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NURSING AND THE 38 EUROPEAN REGIONAL TARGETS FOR HEALTH FOR ALL

A DISCUSSION PAPER

by

Nursing/Midwifery Unit
Regional Office for Europe
World Health Organization

NURS/EURO 86.3 (Rev.1) See Corr.
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<u>Note</u>

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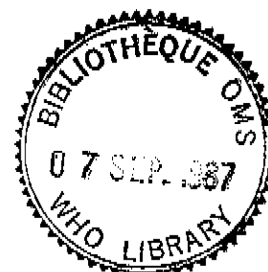

CORRIGENDUM TO

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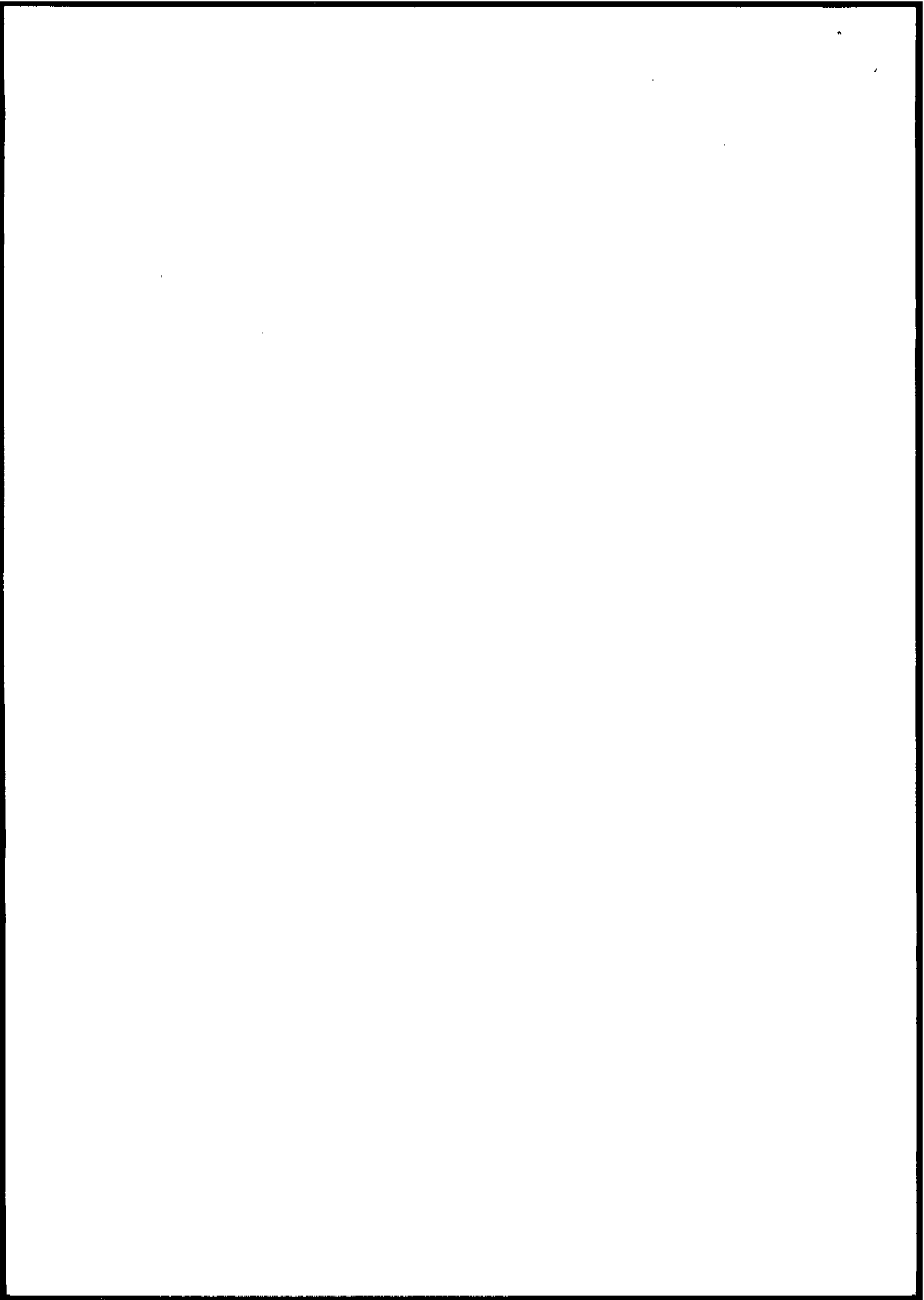

ANNEX 1

NURSING THEORIES USED IN EUROPE: SUMMARY OF NURSING PRACTICE BY COUNTRY*

Country	Theorist(s)	Comments submitted with country reports	Reported by
AUSTRIA	-----	Austrian law governing nursing practice	Dittrich
	-----	WHO/EURO Medium-term Programme (MTP), especially Nursing Process used as basis for comprehensive nursing care	
BELGIUM	-----	Law concerning the art of nursing in Belgium	Berwaerts
	Grypdonck	Integrated model of nursing based on Rogers' concept of man, self-care and patient advocacy	Grypdonck
	-----	WHO/EURO MTP model on Nursing Process	Delmotte
	Orem	Promotion of self-care	idem
	Henderson	14 Basic Needs	idem
	Grypdonck Mariner Rodenbach	Integrated model of nursing Nursing Process	de Baets
CZECHO-SLOVAKIA	-----	Total health systems view of community teams of specialists, physicians and nurses in the community for primary health care	Kvasova

* Compiled from the reports submitted by the countries participating in the survey (i.e. total of 22 countries and 49 persons/organizations) conducted by the Nursing Unit at the WHO Regional Office for Europe in preparation for this discussion paper. The comments are reproduced verbatim.

Country	Theorist(s)	Comments submitted with country reports	Reported by
DENMARK	-----	WHO/EURO MTP model on Nursing Process	Björn
	Eriksson	Problem-solving nursing interaction	
	Orem Roy Neuman	Promotion of self-care Adaptation	Holm-Christensen; Westphal-Christensen
	Salling Larsen	Based on Maslow and Piaget for Nursing Process	Björn
	Roy, Orem, Neuman, Eriksson, Peplau, Travelbee, Wiedenbach, Hall, Orlando, Rogers, King, Henderson	Being used in schools and some institutions	Salling Larsen Nicolaysen Mortensen Björn
	Danish Occupational Health Nurses	Health = Resources of man / Damage owing to the working environment	Pryds Jensen
DDR	-----	Regulations governing basic/postbasic and continuing nursing education	Lebentrau
FINLAND	Aastedt-Kurki & Pelkonen based on Orem Henderson, Roper, Yura & Walsh	Primary care based on patient perception of health care service Process in self-care development	Raatikainen (ICN Congress Tel-Aviv)
	Henderson, Orem, Roper, Roy, Yura & Walsh	The most frequently used theorists	Pelkonen

Country	Theorist(s)	Comments submitted with country reports	Reported by
FINLAND (continued)			
	-----	WHO/EURO Medium-Term Programme	Sorvettula
	----- Hall, Abdellah, Peplau, King, Orem, Roy, Rogers, Orlando, Levine, Neuman, Newman, Johnson, Nightingale, Henderson, Yura & Walsh, Roper	Nursing Process Key concepts: man, environment, health	
	Sorvettula & Nursing Research Institute, Helsinki	Professional Nursing Service Model	idem
	Eriksson	The care process model with the objective "optimum health"	idem
		Nursing Process Model; Ideal Scientific Model of Approaching the Nursing Reality; Caring process from the holistic point of view	Ministry of Social Affairs and Health, Finland
	Lauri	Theoretical model of public health nursing: Independent health care and health status surveillance	Sorvettula
		Application of the Nursing Process to Child Care in Primary Health Care Decision-making process in Nursing	Ministry of Social Affairs and Health, Finland
	Henderson, Kratz, Neuman, Orem, Roper, Roy	Models of Nursing Theories/Process	idem

Country	Theorist(s)	Comments submitted with country reports	Reported by
FRANCE	Henderson Orem Roy Roper Poletti	Strong science base for extended primary care	Vailland et al. Dechanoz Rochaix
GERMANY, FEDERAL REPUBLIC OF GERMANY	-----	Nursing and management of Nursing Services based on holistic approach to people's needs, including health promotion, prevention	Weinrich
		Nursing conference revealed frustration of nurses with our health system because of over-emphasis on medical technology and indifference to the human condition	Ferguson
GREECE	-----	Law governing Nursing Education and Practice	Gennimatas
	-----	Nursing greatly influenced by Greek philosophy and civilization-humanization. Emphasis on PHC approach	
ISRAEL	Levine	Conservation of energy and of structural, personal and social integrity	Ben Dov
	Henderson	14 basic needs	
	-----	Primary nursing model	
ITALY	-----	Global reorientation of health care in light of health reform	Paccagnella
		Nursing Process	

Country	Theorist(s)	Comments submitted with country reports	Reported by
MONACO	Henderson	14 basic needs and quality assurance	Gastaud Ghizzi
NETHER-LANDS	Henderson King Roy Orem Grypdonck Leininger van den Brink-Tjebbes	used for in-service education (used in post-graduate courses) Promotion of self-care Situation creating theory Anthropological nursing model The "existence-care" model	von Nordheim
NORWAY	Henderson Orem Walseth	To shift to stronger emphasis on promotion of health and prevention of illness	Haugen-Bunch Rustad
POLAND	-----	Health education, prevent-ion and rehabilitation (physical and psycho-logical), needs-based care	Koronka
	-----	Development of nursing education	Samerek
PORTUGAL	Horta	Prevent disequilibrium and facilitate equilibrium by doing, helping, orienting, supervising and guiding the recipient	Cunha Rosa Macedo
	Henderson Orem	14 basic needs and selfcare (taught in nursing schools)	Cunha Rosa
	Poletti	Holism and self-care health including illness, is related to lifestyles, can lead to increased understanding, harmony and coping. Nursing respons-ibility is to facilitate development	idem
	-----	Nursing Process	Macedo

Country	Theorist(s)	Comments submitted with country reports	Reported by
SPAIN	-----	Health law (1985) shifting curative to preventive care. Theories used as framework to structure curricula	de la Cuesta
	Henderson Orem Peplau Rogers Roy	Concepts such as holistic, comprehensive and indivi-dualized nursing care are introduced	idem
	Henderson, Orem	In conjunction with the medical model	Piulachs
	-----	Nursing Education and Practice reoriented according to Health For All and primary health care	Ovalle
	Piulachs	Holistic care to develop personal resources for development and growth; strong support by nursing for HFA but minimal resource allocation	Piulachs
SWEDEN	Henderson, Roy, Orem	Theories commonly used in Nursing education, practice and research	Pontén
	Maslow E.H. Erikson	Philosophical, social science and humanities theories used as basis for theory development in Nursing by Norberg, Heidenborg, Aakerlund, etc.	idem
SWITZER- LAND	Roper, Orem Henderson Levine, Roy, Maslow, Fromm Juchli, Poletti Meier	Self-care and independence in activities of daily living. Conservation	Bischofberger

Country	Theorist(s)	Comments submitted with country reports	Reported by
TURKEY	-----	A controlled investigation demonstrated inadequacy of educational preparation of graduating nurses	Birol
	-----	Nursing practice is task-oriented and related to cure only. Nursing theories are discussed in nursing graduate programmes	Kum
UNITED KINGDOM	Roper, Logan & Tierney Roy, Orem	Activities of daily living	Poole
	Orem Roy Henderson Johnson, Newman	Self-care Adaptation 14 basic needs -----	Kitson
	-----	Identifies benefits and problems in use of nursing models	Kitson
	Kitson, Griffin, Tiffany, Watson, Orem, Leininger Johnson, Newman Henderson Roper, Logan & Tierney	Analysis of various concepts of care range from moral, emotional, cognitive basis, to task-completion of medical model, to 10 carative factors of interpersonal relational process to identifying and distinguishing universal and non-universal aspects of care	Kitson
	Kitson	Determine attributes and expectations of: lay caring, professional caring, organized working environment mitigate against nursing commitment	Kitson
	Roper, Logan & Tierney	Activities of daily living	Allen
	-----	"Edinburgh women's health shop" - a non-clinical setting for health promotion and support for self-help	Robinson Robert

Country	Theorist(s)	Comments submitted with country reports	Reported by
UNITED KINGDOM (continued)			
	Roper, Logan & Tierney Orem, Roy	Maintain independence, activities of daily living, facilitate achievement, help to accept dependence	Auld
	Roper, Logan & Tierney	Activities of living with individualized and problem-solving approach. Emphasis on mentally handicapped, the elderly and community nursing with quality assurance	Alexander
	Roper, Logan & Tierney Orem	Activities of daily living Self-care	Randell
YUGOSLAVIA	Henderson	Nursing process based on patients' needs and those activities that they cannot do for themselves, patient energy conservation and participation in treatment and rehabilitation, health education and problem-solving	Slajmer-Japelj

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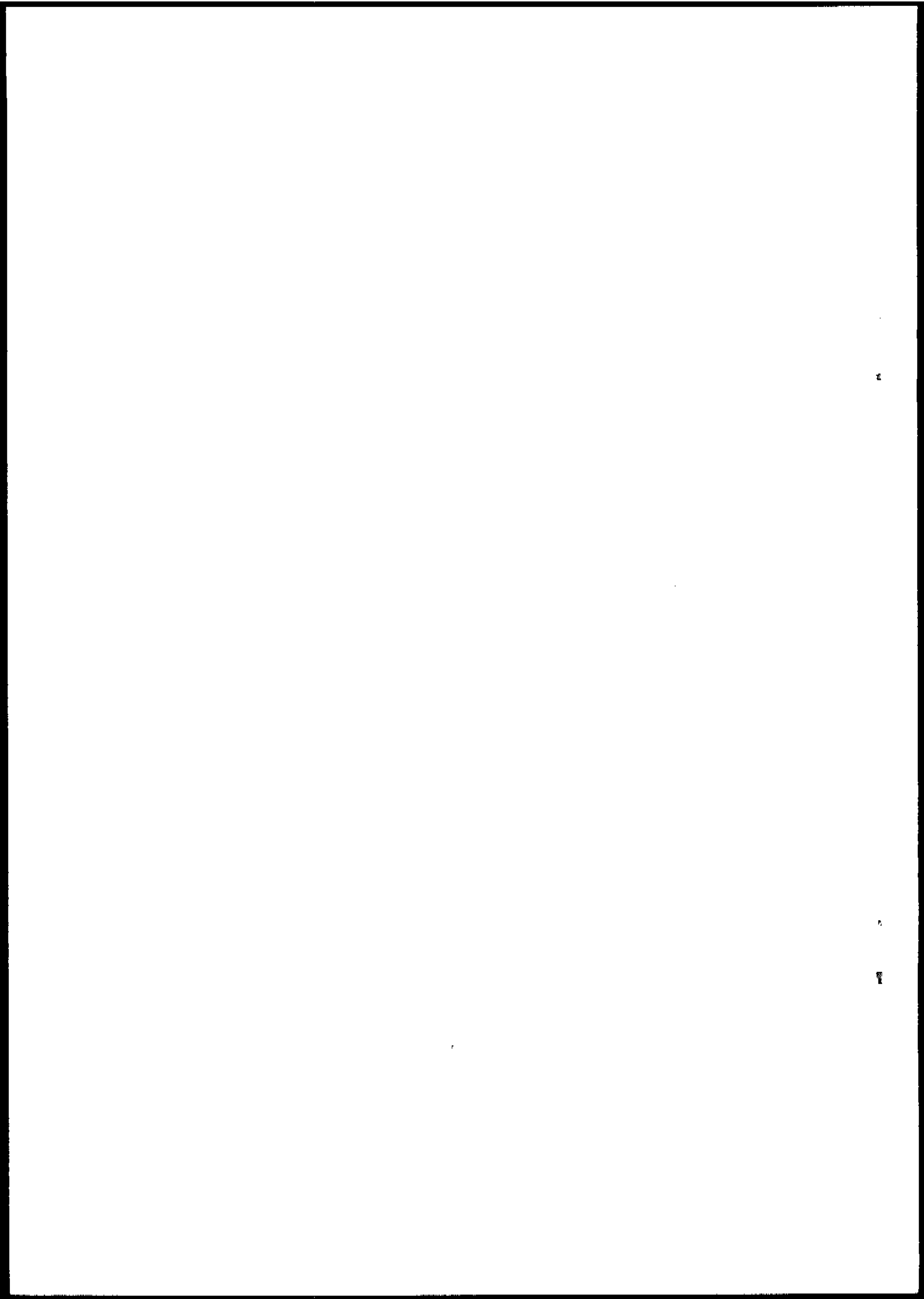

FOREWORD

Nurses in countries throughout the European Region are debating the future of their profession. The issues raised in their discussions, and the cultural, political and economic implications, will be considered at the European Conference on Nursing in 1988. This paper is part of these discussions. It sets out a framework of ideas for nursing practice in the future, a way of thinking about what nurses do today and what they will do tomorrow. Using this framework, nurses can work to shape the future of their profession and of health care and so help to achieve health for all in Europe.

Special thanks go to all nursing leaders and professional organizations that helped prepare this paper by sending bibliographies and information on the present state of nursing in their countries. All comments, ideas and suggestions to improve the paper are welcome and should be included in the reports from the national fora.

"We are now in a period of crisis. Every [person] who is acutely alive is acutely wrestling with his own soul. The people that can bring forth the new passion, the new idea, this people will endure. Those others, that fix themselves in the old idea, will perish with the new life strangled unborn within them. [People] must speak out to one another."[a]

D.H. Lawrence

INTRODUCTION

What is the basis of nursing practice? Why do nurses work as they do? What does the future hold for nurses and nursing?

To begin by answering the last question, efforts to reach the 38 regional targets for health for all by the year 2000 will be a powerful influence on the future of nursing.

Targets for health for all

All of the Member States of the European Region of the World Health Organization (WHO) adopted 38 targets in 1984 as their means of achieving health for all of their people. This was the result of a movement begun in 1977, when all of the Member States of WHO declared as their goal a level of health that would allow all the people of the world to lead socially and economically fulfilling lives. Primary health care is the key to this goal and the 38 targets describe the kinds of changes necessary to reach it in Europe. Action must be taken in four areas: lifestyles and health; risk factors affecting health and the environment; changing the nature and direction of health care systems; and the kinds of political, management, technological, manpower, research and other support necessary to bring about the necessary action in the other three areas. This is both a challenge and a great opportunity for nurses and other health professionals.

The targets offer nurses the opportunity to achieve their traditional aims in new, more independent ways, in close, reciprocal cooperation with other health professionals and the people of the community they serve, and to shape the future of their profession through work for health for all.

The challenge to nursing begins with the need to re-examine and expand ideas of nursing practice, including the definition of health. WHO defines health as "a state of complete mental, physical and social wellbeing, and not merely the absence of disease or infirmity". The targets are based on this idea of positive health and on several major themes.

[a] D.H. Lawrence, Women in Love. San Francisco, Gelber, Lilienthal, Inc., 1950

First, health for all implies equity, the idea that everyone should have equal access to health and health services. This means reducing the present inequalities in health between countries and within countries as far as possible.

The aim is to help people build and maintain their health so that they can fully use their capabilities. The emphasis in health care must be on the prevention of disease and the promotion of health.

Next, the people themselves will achieve health for all. A well informed, well motivated and actively participating community is essential.

Because health is affected by many social and economic factors, the health authorities can deal with only part of the problems to be solved. The cooperation of all sectors of government and society will be necesary to reach the goal. International cooperation is another necessity because some health problems extend beyond national frontiers.

Lastly, the centre of each health care system should be primary health care, supported by hospital and specialist care when necessary.

Action from a variety of groups is needed to reach the targets, but nurses and other health professionals can play a special role. Individually, all health personnel should give higher priority to health promotion, disease prevention, care and rehabilitation. They should try to take a more holistic view of health problems, to see that the sources and solutions to many health problems can be found in the family and the community. They should recognize the effects of psychological, social, economic and environmental factors on health and work with professionals in the fields concerned to improve health. They should also publicize these factors to the people, the politicians and the health authorities. This new role as advocate will take nurses into the political arena, to use their expert knowledge to encourage politicians and the public to work for health for all.

Primary health care

Again, primary health care is the key. The concept of primary health care broadens the tradition of care, which has been focused almost entirely on disease, illness and dramatic interventions in crisis situations. Primary health care means meeting the needs of each community through services provided as close as possible to where people live and work, at an affordable cost and readily accessible and acceptable to all. The individual, the family, and the community become the basis of the health system. The primary health care worker, as the first person in the health system with whom the community deals, becomes the central health worker. The traditions of nursing prepare nurses particularly well for this role.

Nurses will continue to work for health, but they will work in new ways in new settings. Having adopted a broader idea of health and recognized the effects of social and economic conditions of the health of individuals, nurses will give care in the community and assist the community to attack the sources of health problems and implement solutions. This will include specifying measures to be taken by individuals and families in their own homes, by communities, by the health service at primary and supporting levels, and by

other sectors. As advocates for the community, nurses will help in the essential task of involving the people in making decisions about health care and speak for the people's interests in the health care system and in political, economic and social decision-making.

Nurses lead the way

Action for health for all has already begun. The Member States of the Region have begun to shift the emphasis in their health care systems from care in the hospital to primary health care in the community. In addition, independent developments in nursing practice and theory, begun in the 1960s, share many of the ideas and goals of the targets.

The adoption and implementation of the European regional targets give the estimated 2.5 million nurses of Europe an opportunity to make a profound contribution to the health and wellbeing of the people of the Region. In 1985, Dr Halfdan Mahler, Director-General of WHO, invited nurses to lead the way in the development of primary health care. Nurses are prepared to accept this challenge. They can do so because the primary health care of the future has deep roots in nursing's past and because nursing theories and universal imperatives for practice are available to guide them.

THE BASIS FOR NURSING PRACTICE

Why do nurses work as they do? Despite the differences in the kinds and methods of care provided by nurses in Europe, nursing practice has a basis, a principle that determines its nature. This is the foundation of both the present situation and the future of the profession. A knowledge of this basis will help nurses guide their profession to a future of their choice.

Nursing practice is a process of interaction between nurses and patients, in which the nurse assesses the patient's needs, sets objectives, chooses a course of action for care and evaluates the results. Nurses check the validity of their choices with patients at each stage of the process and develop strategies to help people live as fully and independently as they can. Such strategies already vary widely and will expand further as nurses take their work into the community through primary health care. Naturally, all nursing practice is guided by the situation, by the available and appropriate choices open to nurses and to patients in their economic and social environment.

Nursing practice is based on nursing's heritage, the definition and theories of nursing and universal imperatives for practice.

Nursing's heritage

Primary health care has deep roots in the heritage of nursing, beginning with programmes for community health in the mid-nineteenth century and with the thinking of Florence Nightingale. Her vision of a day when there would be no nurses of the sick, only of the well, demonstrates her commitment to prevention and health promotion and to the idea of positive health.

In this century, nursing services, in line with developments in high technology and health care, increasingly narrowed their focus to people who were ill or otherwise incapacitated. More recently, interest in Nightingale's thinking has revived. After many years of practice based on tasks rather than situations, nurses are shifting the emphasis to setting and achieving individual goals for the patient.

Many nursing theorists and practitioners throughout the world emphasize the relationship between the nurse and the patient and the obligation of the nurse to help the patient function as well as possible. They stress the importance of building on the patient's capabilities and promoting independence. Nurses have begun to emphasize increased understanding of and participation in health care by the consumer, and the consumer, as a partner in building health, has begun to change from a patient to be managed into a client to be consulted. Nursing has begun to develop creative strategies that not only alleviate but also prevent suffering or dysfunction, with increased consideration of risk-control and cost-consciousness. These ideas are also central to the primary health care proposed by the movement for health for all. As a discipline, nursing is ready to take the opportunities offered by primary health care.

Definition and theories of nursing

Nursing in Europe is an art and a science, focused on people and their need for competent care. To deliver such care, nurses use their judgement, creativity and intuition. A wide range of nursing theorists, from Nightingale to those of the present day, have tried to determine the nature of nursing and the best kind of care.

Some nurses question the importance and validity of nursing theories. They say that such thinking is useless to them in their daily work, which consists of action, not ideas. On the contrary, the complex skills that nurses use are based on theories of nursing care, and nurses act on them every day. Theories of nursing will also be useful guides to the nursing practice of the future. A logical basis for practice will enable nurses to choose the most appropriate way to care for people in every situation.

In their quest to demonstrate the scientific basis of nursing, some nursing authors in the past two decades have gradually developed theories to serve as a rationale for nursing practice. Their ideas are similar in many ways but they also show cultural differences. One of the differences lies in the authors' perception of the nature of nursing. Some suggest that providing care is the most important part of nursing and that any care given by anybody is nursing. These people stress the similarities among the health professions and believe that all health professionals share a common scientific and ethical basis. Other authors believe that a strong science base particular to nursing is an essential addition to giving care. The varying theories and practice of nursing throughout the world, including the European Region, are found somewhere between these two positions, although the theories discussed in this paper are much closer to the second.

The development of nursing varies, and nurses in Europe use many different theories or models of the nature of nursing; see Annex 1 for examples. These can be grouped into three schools of thought. The first is based on people's needs, the second on the interaction between nurse and patient and the third, and most recent, on the outcome of care.

The first group of theorists describes nursing in terms of a hierarchy of patients' needs that nursing care can meet. Many object that this reduces a person to a set of needs or problems and nursing to a set of functions. Interaction theorists focus their attention on the process of care and the continuing interaction between nurses and patients. The theorists in the third group are interested in the results of care. They emphasize the efficiency and effectiveness of care, the patient's satisfaction with care and the obligation of nurses to act as patient advocates.

An issue facing nurses in many countries is whether nursing should enter the political arena. Growing numbers of nurses believe that political action is needed to promote and defend the interests of nursing and patients. The strategy and targets for health for all stress the importance of such action by health professionals.

Universal imperatives

Universal imperatives are a way of classifying all the different actions that nurses take; nurses can use them to determine the goal of care. Despite different traditions, conditions and settings for care, any nurse can use these priorities for care to meet any situation. Depending on the situation, the nurse reviews these options and decides that it is imperative to give care that:

- will contribute most to clients' survival;
- will contribute most to controlling and preventing morbidity and complications, both in the individual client and in the community;
- permits clients to make choices for themselves;
- will contribute most to client functioning; or
- can be implemented to achieve the objective at the least expenditure of energy and resources to those concerned.

Like the targets for health for all, the imperatives are based on a broad definition of health and aimed towards health promotion and personal growth for the client. Nursing has always fought death, disease and disability, but the second, third and fourth imperatives call for new strategies that use primary health care to build positive health with clients' participation. The last imperative is the responsibility of all health professionals in the face of limited resources.

THE IMPORTANCE OF THE CONTEXT OF CARE

To work most effectively, nurses will need to use approaches that take account of people's different beliefs, life situations, problems, resources and strengths. The situation dictates all the nurse's choices for care: the relevant imperative, theory and intervention. All these decisions are based on the encounter between the patient and the nurse.

The situation of the patient covers more than that person's physical status. Economic, social and cultural factors are important; they influence not only the patient's health but also the range of choices open and acceptable to both the nurse and the patient. Another important element in the situation is the patient's ability to participate in care. A victim of drowning, for example, is in no position to debate the course of treatment; this crisis shifts all decision-making to the health professional. Healthy people, on the other hand, can make their own decisions for dealing with the risks of everyday life. This demands different actions from nurses. They should welcome and encourage clients' participation in choices for care.

Nursing practice is appropriate in a very broad range of situations, from life-saving measures for a person in crisis to the design of programmes and the planning and provision of services to guard and maintain the health of whole populations. Each situation makes different demands on both patients and nurses.

Classification of situations

Situations can be grouped in four categories.

A crisis situation involves the serious and often sudden interruption of normal life and biophysical, psychic or social harm to an individual, group or total population, in a home, the community or the workplace.

In situations of morbidity, people experience illness, injury or incapacity in acute or chronic episodes. These situations may involve an individual, a group or a population.

People in a risk situation may or may not have some minor illness or health problem, but they are exposed to greater than usual risks. For example, workers in the lumber industry are at risk of serious injury, farm workers are at risk of toxicosis, infants are at risk of diarrhoea, and the fetus of a woman who smokes is at risk of premature birth.

People in a situation of normal function are essentially well, living with only the average or usual risks of daily life. For example, a healthy individual, family or group has a feeling of belonging, is consistently engaged in work or activities and feels relatively competent and well. Such people may have a somewhat superficial awareness of resources. They can plan for the future, but they may feel some anxiety in anticipating the unknown.

The majority of people in hospital could be classified as being in situations of crisis or morbidity. Many people outside of institutions and hospitals meet the criteria for morbidity and risk. The nurse's recognition of the nature of the situation will guide the choices for care.

NURSING THEORIES AS GUIDES FOR DECISION-MAKING

The situation dictates the nurse's choice of an imperative for action. This dictates the choice of a model or theory, which in turn guides the nurse in choosing the action to take.

A survey of the 32 Member States of the European Region of the World Health Organization was carried out in preparing this paper. The reports from 28 countries show a range of advances in nursing. Although the problem-solving approach of the nursing process is used, the resulting content of practice has not been worked out completely. The nursing theories or models available can help solve this problem and guide nursing practice.

Nurses and the targets for health for all share the goal of equitable health care, but this does not mean that all nurses should adopt the same theory and provide the same form of care. Nurses already use different theories to provide competent, even excellent, care within the different nursing traditions, health care systems and conditions that prevail in Europe. They are discussing others. This pluralism of theories is the key to the evolution of nursing practice. Different theories of nursing can help nurses find better ways of giving care today and in the future.

Within a culture, a community or a single organization, people vary in the extent of their understanding of the situation; their ideas and expectations of themselves, human beings, daily living, health and illness; and the ways they do things and interact together. No one theory or model of nursing is always effective in the complex situation of a community; different theories are useful in different situations. Nurses must select one from a variety of theories and use it as a guide in choosing the care that best fits the elements of each situation: the needs of the patient, health care goals and human resources. See Annex 2 for an index of factors that determine the usefulness of a theory.

In the future nurses will need to be able to select and use the appropriate theory to meet each of the challenges of the primary health care approach. They can use nursing theories to guide their decisions in new areas of care. For example, in an occupational health service, the nurse's assessment of the nature of the work, the workers and the work setting will include the identification of risks. The objective is to diminish or at least control them. The obligation to institute health measures that help workers avoid risk is a clear and universal imperative in such a situation. A nurse in the mining industry, for example, will act on the imperative through involvement in mine safety meetings and will influence policy decisions.

Implications for nursing practice

These guides to decision-making will lead nurses to a variety of strategies for care. These can be divided into three groups: action that supports or changes the environment, action that supports or changes behaviour, and biophysical care and maintenance. In all situations nursing strategies are required to ensure high quality care.

Environmental changes range from the use of a special chair for a handicapped child, to the provision of clean air with appropriate humidity for a chemical worker with severe burns or to starting or leading information campaigns for the reduction of noise pollution.

Behaviour may be changed or supported in many ways. Examples include the use of teaching materials for people with diabetes before they are discharged from hospital, the use of behaviour modification techniques with mentally handicapped children or group discussions on such issues as human sexuality, drug and alcohol abuse, and nutrition.

Biophysical care and maintenance will continue to be essential in nursing throughout the world. The care of the patient with severe burns illustrates the need to use time-tested procedures as well as innovative designs for care.

Imperatives, theories and action

The following are examples of situations that show how the nurse's assessment of the situation leads to the choice of an imperative, a theory and a strategy for care.

Clients' survival. This can be illustrated by the example of a nurse who cares for a person involved in a drowning incident. The nurse responds to the first imperative (selecting the action that contributes most to the client's survival) uses the biomedical model and gives biophysical care.

Prevention of morbidity. In preventing morbidity the nurse must respond to the situation of the client to help the person to live as fully and independently as possible. For example, a nurse may often encounter a young mother who has modest resources and has no family support. If she has a husband, he works a long way from home. In this example, the mother's feeling of security and competence in caring for her infant may be fairly low, but the baby is healthy and the mother is alert, energetic and appreciates the child's development.

The first imperative in this situation is to prevent ill health in both mother and child. The methods used may vary among families, cultures or regions. Although this is a situation of normal function, despite limited resources and support and possibly a lack of knowledge, even a moderate threat to the baby's health and wellbeing can change the situation and require intervention from the nurse. Here the outcome school of thought is appropriate; the nurse and the mother aim and work for a specific result: the healthy development of the baby and the mother.

Clients' choices and optimum functioning. The next levels of imperatives emphasize the ability of patients to act and contribute to their own health. The situation in this case includes the values that dominate in the family or community. They determine not only the range of services and activities that are acceptable (even though they may not be used) but also the nursing model that fits best.

Health as optimum functioning means that the nurse considers the comfort with which people think, feel, act or believe, in relation to their environment and expenditure of personal energy. To refer to the last example, the nurse might work to enhance the mother's feelings of security and competence. Under other conditions, a mother's helper in the home might be

more acceptable. Again, the specific actions a nurse takes are tailored to the conditions, the environment and the events arising in the particular situation. The nurse will validate her perception of the situation with the people concerned using, for example, one of the interaction models.

TARGETS, UNIVERSAL IMPERATIVES AND NURSING THEORIES

This paper has already shown strong links between the ideas and objectives of nursing theory and those of the movement for health for all. The health for all movement offers tremendous opportunities to nurses because both share the same goals. They are moving in the same direction: towards good health for everyone through primary health care. This is their most important bond, the shared goal of changing the habits of health professionals and the people in thinking about health and health care. In the past health workers and patients have seen health care as the struggle against disease and disability already present in individuals. Nursing theorists and the health for all movement are building on this idea, presenting a wider view of promoting good health at its source in the community. This fundamental change in thinking will allow nurses to develop and expand their skills and help the people to build and maintain their own health.

Table 1 shows the relationship of both the 38 targets for health for all and a number of nursing theories to the universal imperatives for care. Although some targets can be related to more than one imperative, both the targets and the theories clearly stress the importance of client choice and client functioning in health; 37 targets can be related to the last three imperatives, 17 to the first two. The table also illustrates the appropriateness of different nursing theories to different imperatives and the usefulness of these theories in work for health for all.

Table 1: Targets by Universal Imperatives and Relevant Theoretical Approaches

Targets by number	Universal imperatives which:	Relevant theoretical approaches
6, 7, 8, 9, 10, 11, 12	contribute most to client's survival	Biomedical model, Henderson, Nightingale, Orem
5, 9, 10, 11, 17, 19, 20, 21, 22, 23	contribute most to control and prevention of morbidity	Biomedical model, Henderson, Orem, Freeman, Archer
1, 3, 13, 15, 17, 20, 21, 22 23, 24, 27, 29, 35	permit the client to exercise choice	Archer, Clark, Cox, Grypdonck, Horta, Poletti, Roper, Rogers, Roy, Eriksson, Neuman
2, 3, 4, 13, 14, 15, 16, 18, 19, 25, 28, 32, 33, 37	contribute most to client functioning	Archer, Clark, Grypdonck, Horta, Neuman, Poletti, Rogers, Roy
19, 26, 27, 29 30, 31, 32, 34, 36, 38	achieve cost-effectiveness	Archer, Kitson, Nightingale, Freeman

Conclusion

The future of health care and nursing is not yet decided, but the choice for positive health is clear. Efforts to control serious illness and to prevent deaths should continue, but the movement from specialist care in the hospital to primary health care in the community must continue.

The way that nurses and nursing function in each country is the prerogative of the country and the profession within it. Occupations and institutions are shaped by their national and historical circumstances, and health services in particular reflect the way in which each evolves its own unique response to the health needs of its people. Both the targets and nursing theories recognize this natural diversity; both are designed to be adaptable to different sets of circumstances. This makes them powerful tools that nurses in each country can use to create and provide the best care for their situation. Using these tools, nurses can make a vital contribution to the health of the people of Europe.

Unfortunately, conditions in some countries reduce nurses' ability to make the changes involved. The assignment of nurses to physicians instead of to patients or the emphasis on only the first two universal imperatives in the

organization of health services limits the opportunities for clients and nurses to develop. In these instances, primary health care for health promotion and disease prevention is obviously devalued as well. Limiting the choices open to people and nurses or the development of their competence in decision-making obstructs the achievement of health for all. All sectors of society and all kinds of health workers must have the political will to change health care systems and to secure the participation of the people in the process.

This discussion paper has shown that nursing theories can guide nursing practice and help achieve health for all. Further, the broad range of practice of nursing in Europe could be enhanced if existing models were used, developed and disseminated. The extent of the role of nursing in the achievement of the targets and in the direction of its own future depends, in part, on organizational strength, the quality of the health service design and the political will of the people. What will nurses choose to do?

ANNEX 1

NURSING THEORIES USED IN EUROPE: SUMMARY OF NURSING PRACTICE BY COUNTRY*

Country	Theorist(s)	Comments submitted with country reports	Reported by
AUSTRIA	-----	Austrian law governing nursing practice	Dittrich
	-----	WHO/EURO Medium-term Programme (MTP), especially Nursing Process used as basis for comprehensive nursing care	
BELGIUM	-----	Law concerning the art of nursing in Belgium	Berwaerts
	Grypdonck	Integrated model of nursing based on Rogers' concept of man, self-care and patient advocacy.	Grypdonck
	-----	WHO MTP model on Nursing Process	Delmotte
	Orem	Promotion of self-care	idem
	Henderson	14 Basic Needs	idem
	Grypdonck Mariner Rodenbach	Integrated model of nursing Nursing process	de Baets
CZECHO-SLOVAKIA	-----	Total health systems view of community teams of specialists, physicians and nurses in the community for primary health care	Kvasova

* Compiled from the reports submitted by the countries participating in the survey (i.e. total of 22 countries and 49 persons/organizations) conducted by the Nursing Unit at the WHO Regional Office for Europe in preparation for this discussion paper. The comments are reproduced verbatim.

Country	Theorist(s)	Comments submitted with country reports	Reported by
DENMARK	-----	WHO/EURO MTP model on Nursing Process	Björn
	Eriksson	Problem-solving nursing interaction	
	Orem Roy Neuman	Promotion of Self-care Adaptation	Holm-Christensen; Westphal-Christensen
	Salling-Larsen	Based on Maslow and Piaget for Nursing Process	Björn
	Roy, Orem, Neuman, Eriksson, Peplau, Travelbee, Wiedenbach, Hall, Orlando, Rogers, King, Henderson	Being used in schools and some institutions	Salling-Larsen Nicolaysen Mortensen Björn
	Danish Occupational Health Nurses	Health = Resources of man / Damage owing to the working environment.	Pryds Jensen
DDR	-----	Regulations governing basic/postbasic and continuing nursing education	Lebentrau
FINLAND	Aastedt-Kurki Pelkonen based on Orem Henderson, Roper, Yura, Walsh	Primary care based on patient perception of health care service. Process in self-care development	Raatikainen (ICN Congress Tel-Aviv)
	Henderson, Orem, Roper, Roy, Yura & Walsh	The most frequently used theorists	Pelkonen

Country	Theorist(s)	Comments submitted with country reports	Reported by
FINLAND (continued)			
	-----	WHO/EURO Medium-Term Programme	Sorvettula
	Hall, Abdellah, Peplau, King, Orem, Roy, Rogers, Orlando, Levine, Neuman, Newman, Johnson, Nightingale, Henderson, Yura & Walsh, Roper	Nursing Process Key concepts: man, environment, health	
	Sorvettula & Nursing Research Institute, Helsinki	Professional Nursing Service Model	idem
	Eriksson	The care process model with the objective "optimum health"	idem
		Nursing Process Model; Ideal Scientific Model of Approaching the Nursing Reality; Caring process from the holistic point of view	Ministry of Social Affairs & Health, Finland
	Lauri	Theoretical model of public health nursing: Independent health care and health status surveillance	Sorvettula
		Application of the Nursing Process to Child Care in Primary Health Care Decision-making process in Nursing	Ministry of Social Affairs and Health, Finland
	Henderson, Kratz, Neuman, Orem, Roper, Roy, WHO	Models of Nursing Theories/Process	idem

Country	Theorist(s)	Comments submitted with country reports	Reported by
FRANCE	Henderson Orem Roy Roper Poletti	Strong science base for extended primary care	Vailland et al. Dechanoz Rochaix
GERMANY, FEDERAL REPUBLIC OF GERMANY	-----	Nursing and management of Nursing Services based on holistic approach to people's needs, including health promotion, prevention	Weinrich
GREECE	-----	Law governing Nursing Education and Practice	Gennimatas
	-----	Nursing greatly influenced by Greek philosophy and civilization-humanization. Emphasis on PHC approach	
ISRAEL	Levine	Conservation of energy and of structural, personal and social integrity	Ben Dov
	Henderson	14 basic needs	
	-----	Primary nursing model	
ITALY	-----	Global reorientation of health care in light of health reform.	Dr Paccagnella
		Nursing Process	

Country	Theorist(s)	Comments submitted with country reports	Reported by
MONACO	Henderson	14 basic needs and quality assurance	D.L. Gastaud Ghizzi
NETHER-LANDS	Henderson King Roy Orem Grypdonck Leininger van den Brink-Tjebbes	used for in-service education (used in post-graduate courses) Promotion of self-care Situation creating theory Anthropoligical nursing model The "existence-care" model	von Nordheim
NORWAY	Henderson Orem Walseth	To shift to stronger emphasis on promotion of health and prevention of illness	Haugen-Bunch Rustad
POLAND	-----	Health education, prevention and rehabilitation (physical and psychological), needs-based care	Koronka
	-----	Development of nursing education	Samerek
PORTUGAL	Horta	Prevent disequilibrium and facilitate equilibrium by doing, helping, orienting, supervising and guiding the recipient	Cunha Rosa Macedo
	Henderson Orem	14 basic needs and self-care (taught in nursing schools)	Cunha Rosa
	Poletti	Holism and self-care health including illness, is related to lifestyles, can lead to increased understanding, harmony and coping. Nursing responsibility is to facilitate development	idem
		Nursing Process	Macedo

Country	Theorist(s)	Comments submitted with country reports	Reported by
SPAIN	-----	Health law (1985) shifting curative to preventive care. Theories used as framework to structure curricula	de la Cuesta
	Henderson Orem Peplau Rogers Roy	Concepts such as holistic, comprehensive and individualized nursing care are introduced.	idem
	Henderson Orem	In conjunction with the medical model	Piulachs
	-----	Nursing Education and Practice reoriented according to Health For All and primary health care	Ovalle
	Puilachs	Holistic care to develop personal resources for development and growth; strong support by nursing for HFA but minimal resource allocation	Puilachs
SWEDEN	Henderson, Roy, Orem	Theories commonly used in Nursing education, practice and research	Pontén
	Maslow E.H. Erikson	Philosophical, social science and humanities theories used as basis for theory development in nursing by Norberg, Heidenborg, Aakerlund, etc.	idem
SWITZERLAND	Roper, Orem Henderson Levine, Roy, Maslow, Fromm Juchli, Poletti Meier	Self-care and independence in activities of daily living. Conservation	Bischofberger

Country	Theorist(s)	Comments submitted with country reports	Reported by
TURKEY	-----	A controlled investigation demonstrated inadequacy of educational preparation of graduating nurses	Birol
	-----	Nursing practice is task-oriented and related to cure only. Nursing theories are discussed in nursing graduate programmes.	Kum
UNITED KINGDOM	Roper, Logan & Tierney Roy, Orem	Activities of daily living	Poole
	Orem, Roy Henderson Johnson, Newman	Self-care Adaptation 14 basic needs -----	Kitson
	-----	Identifies benefits and problems in use of nursing models	Kitson
	Kitson, Griffin, Tiffany, Watson, Orem, Leininger, Johnson, Newman Henderson, Roper, Logan & Tierney	Analysis of various concepts of care range from moral, emotional, cognitive basis, to task-completion of medical model, to 10 carative factors of interpersonal relational process to identifying and distinguishing universal and non-universal aspects of care	Kitson
	Kitson	Determine attributes and expectations of: lay caring, professional caring, organized working environment mitigate against nursing commitment.	Kitson
	Roper, Logan & Tierney	Activities of daily living	Allen

Country	Theorist(s)	Comments submitted with country reports	Reported by
UNITED KINGDOM (continued)	-----	"Edinburgh Women's Health Shop" - a non-clinical setting for health promotion and support for self-help	Robinson Robert
	Roper, Logan & Tierney Orem, Roy	Maintain independence, activities of daily living, facilitate achievement, help to accept dependence.	Auld
	Roper, Logan & Tierney	Activities of living with individualized and problem-solving approach. Emphasis on mentally handicapped, the elderly and community nursing with quality assurance.	Alexander
	Roper, Logan & Tierney Orem	Activities of daily living Self-care	Randell
YUGOSLAVIA	Henderson	Nursing process based on patients' needs and those activities that they cannot do for themselves, patient energy conservation and participation in treatment and rehabilitation, health education and problem-solving.	Slajmer-Japelj

Annex 2

INDEX OF UTILITY FOR MODELS OF NURSING[a]

Nurses can judge the usefulness of a nursing model with the index of utility. It contains five criteria:

- social value
- compatibility
- completeness
- skill requirements
- feasibility.

Each of the criteria contains several separate elements.

Social value

The social value of a model has four parts. First, a useful model benefits society. For example, Henderson's theory has made a useful contribution to society by identifying the actions that nursing must carry out. The newer approach of goal-oriented, patient-centered care has also been shown to be of benefit to society.

Second, the model should assign explicit values to its specific directions, explanations and prescriptions. Models that do so are more useful to nurses in practice. Abdellah's specification of response to the 21 problems of nursing demonstrate the value of explicitness. Roper's elaboration of Henderson's theory increases Nursing's response to the 12 activities of daily living.

Third, the model should give nurses guidance on ethical decisions. Respect for the rights and choices of patients is critical to any nursing model. Ethical decision-making in clinical nursing has recently become increasingly complex.

Finally, the model should help nurses solve ethical conflicts. Many nurses encounter ethical problems in daily practice. Nurses often arbitrate such conflicts. A useful model acknowledges this contribution and provides guidance in this kind of situation.

Compatibility

The criterion of compatibility has two parts. A model is more useful if it is compatible with both the health care system and the cultural values of the community within which the nurse works.

[a] Index of utility for models of Nursing by Marian McGee

Completeness

This criterion has five parts. A useful model is complete; this means that it:

- offers guidance for decision-making in health promotion, risk control, morbidity care and crisis care;
- sets priorities for care that meet the practical requirements of the situation;
- is adequately logical;
- works well in practice; and
- fulfills its stated explanation, prediction or prescription.

The third and fourth parts are extremely important. Logical adequacy is critical to utility. The usefulness of a model is seriously damaged when its terms and elements are described or explained vaguely, when predictions are imprecise, or when prescriptions are inadequate. Empirical adequacy, or how well the model works in practice, is equally vital. Most models are being tested for validation. Very few, if any, of them have been shown to be completely valid and reliable. Nurses should do further research on empirical adequacy.

Skill requirements

The skills required to implement care based on a theoretical approach depend on the values that are placed on skills and on the expectations and needs of the situation of the moment. The utility of a model for care depends in part on the range and the complexity of skills required.

Feasibility

The criterion of feasibility has two parts: the resources required and the potential of the model.

The major requirements for feasibility are human resources and the skills, knowledge, time and space needed to complete the action. Time requirements are particularly important. The shorter the period of time required, the greater the feasibility of the model. Space requirements are less important. The availability of skills is a more critical condition for feasibility.

A feasible model has the potential for: efficiency, effectiveness, adequacy and appropriateness. In addition, the extent to which a theoretical model can contribute to quality assurance increases its utility not only for service organizations and the health care system but for society in general.

FURTHER READING

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