issue that the nurses of Europe must grasp the concepts and consider their relevance and application to their own particular nursing situation.

In conclusion

The report of the WHO Symposium "Primary Health Care - from theory to action", 1982, concluded in its discussion of the obstacles to the implementation of PHC that these were partly due to the unclear definition of Primary Health Care. Others have included the following three fallacies:

- that PHC is a new concept;
- that it is only relevant in developing countries; and
- that PHC is equivalent to Primary Medical Care, i.e. general practice.

However, the most frequently quoted obstacle to the implementation of PHC was the rigid attitudes, firmly held, by people working in politics or health care.

As a working group considering the issues of the discussion paper, we have tried to confront some of the assumptions and obstacles which inhibit nurses from making their full contribution to the implementation of PHC. The process was often very painful and not without conflict - as is often the case when people come together to try to grapple with new ideas.

For us this discussion paper is only a beginning - if it begins to generate debate not only amongst nurses, but also amongst the wider community, then it will have achieved its objective. It gives me great pleasure to invite you to participate in the first elements of that debate.