



# WHO

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*DEVELOPING A  
NATIONAL ACTION  
PLAN FOR NURSING  
AND MIDWIFERY FOR  
ESTONIA*

Report of a WHO Workshop

Tallinn, 3-4 May 1995

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## TARGET 27

### HEALTH SERVICE RESOURCES AND MANAGEMENT

*By the year 2000, health service systems in all Member States should be managed cost-effectively, with resources being distributed according to need.*

### ABSTRACT

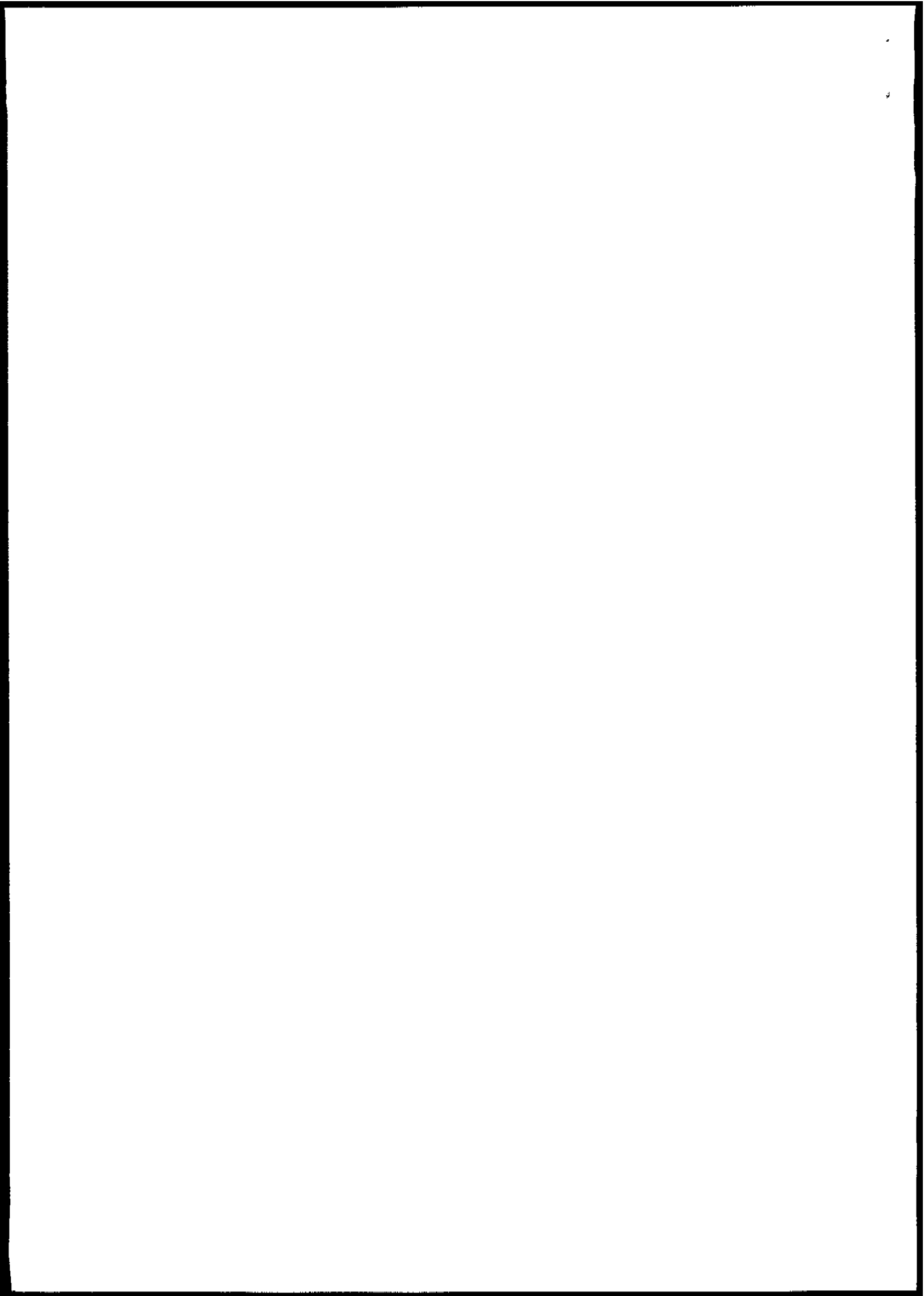
This workshop was planned as the nursing component of the 1994-5 WHO/Estonia Medium-Term Programme. It took forward at country level ideas and strategies developed, with Estonian participation, in a series of WHO intercountry meetings and publications. Over 20 participants were selected by the Ministry of Social Affairs - leaders of nursing from the Ministry, management, practice, education, the Estonian Nurses Association and the Estonia LEMON (WHO Learning Material on Nursing Project) Group. They were nurses, midwives and doctors. The workshop helped them to clarify their visions and goals, and formulate specific objectives to reach them. It also introduced them to democratic planning processes and ways of achieving consensus through open discussion and acknowledgement of different perspectives. By the end of the workshop they had decided to establish a group to carry forward the work, with an agreed programme of meetings, and members drawn from among the participants; they had established subgroups to work on specific issues of concern; and had agreed other steps. Participants endorsed the importance for them of the National Action Plan for Nursing concept advocated by WHO.

### Keywords

NURSING  
NATIONAL ACTION PLAN  
LEADERS  
TEAMWORK

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## INTRODUCTION

A WHO workshop to develop a national action plan for nursing and midwifery in Estonia was held in Tallinn on 3-4 May 1995, led by Jane Salvage, Regional Adviser for Nursing and Midwifery, World Health Organization Regional Office for Europe. The participants were Estonian nursing leaders holding positions in which they could direct and influence nursing - including doctors, nurses and midwives. They came from the Ministry of Social Affairs, hospitals, training colleges, the Estonian Nurses Association and the Estonia LEMON (WHO Learning Material on Nursing Project) Group, and from all parts of the country (see Annex 1).

The participants were greeted by Ms Salvage on behalf of the Regional Director of the WHO Regional Office for Europe. She welcomed the closer links which WHO was developing with Estonia now that it was an independent Member State. Although Estonian nurses had participated in intercountry activities initiated by the WHO EURO Nursing and Midwifery Unit, this workshop was the first major joint event in Estonia. Mr Jaanus Pikani, Chancellor of the Ministry of Social Affairs of Estonia, and Ms Ester Puusepp, Chief Nurse, also welcomed participants. It was agreed that the workshop would be chaired by Ms Salvage. Helin Eelsalu was appointed as rapporteur, assisted by Leena Koponen.

It was agreed that their priority was to produce a meeting report in Estonian, to facilitate action by participants. This English-language edition of the report was prepared by Helin Eelsalu and Jane Salvage, with assistance from Yelena Egorenkova and Margit Kipper.

Introducing the workshop, Ms Salvage said the preparations had served as a starting point for cooperation between Finnish and Estonian nurses. The preparations had included consultation meetings between WHO and nurses from both countries, and the Estonian advisory group had concluded that this mutual cooperation helped to establish a better perception of their own problems. Cooperation between Finnish and Estonian nurses and midwives was already under way in a variety of projects, and it was hoped that it would continue within the framework of a National Action Plan for Nursing and Midwifery being developed in both countries.

In 1994, with WHO encouragement, Finnish nurses set up a Nursing Expert Group to develop a strategic plan for Finland, with the secretariat based in STAKES (the National Research and Development Centre for Welfare and Health). As these neighbouring countries shared an interest in national action plans, WHO promoted a link between them, building on the existing nursing links. Five Finnish nurses were acting as facilitators at this workshop, including the head of the WHO Collaborating Centre for Nursing in Finland, the chief nursing adviser in the Ministry of Social Affairs and Health, and STAKES staff. Having acted as a catalyst, WHO would now offer support when needed but otherwise the project would continue mainly as a bilateral enterprise. The feasibility of this future cooperation would be explored during the workshop and next steps would be agreed.

Ms Salvage also informed participants that the Estonian workshop planning group, the Finnish nurses and WHO staff had met the previous day to review and finalise the provisional programme. After some discussion, the participants (Annex 2) reviewed the working papers and background materials (Annex 1) and approved the scope and purpose (Annex 3) and programme. They agreed some groundrules for the conduct of the meeting: that there should be no hierarchy, that communication should be clear and open, differences of opinion or attitude should be respected, and people should participate as themselves as well as from their official positions.

Working methods such as group work and the support of facilitators would be used - acknowledging that most Estonian nurses had not experienced such methods before. As well as working in plenary sessions, participants were divided into five subgroups, and the work of each subgroup was coordinated by a Finnish facilitator.

A brief exercise was undertaken to help participants to identify their objectives for the meeting. The following hopes for the meeting were expressed: that a national action plan would be developed, giving direction for the future; the work would be inspiring; it would improve the status of nursing; closer cooperation would develop between nursing leaders and educators; and people would work together in an open and cooperative spirit. People also identified their fears. Above all, participants were afraid that they would not be able to implement what they learned. They also feared that there would not be enough time to complete the workshop tasks; not everyone could be satisfied; it would be difficult to be really honest; and it would be hard to find an Estonian model for the future rather than copy foreign experience.

At the end of the workshop these objectives were reviewed. The workshop was action-oriented. A realistic approach and a good cooperative atmosphere were stressed throughout. Outspoken discussions, clear decisions, open-mindedness and honesty in assessments were especially valuable. The atmosphere was supportive and tolerant.

## **The WHO nursing and midwifery programme**

Jane Salvage gave an overview of the work of the Nursing and Midwifery Unit (NUR), WHO Regional Office for Europe, and a brief description of the whole Regional Office. Priority was given to supporting the countries of central and eastern Europe and the Newly Independent States, which are those in greatest need in the Region. The main principles governing NUR's work were laid down at the First WHO European Conference on Nursing, Vienna, 1988. Later these were reaffirmed in the Second Nursing Declaration of Alma-Ata (1993) and the statement of the Fourth WHO Meeting of European Government Chief Nurses (1994). Recommendations from these meetings stress that nurses as leaders of change must consider social and economic reorganisations in their countries and that the nursing problems should be solved at all levels.

At the international (intercountry) level, NUR runs two important projects, under the umbrella of the Nursing in Action Project. The first aims to strengthen nursing leadership and focuses in particular on helping countries to develop national action plans for nursing. The second, the Learning Materials for Nursing (LEMON) Project, targets the countries of central and eastern Europe and the Newly Independent States.

## **The current situation in Estonia**

Good strategic planning begins with data collection and assessment of the current situation. Both participating countries were therefore invited to exchange information and opinions on current health status and nursing development.

Ester Puusepp delivered a report on the current situation of health and nursing and midwifery in Estonia. She drew on background information contained in the WHO/Estonia Nursing and Midwifery Profile (available in English and Estonian). The health status of the population was relatively low. Infant mortality was twice that of the neighbouring Nordic countries. As to causes of death, cardiovascular diseases were in first place (56%), followed by neoplasms (16%) and injuries and poisonings (13%). Since 1988 the number of suicides had risen from 24 to 40 per 10,000 population (*Health Policy*, Report of the Public Health Department, Ministry of Health and Social Affairs, 1994).

The low health status of the population presented challenges to nursing. Ms Puusepp considered it essential to pay more attention to the development of primary care; reduction of risk factors; empowering the population to take care of its own health; elderly care; and enhancing the quality of nursing and development of cooperation in the team.

Nurses were diligent and many were performing at the top of their capacity. It was therefore necessary to be reasonable and flexible when introducing changes. The main challenges to nursing were the need to improve the quality of nursing education, development of leadership, the need for information and the need for cooperation with doctors among others.

Participants divided into small groups to discuss the challenges facing nursing in Estonia. Many issues were highlighted, including the low status and salaries of nurses; lack of leadership; poor quality of nursing education at all levels and the need to train nurse teachers; inadequate legislation; lack of teamwork with doctors; demoralisation of nurses and a perceived deterioration in the health care system; lack of professional literature and journals; and poor understanding of the nature of nursing, exacerbated by the lack of appropriate terminology in the Estonian language.

## **Development of a National Action Plan for Nursing and Midwifery**

Jane Salvage described a step-by-step approach to developing a national action plan for nursing. The approach was designed to help nurses to tackle the many challenges they faced, in a logical, achievable and democratic way. For example, it could help Estonian nurses to consider the long list of problems they described and decide which ones should be tackled first and in what way. Participants were urged to study the WHO guidance on this, contained in the document *National Action Plans for Nursing: from vision to implementation* (translated into Estonian and distributed to participants as one of the workshop working papers).

Setting priorities was a major part of the challenge, she said. This was difficult because there were so many problems and so many possible solutions; everyone had their own preferences and interests, making it hard to find consensus. Priority-setting was essential, however, because it was impossible to do everything at once - especially with limited energy and resources.

The plan had to be realistic; it was better to agree a few goals and achieve all of them, than set too many objectives and then feel depressed when all could not be achieved. Many management tools and methods existed to help this process, such as force-field analysis, a technique which helped the planning group to consider what would help or hinder success in each potential priority area. A ranked priority list could then be produced, from which one or two 'winners' - the goals most likely to succeed - could be selected. The criteria to be used in assessing the feasibility of each goal might include impact on health; impact on the future of nursing; cost; level of controversy; political acceptability; speed of implementation; legal obstacles; readiness for change; and public opinion. It might then be seen that a particular goal, however desirable, might involve overcoming so many difficulties that it should be postponed in favour of another more feasible goal. However, some goals were so important that they should not be abandoned because they were difficult. Doing the analysis was still useful because it helped in planning how to move ahead and overcome or sidestep the difficulties.

In discussion, it was stressed that the national action plan should proceed from the needs of Estonia and its particular situation. All changes should consider first of all the aim of influencing nursing practice. The main focus was on evaluation of the nursing situation and participative planning. Attempts were made to specify the priorities among the nursing problems. The list of existing problems was long and certainly not final. Making a choice was very difficult; while setting priorities, it was essential to be as realistic and flexible as possible. It was also essential to have a long-term vision, foreseeing possibilities for changes in projects. The most difficult problem was to say "No" when choosing priorities.

In considering what they had learned in the workshop which would help them develop the plan, participants decided it was essential to evaluate those factors which contributed to success, but also those which obstructed the development of nursing. The criteria for evaluation of the problems must be realistic, and include such issues as assessing nurses' interest in the changes; the resources available (human and financial); political acceptability; legal obstacles; and the likely influence of the changes on the profession. It was better to strive for aims which were more easily achievable, although goals which presented difficulties should not be avoided.

#### *A Case Study from Finland: experiences in the preparation of the Country Nursing and Midwifery Profile and National Action Plan for Nursing*

Finnish nurses had already considered many of these issues in their own situation. The workshop therefore spent time exploring what they had done and how their experience might help the Estonian group as it embarked on a similar journey. Dr Marjaana Pelkonen delivered a report on behalf of the Finnish nursing expert group.

The group used a variety of working methods, including big group meetings and small group meetings; some meetings were held by telephone. Its first task was to prepare the Country profile, and to do this the group divided itself into several subgroups according to the headings in the profile minimum data list recommended by WHO. Operating principles included maximum participation, wide discussion and clear identification of problems.

The preparation of the profile had encountered some difficulties. There was not enough secretarial help available; members had busy timetables and many other commitments; the level of commitment varied; there were different views of the problems, and of the scope of the profile; there were difficulties in gathering new data related to nursing, including a lack of statistics and documentation on nursing; creating a new culture and building a common vision was a slow and laborious process; and there was a language problem related to the interpretation of some of the concepts. However, the difficulties were counterbalanced by some positive factors, including commitment; open discussions and the pursuit of honesty; clear decisions and agreements based on negotiation; preparedness for difficulties; and good working relationships, for example with the Ministry of Health

The profile was already considered very useful and included data not previously gathered systematically; it would be published in order to reach a wider audience. It should ideally be reviewed at regular intervals. It was also felt that the European countries' profiles would be useful, offering the possibility to learn from each other and to compare the state of the art.

Turning to the National Action Plan, Dr Pelkonen outlined its purpose and basic assumptions. It was designed for nurses and for the Finnish people, and its perspective would be holistic, based on the health of Finnish people and nursing's contribution to it. Its purpose was to point out the challenges, and it would be a real tool, not only a paper. It would be written in a language that could be easily understood. The group had discussed various options on the structure and contents, eg. domain, problems, objectives, means, evaluation. Its guiding principles were patient-centredness, continuity, promotion of health, and cost-effectiveness.

The timetable for the creation of the plan was tight, as the group had time to function only until the end of 1995. Gaining acceptance of it was an important issue and a survey of opinion using the Delphi-method was one possibility.

Marja-Leena Perälä, who coordinated the secretariat of the group in STAKES, then gave more information about the practicalities of drawing up the profile. Finnish nurses had managed to raise funds to organise three meetings of the whole group for the year 1995. Previously, the group has had several meetings. She highlighted the importance of a proper project proposal including a budget when drawing up the action plan. Proper secretariat support was essential and it was a big responsibility. It was also realised that an adequate budget was needed, for instance to cover expenditure on stationery. It would therefore be expedient to draw up a budget for the group. Fundraising for the National Action Plan should be facilitated by writing a project proposal.

### *National Action Plan for Nursing*

Group work focussed on the process of designing the National Action Plan and the principles involved. The next day, the groups discussed what the plan should contain. Responsibility for forming a group to develop the NAP for Estonia had been given to Ester Puusepp by the Ministry of Social Affairs. She had taken into account the WHO recommendations on the composition of such a group, based on the need to bring in as wide a range of expertise, opinion and influence as possible. Different institutions were given an opportunity to nominate representatives and to decide whom to recommend for inclusion in the group. During the workshop, Ms Puusepp asked the participants to confirm their formal agreement to participate in the working group: all consented.

## Conclusions and recommendations

We, the workshop participants, as a representative group of Estonian nursing leaders, unanimously recommend the development of a National Action Plan for Nursing and Midwifery (NAP) for Estonia. This plan will provide a strategic direction for nursing in the short and medium term and will strengthen the nursing input to national health policy. It will be developed according to the existing policies and guidelines of the World Health Organization. Active support for this development will be offered by the Nursing and Midwifery Unit, WHO Regional Office for Europe, and by the Nursing Expert Group of Finland.

We acknowledge with thanks the inclusion of the NAP project in the WHO-Estonia Medium-Term Programme for 1994-5, which enabled this workshop to take place. We request that the Ministry of Social Affairs continues this official support by including the project in the next Medium-Term Programme for 1996-7.

We acknowledge the importance of the leadership of the Ministry of Social Affairs in this project and request the continuing involvement of Mrs Ester Puusepp, Chief Nurse in the Ministry, as the convenor of the new NAP group. We ask the Ministry to provide the necessary administrative and financial support. We also ask the Ministry to approve the proposed membership of the NAP group and do everything possible to facilitate their participation in the project.

### Next steps agreed for the Estonia NAP Working Group

- It was recommended that the Working Group for the National Action Plan for Nursing and Midwifery should form smaller subgroups, in which experts from outside the group could also be involved. The following priority topics were recommended as the focus of each subgroup's work: (a) nursing education - basic, postbasic, higher and continuing; (b) leadership and legislation; (c) setting standards for nursing practice; and (d) terminology.
- Confirm membership of the group officially and request official approval, including letter of appointment from the Ministry of Social Affairs.
- Publicise this development by informing the Ministry, colleagues, and the WHO Liaison Office; putting an article in the professional nursing journal; and highlighting it at forthcoming international meetings, including the Third WHO Meeting of Government Chief Nurses from the Newly Independent States.
- Arrange translation and publication in Estonian of the WHO book *Nursing in Action*, including copies to all NAP Working Group members.

The Working Group would continue to be coordinated by Ester Puusepp. Its first tasks would be to consider its structure, draw up its budget and secure the necessary financial resources. It was agreed with the Finnish colleagues that expert assistance would be requested at the level of subgroups and that, during the planning process, there would be ongoing communication by all possible means between the members of the group.

## **Conclusion**

At the end of the meeting, Ms Salvage thanked the participants for their commitment and hard work. She also thanked the Finnish facilitators and their employing organisations for funding their attendance. Many people behind the scenes had helped to make the workshop a success, including the interpreters and the WHO Liaison Office. The participants felt the workshop had been difficult but successful, and expressed their thanks to Ms Salvage and her colleagues at the Nursing and Midwifery Unit, and the Finnish experts, for their valuable support to the development of nursing in Estonia.



Workshop for the Development of a National Action Plan  
for Nursing for Estonia

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## PROVISIONAL LIST OF WORKING PAPERS AND BACKGROUND MATERIAL

### Working papers

EST NURS 94.01/MT 01/1	Provisional list of working papers and background material
EST NURS 94.01/MT 01/2	Scope and purpose
EST NURS 94.01/MT 01/3	Provisional agenda
EST NURS 94.01/MT 01/4	Provisional programme
EST NURS 94.01/MT 0115	Provisional list of participants

### Background material

Second WHO meeting of Government Chief Nurses from the Newly Independent States (Bishkek, 24-26 August 1994) - meeting statement (in English and Russian)

Fourth WHO meeting of European Government Chief Nurses. (Glasgow, 18-20 October 1994) - meeting statement (already available in Estonian).

WHA 45.5/BD/2

Strengthening Nursing and Midwifery in Support of Strategies for Health for All, Resolution of 45th World Health Assembly (Geneva, Switzerland, 6 May 1992). (English and Russian).

- WHA 4514 and 45/5/BD/3-4      Strengthening the role of nursing and midwifery personnel in support of the Strategy for Health for All, World Health Assembly (Geneva, Switzerland, 11 May 1992). (English and Russian).
- ICP/HRH 301/v/Rev.2/BD/5      National Action Plans for Nursing: from vision to implementation. Copenhagen, NUR, July 1993. (Already available in Estonian).
- ICPIHRH 301/BD/6      Management and Leadership. Glossary of management terms (MANGO) for Russian-speaking nursing leaders. Copenhagen, NUR, May 1994. (Russian).
- NUR/NR/BD/7      LEarning Materials for Nursing (LEMON) Project brochure. NUR, Copenhagen, 1993. (English and Russian).
- NUR/NR/BD/9      Nursing and midwifery profile of Estonia. (English).
- NUR/NR/BD/10      NUR Unit brochure. NUR, Copenhagen, 1994.
- EST/HRH301/BD/11      NUR Unit brochure. NUR, Copenhagen, 1994. (English and Russian).
- Guidelines for group meetings. NUR, Copenhagen, 1995. (English and Russian).
- Nursing in Action - project outline. NUR, Copenhagen, 1994 (English and Russian).
- Nursing in Action*, edited by Salvage, J. WHO Regional Publications European Series No 48. WHO. Copenhagen, NUR, 1993 (English; selected extracts in Russian).
- Nursing in the Newly Independent States: Second Declaration of Alma-Ata, 1993. NUR, Copenhagen, 1993. (English and Russian).



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Workshop for the Development of a National Action Plan  
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## SCOPE AND PURPOSE

In 1989 the World Health Assembly passed a resolution on "Strengthening nursing and midwifery in support of strategies for Health for All" (WHA42.27), urging Member States to "encourage and support the appointment of nursing/midwifery personnel in senior leadership and management positions and to facilitate participation in planning and implementing the country's health activities." This focus on nursing leadership was also evident in the follow-up resolution passed at the Assembly in 1992 (WHA45.5).

The development of nursing leadership is a particular priority in the countries of central and eastern Europe, to help those countries tackle the pressing problems of primary health care, women's and children's health and other needs. In Estonia, the domination of the health care system by the Soviet model led to a failure to provide adequate roles and education opportunities for nurses. Determined attempts are now being made to solve this problem, including as a starting point a strategic approach to nursing and midwifery development; a National Action Plan for Nursing and Midwifery is therefore needed, to be designed and implemented through a democratic process. Assistance with the development of such a plan has been requested by the Estonian nursing leaders, following their introduction to the concept through WHO intercountry meetings and guidelines.

A similar initiative has already been launched in the neighbouring country of Finland, which has established a group of nursing experts to work on a national strategy, with WHO support. Strong links are being established between nursing leaders in both countries, for mutual support and exchange of ideas and experiences on the national action planning process. This workshop presents an ideal opportunity to strengthen this link. Several Finnish nurses are therefore attending as WHO Temporary Advisers, including the director of the WHO Collaborating Centre for Nursing, Helsinki, and will assist WHO in running the workshop. They will also present information and reflections on their own experiences to date. It is hoped that this collaboration will continue after the workshop.

## OBJECTIVES

This workshop will provide an opportunity for a group of influential and expert Estonian nurses, representing a variety of institutions and fields, to come together to clarify their visions and agree a joint strategy for future developments, with the support of experts from WHO and Finland. The specific objectives are as follows:

1. Assessment of current nursing/midwifery strengths and weaknesses.
2. Production of a draft national action plan for nursing and midwifery.
3. Initiation of a process for consultation on the plan.
4. Agreement on the next steps towards implementation.
5. Development of nursing leaders' knowledge and skills.
6. Strengthening of the existing network of nurse leaders to encourage exchange of information and ideas, and develop future joint activities.
7. Strengthening of links with Finnish nurses, for joint projects and mutual support.
8. Establishment of closer links with WHO/NUR, to provide technical assistance and support and explore funding possibilities.

## OUTCOMES

1. A national plan for nursing and midwifery for Estonia.
2. Better leadership skills.
3. Stronger support for nursing development in Estonia, facilitated by closer links with WHO, Finland and the international nursing community.