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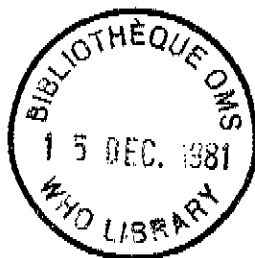
ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

INDEXED

MEETING OF PROGRAMME MANAGERS FROM
COLLABORATING CENTRES ASSOCIATED WITH THE MEDIUM-TERM PROGRAMME
IN NURSING/MIDWIFERY IN EUROPE

Report on a Meeting

Copenhagen
3-5 September 1979



ICP/MPM 026
ENGLISH ONLY
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Note

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1. Introduction

The first ad hoc meeting of programme managers from seven collaborating centres associated with the medium-term programme in nursing/midwifery in Europe was convened by the Regional Office in Copenhagen from 3 to 5 September 1979. The Group comprised 7 temporary advisers from Finland (1), the Netherlands (1), Poland (1), Sweden (1), Switzerland (1), United Kingdom (2) and Regional Office staff (see Annex II).

1.1 Purposes of the meeting

The purposes of the meeting were as follows:

- to exchange information about the activities of the collaborating centres particularly in the period from June to September 1979;
- to review the research element in the medium-term programme in nursing/midwifery in Europe and the linkages between this element and other activities in the overall programme;
- to review the aims and objectives of work to be carried out in the collaborating centres associated with the medium-term programme in nursing/midwifery in Europe;
- to explore in depth the concepts and terms of reference which underlie the planned research on the outcomes of nursing interventions in selected patient/client situations;
- to prepare detailed time-scheduled plans of action for each of the collaborating centres at least for one year.

Dr Dorothy Hall, Regional Nursing Officer, opened the meeting on behalf of Dr Leo A. Kaprio, Regional Director. Dr Hall welcomed the participants of the seven collaborating centres, particularly Miss E. Farmer, the recently appointed programme manager from the collaborating centre attached to the University of Edinburgh (Scotland). The creation of two additional collaborating centres (Denmark and France) was announced, although their programme managers were unable to attend this meeting.

1.2 Activities of the collaborating centres from May to September 1979

After Dr Hall's introduction and presentation of the scope and purpose of the meeting, the programme managers discussed their own expectations and the resources which their respective centres now had, or might expect to have, to carry out programme activities. Many of these were highlighted in the detailed reports of the work carried out in the collaborating centres from June to September 1979. Copies of these reports were made available to each participant. Taking into account their own settings, it was most encouraging to see that all the activities performed in each centre during the past three months corresponded to the general plan of action adopted at the First Meeting of Researchers from Collaborating and Selected Participating Centres associated with the Medium-Term Programme in Nursing/Midwifery in Europe in May 1979. Information from these reports served as background material for all the topics which subsequently had to be discussed and clarified during the meeting.

2. Collaborating and participating centres

It was obvious from discussions that programme managers felt the need to have the responsibilities of the collaborating and all types of participating centres spelled out in more detail than had previously been done. The results of these discussions were summarized as follows:

2.1 Collaborating centres

2.1.1 In general the work to be performed by a collaborating centre designated by the World Health Organization is outlined in Item II (1) and (2) in document EURO/NURS/78.2.

2.1.2 The general criteria for selection and appointment of a collaborating centre associated with the medium-term programme in nursing/midwifery in Europe are outlined in Item II (4) of document EURO/NURS/78.2.

2.1.3 Specific work to be carried out in each collaborating centre is outlined below:

- (i) working together with other collaborating centres, selected type I participating centres and the Regional Office to develop the designs (protocols) which will be used to

conduct the standardized studies of the outcomes of nursing interventions using the two cohort groups previously selected (for more detailed information on the cohorts, see document ICP/MPM 025). The development of designs will include the field-testing of these in selected Type I participating centres and the subsequent modification of designs as required. The designs package will include the entire recording package to be used in the multinational studies. Research designs will be developed using the four steps of the nursing process as outlined in the model being used in the medium-term programme in nursing/midwifery in Europe.

(ii) where languages other than the official languages (English, French, German and Russian) of the European Region of WHO are concerned, to translate study design and other programme documents into the national language and to provide the Regional Office with copies of these documents.

(iii) to identify and assist in the development of Type I participating centres in the country in which the collaborating centre is located. Where countries so desire and the research necessitates, there may be more than one or two Type I participating centres. Where there is a larger group of these centres, networks linking all centres in a well-developed chain of communication and interphased activity will require to be developed by the collaborating centre.

(iv) to assist with the development and use of teaching/learning packages related to the programme.

(v) to conduct in-service education programmes with staff in Type I participating centres who will be directly involved in either the field testing of research designs, the implementation of the research, or both.

(vi) to assist and supervise, in the appropriate Type I centres, the implementation of the study designs and to act as the initial receiving centre for data coming from Type I participating centres; to carry out certain steps in the management of this data (e.g., checking errors in filling in forms if this has not been done at the participating centre, checking for errors in data entry, etc.) and to send the data in an appropriate form to national and/or Regional Office centres.

(vii) on request from the Regional Office, to make available programme managers and/or others involved in the programme to attend meetings to be called by the Regional Office as part of the development of the programme.

(viii) to participate, by giving leadership at the local/regional/national level, in the conduct of concurrent and terminal evaluation of the research carried out.

(ix) at the request of the Regional Office and with agreement of the national governments concerned, to accept responsibilities to be specified by the Regional Office with regard to the development and participation of Type I and/or Type II centres in countries of the European Region which do not have collaborating centres but wish to participate in the programme through the development of the types of participating centres mentioned above.

(x) to carry out other programme activities as requested by the Regional Office and/or the national governments concerned, on the basis of agreements to be drawn up by all parties concerned and specific to the work involved.

(xi) where requested by national authorities, or where it is desirable and there is no objection from national authorities, to identify and develop a network of Type II and III participating centres in the country in which the collaborating centre is located or in the section(s)/region(s) of that country in which the centre works, taking into consideration federal types of national organization.

(xii) to develop the managerial and information systems necessary to effective conduct of the work outlined above and to keep relevant national, regional and/or local authorities informed of programme developments.

(xiii) to provide relevant journals, other publications, professional meetings, schools, etc., with suitable information concerning the medium-term programme in nursing/midwifery in Europe as a whole and items such as the nursing process, assessment and evaluation methods, quality control, etc., in particular.

2.2 Type I participating centres

2.2.1 General information regarding these centres is included in Item III, 1.1, p.4 of document EURO/NURS/78.2.

2.2.2 In the context of the medium-term programme in nursing/midwifery in Europe, Type I participating centres are those health service centres (hospitals, health centres, nursing homes, home care services, etc.) in which a statistically-sound sample of the study cohorts is available and where all authorities concerned have agreed that they have the necessary resources and are prepared to participate in the multinational studies using the standard research designs.

2.2.3 With the foregoing as basic criteria, these centres will be identified and developed in different ways in different countries depending on the resources available and the involvement of national and regional authorities in the programme. For example, in Finland there is likely to be a country-wide network of these centres. In the Netherlands and Switzerland there may only be one or two. The span of control which can be effectively exercised by the relevant collaborating centre should be a major criterion in deciding the extent of network development.

2.2.4 Where design development is concerned, it is evident that selected Type I centres in each country or region where a collaborating centre exists will have to be used as centres for field testing the designs. Again, the decision regarding which centre or centres should be used should be left to the good judgement of the programme managers in the collaborating centres in discussion with the participating centre concerned and relevant national authorities.

2.2.5 When designs, including the entire data collection and management system, have been field tested and finalized and when all Type I participating centres have completed the introductory in-service training programme, a date or series of dates will be set on which all centres will identify cohort groups and begin to provide nursing care using the standard designs.

2.2.6 In countries where the national language is not one of the four official languages of the European Region of WHO, or is not the language of the country in which the collaborating centre with which the Type I centre works, Type I centres would need to be responsible for translating into the national language all material relevant to the conduct of the studies.

2.3 Type II participating centres

2.3.1 General information regarding these centres is included in Item III, 1.2, p.4 of document EURO/NURS/78.2.

2.3.2 In the context of the medium-term programme in nursing/midwifery in Europe, these centres are much more loosely connected to and/or controlled by the collaborating centres. They are intended to form a network of health service centres and/or schools in which groups of nurses and their colleagues decide they would like to come together for the purpose of improving nursing care in an organized, collegial fashion using the nursing process method as it is defined by the medium-term programme in nursing/midwifery in Europe. It is anticipated that these centres would form a network linked by common purpose, a sound knowledge and acceptance of medium-term programme concepts and procedures and a capacity and willingness to develop in their own working situations assessment, planning, implementation and evaluation methods and associated recording systems, all based on nursing process concepts and methods. These centres will have access to and will be free to adapt standard study designs prepared for use in the Type I participating centres. Their research can be carried out on a local, regional and/or national level as decided by relevant national authorities. The results of such studies should routinely be sent to the Regional Office as should study designs and related work done in the Type II centres. The results of these research projects also may, in the long term, provide very useful information which will help clarify areas in which multi-national studies need to be conducted. If the studies are well done they could result in the development of new knowledge in nursing.

These centres could, in exceptional circumstances, be used in place of a Type I centre to field test designs.

2.3.3 The links among these centres, and from these centres to collaborating centres and the Regional Office will differ from country to country, depending on:

- (i) the existence of a national collaborating centre and its role in national nursing development;
- (ii) the overall involvement of the country in the medium-term programme in nursing/midwifery in Europe;

(iii) the general interest and knowledge of practising nurses regarding new developments in the discipline of nursing;

(iv) the reaction of nurse and non-nurse authorities to these developments and the desire of nursing staff to use them in the improvement of nursing care;

(v) resources available in local settings (e.g., schools, action-oriented continuing education programmes);

(vi) a number of other factors specific to national, regional and local settings to the profession of nursing.

2.3.4 Wherever desirable and possible in terms of the position and workload of programme managers in the collaborating centres, it is hoped that support and assistance of a general nature can be given by the collaborating centres to the Type II participating centres in their own area of national/regional interest. This type of development has already taken place in the Finnish setting and the national programme manager, Miss M. Sorvettula, is an excellent source of information as to how this has been achieved.

In terms of Type II participating centres in countries in which a collaborating centre does not exist, assistance to these centres will need to be provided either directly from the Regional Office or from a selected collaborating centre in another country. In every instance, bilateral support to Type II centres should only be undertaken by a collaborating centre at the request of the Regional Office and after all necessary formalities such as plans of action, travel agreements, etc., have been completed.

2.4 Type III participating centres

2.4.1 General information regarding these centres is provided in item III, 1.3, p.4 of document EURO/NURS/78.2.

2.4.2 These are the least formalized and most loosely linked of the three types of participating centres. Their establishment is most likely to take place in countries which are not ready to establish a collaborating centre or Type I or Type II participating centre. In countries where these other types of centres are present, there is nothing to prevent a collaborating centre taking Type III centres into its overall programme network. On the other hand, a group of nurses or an institution may contact the Regional Office direct and ask to become a Type III participating centre. Where there is a collaborating centre in the country from which such a request comes, the Regional Office will inform the collaborating centre concerned and the linkage will then be worked out between the group requesting Type III association, the collaborating centre, and the Regional Office. In countries where no collaborating centre is located, the Regional Office will undertake to service Type III participating centres.

3. General discussion

3.1 It was agreed that the development of study designs and teaching/learning packages would take a considerable period of time, mid-1981 being considered the earliest date for the implementation of standardized multinational studies to get under way. Time-targeted plans for the activities which must be carried out at all levels of programme management in order to accomplish the foregoing will require to be completed before June 1980.

In the meantime, it was stressed and a decision was taken that programme managers in the collaborating centres should:

3.1.1 select, in the near future, their Type I participating centres and identify those in which field testing of designs would take place. In some settings, this would require that a clear distinction be made between Type I and Type II participating centres;

3.1.2 consider carefully their workload, taking into account their activities with regard to the multinational research and within their respective national settings and, in planning their work, allow for increasing involvement in the development of standard study designs, teaching packages, etc.;

3.1.3 send to WHO/EURO Nursing Unit the names and addresses of participating centres and of contact persons in both Type I and/or Type II centres.

3.2 Decisions were taken concerning:

3.2.1 Lines of communication including formal and/or informal visits between collaborating and participating centres. Formal visits to collaborating centres in countries other than the one in which the collaborating centre is located need to be planned for in discussion with the Regional Office which will write the necessary official letters to the respective government and centre, and take steps concerning the financial aspects of the visit.

Informal visits by one nurse researcher to another do not need to be cleared through the Regional Office. The costs of such visits must be borne by the individual or national centres involved and the programme managers must make it clear that they visit in a personal and/or national capacity and not as a programme manager of a WHO/EURO collaborating centre.

3.2.2 Basic reference materials related to the programme to be used in the collaborating centres. The Nursing Unit of the Regional Office will establish such a list with additional proposals from programme managers who will forward them to EURO by 15 September 1979.

3.2.3 That if standard designs were to be developed as a collaborative effort between programme managers and the Regional Office all persons concerned must share common goals and understandings.

4. Cohorts

4.1 Cohort I - Elderly over 65 years of age (Annex I)

It was agreed that in order to be able to make a better selection of the group of patients/clients to be used as cohort I, a functional scale including physical, psychic and social items should be developed. This scale would be used to screen the large group of elderly as this would be identified by the general criteria already established.¹ When screening, using this scale, had been done, decisions could then be reached as to the specific characteristics of individual patients/clients in the cohort to be used in the standardized studies.

In order to develop the functional scale needed, a subcommittee on cohorts was appointed. This subcommittee comprises:

- Miss E. Farmer
- Miss M. Sorvettula
- Miss E. Stussi/Dr D.C. Hall.

The work of this subcommittee was outlined as:

4.1.1 to collect copies of existing functional scales which have relevance to the cohort under reference and to exchange information about these scales. Two copies of each scale should be sent to the Regional Office where a master file would be established, and one copy of each scale should be sent to the other programme manager on the subcommittee.

4.1.2 to individually study the material and to attend in January 1980 in the Regional Office a meeting of the subcommittee at which a draft scale would be prepared.

4.1.3 subsequent to the above meeting, the scale would be sent to all programme managers for study and comment.

4.1.4 the draft functional scale will be discussed by the programme managers attending the Second Meeting of Researchers from Collaborating and Selected Participating Centres associated with the Medium-term Programme in Nursing/Midwifery in Europe, scheduled to be held in Kiel early in March 1980.

In addition to these responsibilities the group decided that this subcommittee would also revise the community profile. Programme managers were requested to send their suggestions and comments to Miss Sorvettula who will communicate with Miss Farmer. Both agreed to finalize the profile by the end of November 1980.

¹ Annex II of May meeting.

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8.2 The document EURO/NURS 79.1 in its revised version, as requested at the First Researchers meeting, was presented to the group. It was suggested that section 3.6.5 be reformulated.

Both major corrections mentioned in 8.1 and 8.2 above will be taken care of by the secretariat.

GENERAL CRITERIA FOR SELECTION OF COHORTS

Cohort No. I - 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
8. A further criterion/criteria to be determined after information is obtained following a functional assessment.

Cohort No. II - 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
7. The following patients, except diabetics:
 - cholecystectomy
 - gastrectomy
 - herniorrhaphy (abdominal approach for hernia repair)
 - intestinal surgery.

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.

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¹ Participation expenses not paid by WHO.