

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
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ORGANISATION MONDIALE DE LA SANTÉ
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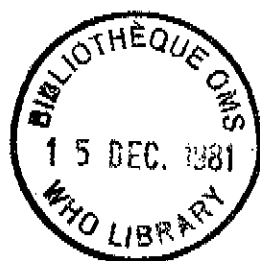
ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

INDEXED

FIRST MEETING OF RESEARCHERS FROM
COLLABORATING AND SELECTED PARTICIPATING CENTRES
ASSOCIATED WITH THE MEDIUM-TERM PROGRAMME IN
NURSING/MIDWIFERY IN EUROPE

Report on a Meeting

Copenhagen
28 May - 1 June 1979



ICP/MPM 025
ENGLISH ONLY

1979



Note

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1. Introduction

The first meeting of researchers from collaborating and selected participating centres associated with the medium-term programme in nursing/midwifery in Europe was convened by the WHO Regional Office for Europe in Copenhagen from 28 May to 1 June 1979. The group comprised 16 temporary advisers from Belgium (3), Denmark, Finland (3), the Netherlands, Norway, Poland, Sweden, Switzerland and the United Kingdom (4); Regional Office staff also participated (for list of participants see Annex V).

1.1 Purposes of the meeting

The purposes of the meeting were as follows:

- (1) to provide an opportunity for participants to become acquainted with each other, exchange ideas and develop communication links;
- (2) to provide information and develop understanding about the medium-term programme in nursing/midwifery in Europe in general and the research component of the programme in particular;
- (3) to develop plans for the work to be done in each of the collaborating and participating centres and in the Regional Office with reference to the development of designs for standardized studies of nursing interventions;
- (4) to study and discuss the background document related to basic concepts, terms of reference, terminology and definitions, communication systems, etc., to be used as a basis for decision making and communication by all collaborating and participating centres associated with the programme.

Dr D.K. Sokolov, Director, Development of Comprehensive Health Services, formally opened the meeting on behalf of the Regional Director, Dr Leo A. Kaprio. Dr Sokolov described the Regional Office's activities in the field of health services research and emphasized the importance of nursing research within the total research programme.

Miss Hämelin was appointed Chairman of the meeting and Miss Hockey Rapporteur.

1.2 Medium-term programme in nursing/midwifery in Europe

Dr Hall presented information on the development of the medium-term programme. She recalled that the programme had grown out of the needs of the countries of the Region, which were increasingly concerned to achieve a clearer definition of the roles of the nurse and of nursing within the overall health care system.

Since the first planning meeting, held in Kiel in 1974, the programme had developed steadily. The direct and active involvement of countries which were now implementing programme activities as a part of national health services and health personnel education programmes was encouraging. At its twenty-seventh session in 1977, the WHO Regional Committee for Europe had adopted a resolution (EUR/RC27/R4) in support of the programme.

The major programme objectives and the time-scale of the four sequential phases were explained, with references to document EUR/RC27/7. The overall management of the programme rests with the Regional Office, assisted by a consultative committee and a professional liaison group, both of which meet every two years. Reports of the three consultative group and liaison committee meetings held to date were made available to participants.

Information concerning the four components of the programme (nursing process; organization and management of nursing/midwifery services; education of nursing/midwifery personnel; resource planning) was given. The very close relationship and overlap between these components was discussed. The nursing process component was emphasized, as it will constitute the first major area of specific interest for nurse researchers. Work in relation to this component will include a study of nursing interventions in selected patient/client situations. Concurrently, experimentation with various patterns of staffing nursing services will be carried out. As a result of the studies it is expected that specific needs in the education and resource planning components will be more clearly demonstrated. It was recognized that at country level factors of a purely national nature will, of necessity, influence research activities, e.g., legislation, administrative and educational patterns, economics, etc. Adjustments will need to be made to suit national situations. These, however, should not compromise the research to the extent that the multi-national nature of the studies becomes obscured.

It was emphasized that personnel working in collaborating and Type I participating centres had a responsibility to interpret the programme to relevant persons in their respective institutions

and countries. Informative articles concerning the medium-term programme had already been published in professional and related journals and newsletters in many countries of the Region. These articles could act as examples for other countries wishing to prepare similar material. Translations of the main background documents could be made by nationals; copies of such translations should be sent to the Regional Office for information.

It was explained that the original time-scale proposed for the programme had now been extended, that Phase 2 would occupy all of 1979 and 1980, and that the programme evaluation as outlined in the programme plan would be a mid-term rather than a terminal evaluation.

Dr Hall stressed that the programme provided a unique opportunity for multinational studies in nursing. There was a need for collaborating centres to develop designs which could be used by many countries without unduly disturbing the current health service systems. The overall goal of the programme was to provide knowledge and skills which would lead to better nursing care, not only in the caring institutions, but also in the community.

1.3 Collaborating and participating centres

1.3.1 General information

Formerly, WHO collaborating centres were designated only by WHO headquarters; today they can be designated by the Regional Director, using established general criteria (EURO/NURS/78.2, pp. 2-3) which apply throughout the Organization. Specific criteria for the selection of collaborating and participating centres within the medium-term programme in nursing/midwifery in Europe have been established (EURO/NURS/78.2, pp. 3-5).

The research into nursing practice to be done as an integral part of the medium-term programme will take place in the Type I participating centres associated with the programme.

Six collaborating centres have been designated in five countries: Finland (Helsinki), the Netherlands (Utrecht), Poland (Lublin), Switzerland (Geneva) and the United Kingdom (Edinburgh and Manchester). It is anticipated that the centres in Denmark, France and Sweden may shortly be ready to put forward designation requests. Other centres might join the programme at a later date, if they wish to assume research responsibilities complementary to those of the centres associated with the programme from the outset.

Twenty countries have expressed their desire to establish Type I participating centres. It is possible that countries with Type I centres but no collaborating centre will wish to associate themselves with the collaborating centre in a neighbouring country. Such a linkage has already been developed between the collaborating centre in Utrecht (the Netherlands) and the Type I participating centre in Leuven (Belgium).

It is planned that the programme managers from the collaborating centres and representatives from selected Type I participating centres will meet twice a year, the next meeting being planned for early 1980. *Ad hoc* meetings will also be organized as necessary.

1.3.2 Specific information

A description was given of the development and the organizational structure of six collaborating centres and the activities being carried out by them. The centres in Finland, the Netherlands, Poland, Switzerland and the United Kingdom (Manchester) were described by programme managers and the one in the United Kingdom (Edinburgh) by an "acting" programme manager who is shortly to be appointed officially.

Representatives of three Type I participating centres in Belgium (Leuven), Finland (Helsinki) and Norway (Stavanger) reported on the development and organization of their institutions and the expected activities in relation to the programme and to the work of the collaborating centres. Members of the group were impressed by the amount of work on the nursing process already in progress, albeit at different stages of development.

Significant differences in the various centres were discussed. It was suggested that the national centres should aim at publishing articles concerning their work in relevant publications at the country level, not only for publicity but also as a means of keeping interested professionals accurately informed of programme development.

The text of the presentations by participants was distributed to all members of the group. It is intended to use these in a Regional Office publication containing profiles of these centres.

2. Research component of the medium-term programme

The discussion of the two main background papers led the group to a clearer understanding of the research component of the medium-term programme in nursing/midwifery in Europe; thereafter a certain number of decisions were taken to ensure the smooth progress of the work.

2.1 Definition of terms

The use of the term "controlled" studies in the document "Scope and purpose" (ICP/MPM 025/2) was questioned. Since the term had a very specific meaning in research circles, its use in the context of the studies to be conducted under the programme was considered to be misleading. The group agreed to use the term "standardized" rather than "controlled". In the context of the programme, standardized study designs would be developed and employed and as far as possible cohorts presenting predetermined nursing situations would be used.

In the discussion, a question was raised concerning the method of research to be employed if controlled studies, in the research sense, were not undertaken. It was suggested that initially the descriptive method would be used. This, however, did not rule out the use of the experimental method, particularly in well-defined areas of selected national studies. Eventually it should be possible to compare data regarding patient outcomes where cohorts of a similar type had been used in a number of countries.

The document "Scope and purpose" was accordingly revised: "controlled" was amended to "standardized"; and paragraph 3, line 1, was amended to read "collaborating and Type I participating centres".

During this discussion, as well as on several other occasions, the problems of definition of terms were raised. It was decided that, as far as possible, standard terminology should be used: the *Glossary of health care terminology*¹ should provide the main source of reference in this respect. Reference should also be made to the glossary contained in the workbook on organization of nursing/midwifery services.² Terms not included in these glossaries and thought to require definition should be sent to the Regional Office, which would develop definitions in consultation with relevant national groups.

2.2 Working hypothesis, concepts and terms of reference

The main background document, EURO/NURS/79.1, prepared by the Secretariat, was presented and discussed extensively. The purpose of this discussion, which centred primarily around ideas and concepts, was to stimulate the development of a climate of reciprocal understanding and comprehension which would serve as a solid basis for decision making and communication among all collaborating and participating centres associated with the programme.

After revision of the paper "Guidelines for the development of the studies of nursing interventions" (Annex I), it was agreed that it would serve as a suitable reference document when questions regarding concepts underlying the programme and/or terms of reference arose. The Secretariat was given the responsibility of including in point 3.5 an appropriate statement on the "quality of life".

At the end of the discussion it was emphasized that document EURO/NURS/79.1 should be seen as one of a series of working papers which had direct relevance to the programme. Among these papers, special mention was made of the *Position paper on nursing*³ and the report on a working group on

¹ Hogarth, J. *Glossary of health care terminology*. Copenhagen, WHO Regional Office for Europe, 1975 (Public Health in Europe, No. 4).

² WHO Regional Office for Europe. *Organization of nursing/midwifery services: workbook*. Copenhagen, 1978 (EURO/NURS/78.1).

³ Hall, D.C. *A position paper on nursing*. Copenhagen, WHO Regional Office for Europe, 1975 (document EURO/NURS/75.1).

evaluation of inpatient nursing practice.¹ These documents, as well as selected material (list of nursing problems and targets) from the programme profile, were considered eminently appropriate as information to be distributed to administrators, politicians, teachers, etc., who might require information regarding the programme.

Following this discussion, the group proceeded to take a number of decisions concerning the work to be accomplished before the next meeting.

2.3 Choice of cohorts and study settings

Dr Lorensen introduced the discussion concerning the selection of cohorts suitable for the standardized studies. The group was reminded that it was important to adopt a realistic approach and that it would be difficult to win support for research if it were to be performed in artificial and/or relatively rare health situations. The group expressed a desire to avoid the medical model and to focus on health rather than illness. The need for nursing to develop designs suitable to the specific research needs of the discipline was regarded as obvious. Action-type studies in health services are gradually gaining respectability and providing information which can be used to improve the quality of health care reaching the public. It was stressed that the programme of research should be relevant to the country, the community and the discipline. Thus, consideration was given to some of the most urgent health problems of the European Region and to those which are being studied from other points of view by WHO and by nursing generally, e.g., health care of the elderly.

After careful consideration had been given to the above, and taking into account the various situations and resources in the countries involved, the following three decisions were taken.

(1) Two cohort groups should be identified from (a) the elderly (cohort 1), and (b) persons undergoing elective surgery (cohort 2). Further, an agreement was reached on broad criteria for the selection of these cohorts (Annex II).

(2) Basic "census" (baseline) information should be collected once the cohort has been identified. This information should be classified under broad headings. These headings were discussed in general terms (Annex III) and the results of the discussion recorded. It was agreed that time did not allow for a further development of the classification during the meeting and that refinement of the schedule should take place in the collaborating centres.

(3) A community or ward profile should be prepared for each setting in which a cohort was identified (Annex IV).

2.4 Nursing process

Reference was made to the two previous reports concerning the nursing process.^{2,3} It was emphasized that the research envisaged could not be considered as a study of the nursing process. The nursing process method was to be employed in the provision of the nursing care done as part of the studies. Assumptions regarding the effectiveness of the method could certainly be made as a result of using it in the studies, but the research should in no way be interpreted as a study of the process *per se*.

As in previous meetings, it was again stressed that the nursing process method was an entity which could not meaningfully be divided into separate components other than for purposes of discussion. Therefore, in developing designs it was necessary that each collaborating centre should accept responsibility for the development of tools which related to the process as a whole.

¹ WHO Regional Office for Europe. *Evaluation of inpatient nursing practice*: report on a Working Group. Copenhagen, 1979 (EURO Reports and Studies, No. 4).

² WHO Regional Office for Europe. *The nursing process*: report on the first meeting of the Technical Advisory Group. Copenhagen, 1976 (document ICP/HMD 049(1)).

³ WHO Regional Office for Europe. *Development of designs in, and documentation of, the nursing process*: report on a Technical Advisory Group. Copenhagen, 1977 (document ICP/HMD 049(2)).

2.5 Recording systems

Information will require to be collected and processed at three distinct levels: local (collaborating and/or participating centre), national, and international (Regional Office). Decisions will need to be made as to which data move from one level to another or laterally.

Systems will need to be developed for several major groups of data. Among the more important of these will be the system which will provide accurate information on the patient and his needs (physical, psychological and social), on the environment, on the care available and given, and on the outcome of the care. Just as standard instruments for the assessment of patient/client needs for nursing care, and for planning, implementing and evaluating the care will have to be developed, schedules for recording and handling essential data from all these activities will need to be prepared.

The overall system and each of its components should be kept as simple and meaningful as possible. The fact that many records will need to be translated into a wide variety of languages in order to be used by nationals participating in the direct patient care segment of the studies must be kept in mind.

Information which it is decided should be collected and processed at the international level will be received at a centre to be established in the WHO Regional Office for Europe, Copenhagen. This centre will be located in the service of Health Information, which is one of six services in the Regional Office and is currently under the direction of Dr A. Weber.

Dr Weber attended selected sessions during the meeting and at one of these discussed the design of an information base, outlining the main factors to be considered. In his view, the design for the recording of information should provide for:

- (1) means of testing, at a later stage, hypotheses suggested by the data;
- (2) a sequential, rather than an all-embracing, development;
- (3) careful planning, with agreement between collaborating centres on definitions, classifications, coding and interpretation;
- (4) standardization of information at all levels.

Dr Weber stated that objectives of the care to be provided should contain items which were amenable to measurement. Results of nursing interventions could then be documented in a meaningful and standard fashion. The consistency and accuracy of the records should be tested within each centre and between centres.

In terms of the studies under discussion, and keeping in mind the nursing process method, specific record forms would need to be developed for each of the steps in the process, namely, assessment, planning, intervention, and outcome. If possible, the cost of the nursing intervention should be built in to allow cost-effectiveness to be recorded and calculated.

Descriptions of the ward or community would be valuable for the provision of baseline information.

Dr Weber suggested that different types of recording might be needed:

- (1) detailed recording forms, with or without a summary sheet;
- (2) transcription forms such as punch cards, paper or magnetic tapes.

The need for data security and safety was stressed and the ethical implications of detailed records, such as those with information on conditions involving mental illness, were discussed.

Dr Weber explained the position at the Regional Office regarding processing. A computer should be installed at the Regional Office in late 1979. This equipment could be used for data input, validation and simple straightforward tabulations. For more elaborate analysis it would be useful to use a larger installation with a variety of programmes available; the Regional Office already had access to such equipment for research purposes.

Mr Vinther-Jørgensen, Systems Analyst in the Health Information service, reminded the group that among the important decisions to be made were those related to agreement on codes and classifications, in order to allow comparisons between participating centres. Once these were agreed, the type of analyses would present technical problems that were fairly easily surmountable.

2.5.1 Assessment of patient/client needs: approaches and tools

The general discussion of approaches to the assessment of patient/client needs for health and nursing care was introduced by Miss Hockey. The text of her presentation was made available to the participants.

In the discussion which followed the presentation, the advantages and disadvantages of the five most frequently used methods of assessment¹ were analysed by the group, using references from the working paper by Miss Simpson and Miss Hockey's presentation. At the end of the discussion, it was decided that it would be the responsibility of the collaborating centres jointly and in discussion with the Regional Office to determine the assessment approach(es) which would be used in the standardized studies and to prepare the instruments which would allow for the application of the approach in the actual assessment of patient/client needs for nursing care. It was necessary to determine a clear frame of reference in order to avoid wide variations in the assessment of people's health condition as well as to avoid subjective attitudes on the part of the practitioner.

The group then discussed a number of the assessment tools currently in use for collecting reliable data on the patient/client's condition and the needs for nursing care. It was emphasized that some tools such as measurement/rating scales (Roberts, Norton, etc.) or different types of instrument (e.g., pain thermometer) were already available. The group regretted that such tools were so rarely used by nurses to improve the nursing care given to patients. It was felt that there was a lack of understanding of, and knowledge about, these tools among nurses. The group proposed that an inventory of the existing tools should be made and the resulting document circulated widely. Countries participating in the programme would be encouraged to consider the use being made of existing knowledge and technology in nursing as these were applied in the nursing care given to people through the health services system.

The collaborating centres would eventually need to prepare a package which included assessment, planning, implementation and evaluation information, check lists, etc., to be used in every centre. Associated with this, a standard package of forms, on which nursing interventions and related information could be recorded in a systematic fashion, would require to be developed.

2.5.2 Evaluation of nursing intervention: approaches, tools, expected outcomes

Miss Clark introduced the discussion on evaluation. In the area of evaluation, studies would focus on patient outcome. Objectives of interventions would be carefully planned and would include items which could be measured using either quantitative or qualitative scales, or both. Thus, the evaluation tools would have to be elaborated in very close connexion with the assessment tools mentioned above.

Although the planning and implementation steps of the nursing process were not discussed in depth, it was understood that they were an integral part of the whole and would be integrated as such when research tools were developed.

The formulation of measurable objectives was discussed. It was agreed that outcomes should be studied in terms of the patient, the practitioner and the system within which the care was provided, e.g., the family, the hospital. It was mentioned that the Donabedian model of "structure, process and outcome" could also be used as a guide.

It was expected that the studies would provide information on the following:

- (a) improvement of the health of patients/clients;
- (b) nursing activities performed in meeting patient/client needs;
- (c) knowledge needed for the safe and effective provision of care.

The participants were convinced that, in spite of the difficulties of such a methodological approach, this was the safest way to demonstrate what was meant by good quality nursing care.

¹ Activity of daily living (ADL); the C. Roy adaptation model; Maslow's hierarchy of needs; the problem-solving approach; and the system approach.

It was also stressed that this approach would allow for a move from a situation of planning nursing services based on quantitative measurement towards a system based on quality of care. In this connexion, the group discussed the possibility of examining management and organizational systems and experimenting with new approaches in the organization of nursing services. No clear decision was reached, except that it was considered necessary to remain within the limits of resources in each of the participating centres. In this context, attention was drawn to the added workload for the nurse practitioners participating in the standardized studies, especially if they were already involved in research at different levels and/or as data collectors for other professions.

Time did not allow the group to study in depth the educational dimension of the project. This aspect will be considered in future meetings.

2.5.3 Study of nursing needs of the elderly

An excellent illustration of the possibilities offered in the development of methodology and research was given by Miss de Baets and concerned the nursing research component included in a research project on psychosocial factors and the health of the elderly, sponsored by the Regional Office and conducted in Belgium by an interdisciplinary team. This study was originally intended to explore only the psychosocial needs of the elderly; the nursing component was added later. Financial support is provided by the Catholic Nurses' Association of Belgium in collaboration with CICIAMS. The speaker described the method of this study, which involved the collection of epidemiological data regarding the nursing needs of the elderly. Assessment tools have been devised taking into account a theoretical framework elaborated from several assessment approaches; the cohorts have been selected so as to be representative of the population of the elderly in Belgium; the schedules, comprising 1200 items, are ready to be tested and the interviews will be carried out by retired nurses.

2.6 General plan of action

The work to be done by collaborating centres was discussed and an agreement reached regarding the following.

2.6.1 Design development

In order to facilitate the development of designs, it was agreed that collaborating centres should proceed in the following manner. During the latter half of 1979, collaborating centres should aim to:

- (1) establish communication with Type I participating centres in their own countries, which will work with them on the development and field testing of designs; it was suggested that, in order to facilitate communication with these centres, the documents on the cohort groups and on the broad headings for census data could be used;
- (2) if desired, undertake, together with the centres mentioned in (1) above, the collection of census of information;
- (3) start an inventory of existing assessment and measurement instruments which would include, where possible, an appraisal of their usefulness;
- (4) establish standardized information systems in each of the collaborating centres.

2.6.2 Development of educational activities

Information and teaching materials would be needed for use in all types of participating centres in order to prepare the personnel of these centres to work within the programme and in Type I centres according to the established protocols. It was suggested that the educational activities might be presented in the form of teaching packages. The programme managers of the United Kingdom (Manchester) and the Netherlands collaborating centres, and Miss van der Schueren from the Type I participating centre in Belgium, agreed to pursue this matter. They would begin to develop plans for the preparation of educational instruments (for Type I participating centres in the first instance), working in collaboration with the Regional Office.

2.6.3 Development of a national network of communication and collaboration

Besides making contact with the Type I participating centres involved in the development and field testing of designs, the collaborating centres should also take steps to set up communication links with other participating centres of all types. It was agreed that emphasis needed to be placed on lines of communication and on the identification of activities to be carried out jointly

by collaborating and participating centres. It was suggested that the work already done in this area in Finland could serve as an excellent example to other collaborating centres of how to proceed. It was also proposed that, where sufficient national resources were available, Type II participating centres should be offered the possibility to develop in parallel to Type I centres.

2.6.4 Development of the multinational network

Eventually, as outlined in the programme management model, regular lines of communication and collaboration should be established between all collaborating centres and between collaborating centres in one country and Type I participating centres in selected countries where no national collaborating centre had been established. This network would need to be developed over time. Mechanisms for stimulating constructive collaboration and for establishing systems which would help ensure the continuance and effectiveness of the collaboration should be discussed at the coming meeting of programme managers. The role of the Regional Office in assisting the establishment of these systems should be one of involvement and support, but the major effort should be made at the country level.

For both national and international networks, it was proposed that collaborating centres should be supplied by the Regional Office with reference material concerning the medium-term programme in order to be able to send out appropriate documents as required. Official WHO documents should be used wherever and whenever relevant. These could be translated where necessary into the national language by the collaborating centre.

2.6.5 Development of communication systems

A smooth development of the research programme would depend to a considerable degree on a well-structured and clear communication system between collaborating and participating centres and the Regional Office. Procedures and methods of addressing communications to the Regional Office, depending on the purpose and the expected action, were explained to the group.

The advisability and frequency of progress reports were discussed and it was agreed that collaborating centres should submit reports to the Regional Office three times a year, i.e., in January, May, September. These reports would be for internal use only and would be identified by CC/PR (collaborating centre/progress report), followed by number and date, e.g., CC/PR/1/September 1979.

MEDIUM-TERM PROGRAMME IN NURSING/MIDWIFERY IN EUROPE

GUIDELINES FOR THE DEVELOPMENT OF
THE STUDIES ON NURSING INTERVENTIONS

by
the Secretariat
WHO Regional Office for Europe

1. Working hypotheses for studies of nursing interventions using standard designs and conducted in selected patient/client situations

1.1 There are, with regard to both individuals and groups, unmet health needs of a biopsychosocial nature susceptible to nursing intervention.

1.2 There is a positive relationship between the meeting of selected clusters of the needs referred to in 1.1 above and a measurable improvement in the health status of the individual and/or family.

1.3 There is a positive relationship between the education and employment of nursing personnel to meet the needs referred to in 1.1 above and the effective utilization of these personnel within organized health services.

1.4 The meeting of the needs referred to in 1.1 above by nursing interventions will result in a more appropriate use by the population of other health care services.

2. Concepts underlying the studies

2.1 Nursing is a fundamental human activity carried out by individuals, families and communities, with or without the assistance of health workers specialized in the field.

2.2 In its organized form, nursing is an identifiable health discipline with a body of knowledge and skills which distinguishes it from other disciplines in the field of health. Its primary responsibility is to assist individuals and groups (families/communities) to optimize function within varying states of health. This involves the practitioners of the discipline in caring functions which relate to health as well as illness and which stretch from conception to death. Nursing is concerned with maintaining, promoting and protecting health, providing rehabilitation and caring for the sick, injured and dying. It deals with the biopsychosocial spheres of life as these affect all aspects of health.

2.3 Nursing is both an art and a science. Its practice requires the application of understanding, knowledge and skills specific to the discipline. In developing nursing, members of the discipline draw on knowledge and techniques from the physical, social, medical and biological sciences and from the humanities, and aim to add to and further develop the discipline's unique knowledge base.

2.4 The primary responsibility of the practitioner of nursing (the nurse) is to provide nursing care direct to the individual, family or community. Nursing personnel acquire the understanding, knowledge and skills to practise nursing through theory and practice in formal basic education and through experience in practice and continuing, supplementary and/or advanced education.

2.5 Nursing personnel work on a partnership basis with workers from other health disciplines; when several disciplines are involved in providing health services, their functions should be complementary and services should be jointly planned and given as an integrated whole rather than as a series of isolated activities.

2.6 In modern health services, nursing care is often best given by a nursing care team which usually consists of two or more categories of workers. The team should include at least one first-level (professional) nurse who would be responsible for the team's direction. These workers together make up the nursing personnel subsystem which is a distinct entity within the overall health personnel system of a country and which should be managed by an appropriately qualified first-level nurse.

3. Suggested terms of reference which will guide development of designs, recording systems and the conduct of studies

3.1 The concept of a "status of health" will be developed; this concept includes the acceptance of the fact that illness, dying, physical and mental handicap are all states of health. New approaches to the concept of normalcy are required. These would relate directly to the individual or group being served rather than to general standards in the biopsychosocial spheres currently employed.

3.2 Methods will be developed whereby, on entry into care, the level of achievement of each patient/client or family in terms of certain basic functions (physical, mental and/or social) can be plotted on pre-designed scales. Profiles for individuals and/or families will thus be developed. Over time, population profiles for groups of persons presenting similar patterns will be built up. In all instances, emphasis will be placed on the positive rather than the negative effects of varying states of health, i.e., on what the individual or family can do, rather than what he/they cannot do. "With respect to health, the crucial matter (will not be) just the quantity of survival years, but the quality of life itself."¹

3.3 Methods will be developed for assessing patient/client needs for nursing care in the physical, psychic and social spheres. These methods will draw primarily on a combination of the various approaches including functional, problem-centred and activities-of-daily-living approaches.

3.4 Methods for classification of needs into first, second and third priority will be developed. It is suggested that this be done with the active participation of the patient/client and/or family. The safety of the individual or group and the preservation of a quality of life acceptable to the patient and/or his family and commensurate with the law will constitute the only overriding factors to the foregoing.

3.5 Methods for implementation and evaluation phases of the nursing process will also be developed.

3.6 Collaborating centres and selected Type I participating centres will agree to jointly develop and test the use of standard designs for the provision of nursing care to selected groups of patients/clients using the nursing process method (see attached model). In developing designs, the nursing process will be considered as an entity and interventions made will be considered incomplete unless all four steps have been implemented and the appropriate recording done. The standard designs should include:

3.6.1 standard assessment instruments

3.6.2 standard criteria for establishing priority needs

3.6.3 standard criteria for relating needs to resources

3.6.4 planning schedules

3.6.5 forms which will provide for standardized recording of nursing care given

3.6.6 evaluation instruments

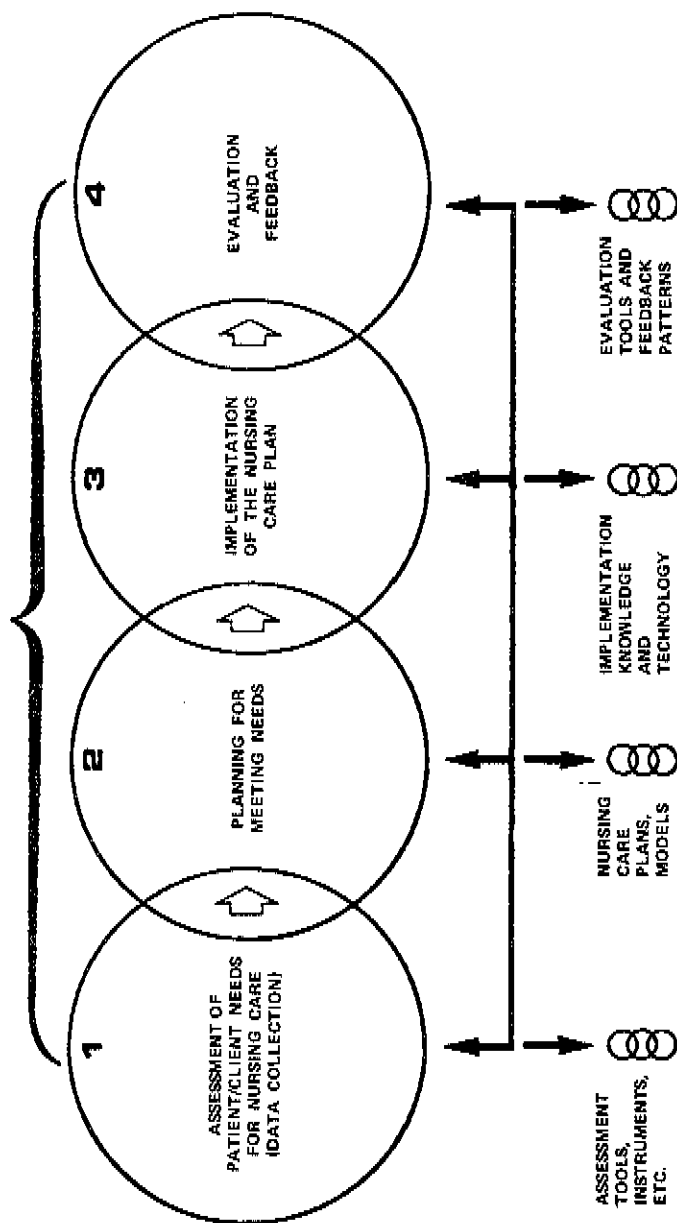
3.6.7 standard recording forms as required over and above the forms listed above.

¹ World Health Organization. *Advisory Committee on Medical Research: report to the Director-General on its twentieth session, June 1978.* Geneva, 1978 (document ACMR20/78 Report).

MEDIUM-TERM PROGRAMME IN NURSING/MIDWIFERY IN EUROPE

THE NURSING PROCESS

PROCESS RECORDING



GENERAL CRITERIA FOR SELECTION OF COHORTS

Cohort No. 1 - Care of elderly people

1. Age 65 years or over
2. Men and women
3. Within the health services system
4. Accessible to nursing services
5. Community and institutions
6. Within selected Type I¹ participating centres
7. Within specified ward or community areas

Cohort No. 2 - People undergoing elective surgery

1. Age 18-65 years
2. Men and women
3. Within the health services system
4. Accessible to nursing services
5. A specified ward area
6. Within selected Type I¹ participating centres

¹ Criterion for Type I participating centres: in each setting where the standardized studies are conducted there must be at least one first-level (professional) nurse who would be responsible for direction of the nursing care team.

GENERAL OUTLINE OF INFORMATION TO BE
COLLECTED IN THE CENSUS

Cohort No. 1

1. Date of birth
2. Sex
3. Reason for being in institution
Reason for using nursing services
4. Current length of stay in institution
Expected length of stay in institution
Length of contact with nursing services
5. Social interaction ability
 - yes
 - partial
 - no
6. Mobility - totally dependent
- partially dependent
- independent
7. Continence¹ - totally incontinent
- partially continent
- fully continent

Cohort No. 2

1. Date of birth
2. Sex
3. Reason for being in institution
Reason for using nursing services
4. Current length of stay in institution
Expected length of stay in institution
Length of contact with nursing services
- (5. Social interaction ability
 - (- yes
 - (- partial
 - (- no
- (6. Mobility - totally dependent
 - (- partially dependent
 - (- independent
- (7. Continence¹ - totally incontinent
 - (- partially continent
 - (- fully continent

IF NEEDED

¹ Continence or incontinence refers to any kind of continence/incontinence, whether of urine or faeces.

COMMUNITY/WARD PROFILE

1. Layout of - ward
 - community
 - centre
2. Staffing patterns - first-level nurses)
 - second-level nursing personnel) using the ILO definitions
 - learners
 - unqualified nursing personnel
- 3a. Number of first-level nurses/number of patients
- 3b. Number of nursing personnel: total number, including all four above-mentioned categories/number of patients
4. Patterns employed in the management of nursing services - patient-oriented
 - task-oriented
5. Supportive services

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¹ Participation expenses not paid by WHO.

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Annex V

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