

WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION  
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ  
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ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ  
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

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MEDIUM-TERM PROGRAMME IN NURSING/MIDWIFERY IN EUROPE

Sub-Committee on Design Development

Copenhagen  
6-8 February 1980



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ICP/MPM 026 - Subcommittee Design Development Meeting 1  
ENGLISH ONLY  
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## Introduction

The Sub-Committee on Design Development of the Medium-term Programme in Nursing/Midwifery in Europe met in the Regional Office from 6-8 February 1980. Members of the committee were as follows:

Miss P. Ashworth, Programme Manager, Department of Nursing, University of Manchester, United Kingdom

Miss G. Déchanoz, Programme Manager, Hospices Civils de Lyon, France

Dr Dorothy C. Hall, Regional Officer for Nursing, EURO

Dr Anna Kordas, Programme Manager, Department of Nursing, Academy of Medicine, Lublin, Poland

Miss L. Paillard, Programme Manager, Bon Secours School of Nursing, Geneva, Switzerland

Miss E. Stussi, Nursing Officer, EURO

The purpose of the meeting was as follows:

- to review the reports of the sub-committees on cohorts and on the teaching package;
- to discuss and revise the draft proposal for the outline of the design for the multinational study of nursing interventions in selected patient/client situations;
- to discuss and prepare a flowchart for the further activities which will take place in the planning and conduct of the study;
- to develop strategies for producing protocols and schedules;
- to review the programme for the Second Meeting of Researchers from Collaborating and Selected Participating Centres Associated with the Medium-term Programme in Nursing/Midwifery in Europe, to be held in Kiel, FRG, 3-7 March 1980.

The meeting was opened by Dr Hall who welcomed the two newly appointed programme managers, Miss G. Déchanoz, Lyon, France and Miss L. Paillard, Geneva, Switzerland, successor to Mrs A. Droz.

A short review of the development of the research component of the medium-term programme was given. It was stressed that the research will consist of a descriptive study of selected nursing care situations conducted on a multinational basis in which preliminary changes in the way in which nursing care is provided will be introduced ("manipulated" situations) before the study begins. The overall purpose of the study as outlined in the draft design proposal is as follows:

To determine the general needs, and from these, the priority needs for nursing care of patients/clients in the two pre-selected study groups;

to describe the nursing interventions undertaken to meet these needs and the patient/client outcomes related to these interventions.

### 1. Information on the Sub-Committees on Cohorts and on the Teaching Package

#### 1.1 Cohorts

In reference to the report<sup>1</sup> of the sub-committee on cohorts, the main issues were presented by Dr Hall and discussed by the group.

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<sup>1</sup> The report was made available to the group.

1.1.1 The proposal to include "urinary incontinence" as an additional selection criteria for the elderly cohort was considered most suitable and timesaving. The need to have the term urinary incontinence well defined was emphasized. Further discussions on this topic and on the methods of sampling to be used in the study will take place in Kiel.

1.1.2 The use of the "ward/community profile" schedule, presently being revised by Miss Sorvettula was seen as a possible tool for the collection of baseline data to be used before introducing changes into the different research settings. Miss Ashworth reported that in the type I participating centre, Manchester, they planned to conduct such a study and she had already put forward to national officials the need for staff to assist with this study. No unanimity was reached in the group regarding the need for baseline studies in all centres. This question will be further discussed at the meeting of the programme managers in Kiel and a final decision reached.

1.2 Teaching Package

The seven modules suggested by the sub-committee were presented by Miss E. Stussi and additional information was given on the current state of the preparation of modules I and II. These modules are being prepared in the Regional Office.

In order to prepare modules III and IV (the "Medium-term Programme in Nursing/Midwifery" and the "Nursing Process") the group suggested that all programme managers and contact persons in selected type I participating centres be asked to indicate what they thought would need to be included in these modules.

It was also suggested that a working group should be convened including at least one person from a collaborating and/or type I participating centre and specialized nurses/technicians (one qualified in the nursing process). This group would meet in the Regional Office to prepare the content of modules III and IV. This material would subsequently be produced in its final form by using the services of persons specialized in the field of audio-visual aids. A suggestion for this work as proposed is provided below:

TIMETABLE

OBJECTIVES	RESPONSIBILITY	TIME TARGET
1) Letters to programme managers requesting ideas	NURS Unit	20 February 1980
2) Receipt of replies	Programme Managers	21 March
3) Working Group: approx. 6 weeks	Committee/Secretariat	14 April - 1 June
4) Presentation of outline of content; Norway seminar	Secretariat	2 - 6 June
5) Production of modules	?	finalized by October 1980

Miss Paillard agreed, if necessary, to pay a visit to Dr Dowling, HQ in order to obtain information on printed material and other resources available in HQ and to discuss with him the possible contribution of a resource person from HQ to be invited by EURO to contribute to the package.

The members of the group were invited to explore possibilities of resources in their respective countries.

The modules V to VII can only be prepared once the design is fully developed. At that time, the teaching of communication skills will have to be taken into consideration.

The group recommended the inclusion of an eighth module on methods of data collection and management.

2. Draft proposal for the outline of the design of the multinational study of nursing interventions in selected patient/client situations

In the light of the development of the work related to the research component of the medium-term programme, it was obvious to the group that a more definitive outline of the multinational study now needed to be prepared. In order to facilitate discussion, a rough draft proposal had been prepared by the secretariat and this was presented by Dr Hall (see Annex I).

After having accepted the main headings of this document, the members of the group studied each item and suggested modifications to the text. An agreement was reached to accept sections 3, 4, 5, and 8 as written. Changes were suggested in the content of section 1 and these will be made by the secretariat. Sections 5.4, 5.5, 5.6, 6 and 7 will be completed as the information becomes available. The secretariat will revise and update whenever possible the draft document for review by the programme manager group at the Kiel meeting. Miss P. Ashworth agreed to prepare a draft statement under section 2, "theoretical (conceptual) framework", which can be presented to the programme managers in Kiel.

Miss Ashworth had prepared a paper on identifying priority needs. This paper will be most useful as a background document when preparation of criteria for identifying these needs is undertaken. Copies will be made available by the secretariat to all programme managers at the Kiel meeting.

The discussion related to the draft design proposal raised numerous questions concerning the appropriate vocabulary to be used within the study. In order to facilitate communication and understanding between the persons involved and to reduce the translation problems it was decided, wherever possible, to use the WHO glossary as a basis for definitions and to cross check the meaning of certain terms with the glossaries included in nursing research texts published by authors such as:

Abdellah, Faye G. and Levine, Eugene. Better Patient Care through Nursing Research, New York, The Macmillan Company, 1966

Fox, David J. Fundamentals of Research in Nursing, New York, Appleton-Century-Crofts, 1970, second edition

Treece, Eleanor Walters, and Treece, James William Jr. Elements of Research in Nursing, St. Louis, C.V. Mosby Co., 1977, second edition

A list of commonly used words was started (see Annex II). The term "cohort" which had been used to date in documents regarding the research was replaced by the term "study sample". This term is to be used in all subsequent publications.

3. Flowchart outlining the activities

In order to facilitate the work of the secretariat and of all national centres participating in the research, a series of flowcharts were prepared by the group. These included:

- a flowchart on Design Development (Annex III)
- a flowchart on Education (Annex IV)
- a cumulative flowchart including the two above (Annex V)

The group further put forward the proposal for the way in which work in the design development component of the research could be facilitated. In summary these proposals are:

1. Accelerate the production of the protocols and schedules. In order to do this, it is proposed to invite a nurse researcher with expertise in the area of design development and health services research to assist in the one-week research seminar to be held in June 1980 in Norway.
2. To work with the secretariat and selected programme managers in the Regional Office for a period of 6-8 weeks beginning mid-June 1980.

Discussions related to the time schedule of the study per se gave indications of the various elements which have to be considered such as:

- exact date of beginning and end of the study
- fixed length of time
- limitations (such as summer periods July/August which could relate to the availability of statistically sound samples)
- studies to be conducted in all centres simultaneously or on a chronologically or staggered schedule
- time needed for translations of protocols, schedules, etc.
- time needed to conduct a trial exercise (dry-run) before the start of the study

4. Preparation of the programme for the research seminar to be held in Norway in June 1980

Items of primary importance to be included in the research seminar in Norway were discussed and will serve as a basis of reference for the invitation of relevant guest speakers and the organization of the programme. Among the areas identified were the following:

- sampling
- the preparation of study designs
- all areas of data collection and management
- the responsibility of programme managers in the areas of data collection and management
- the application of mathematical modules to health service research

2nd draft

For discussion at the meeting of  
project managers, 6-7 March 1980  
Kiel, Federal Republic of Germany

27 February 1980

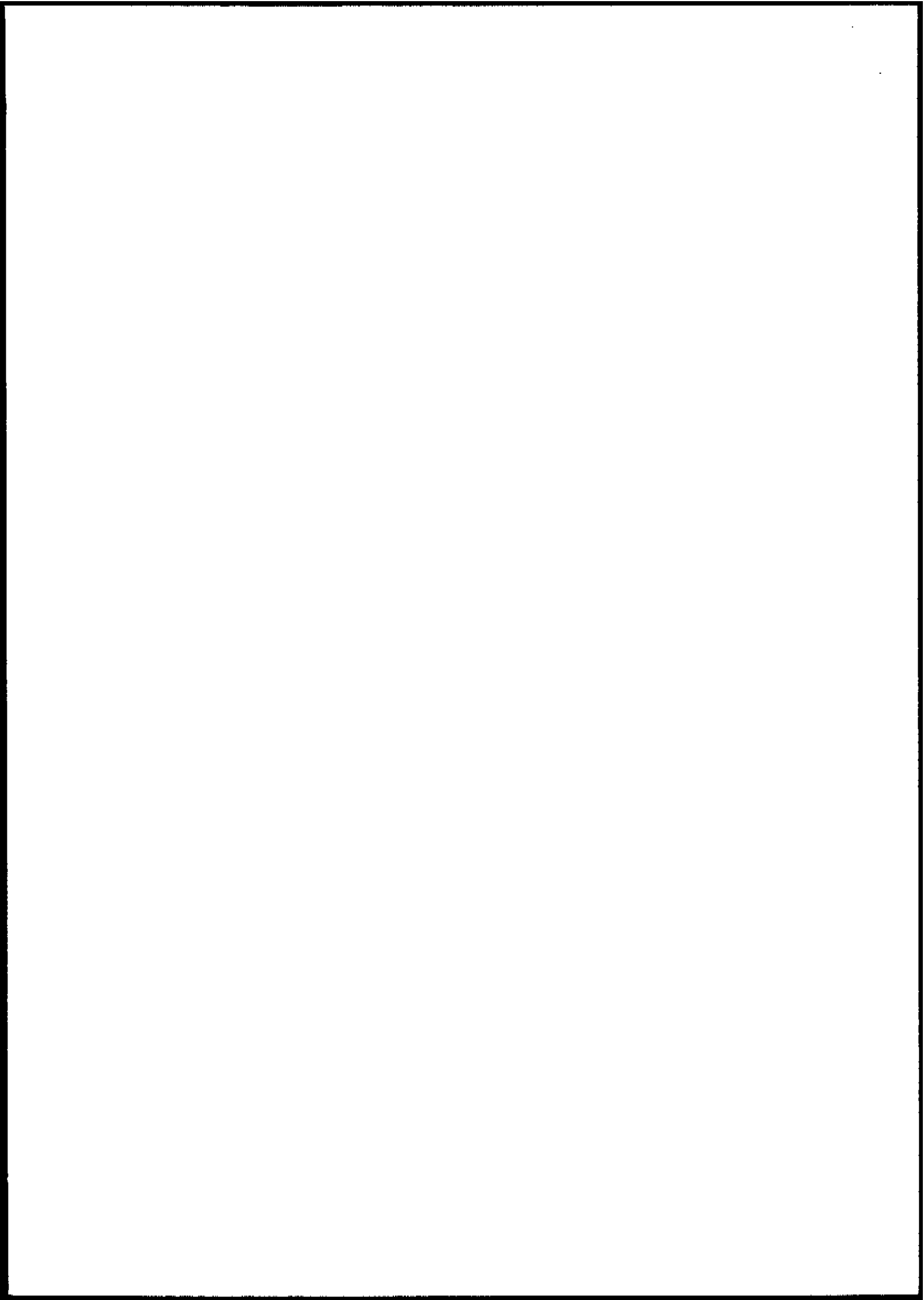
A PROPOSED OUTLINE FOR THE DESIGN OF MULTINATIONAL STUDY OF  
NURSING INTERVENTIONS IN SELECTED PATIENT/CLIENT SITUATIONS

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1. The problem
2. Theoretical framework  
(Conceptual framework)
3. Purpose
4. Objectives
5. Study method and design
  - 5.1 Research method
  - 5.2 Study sample
  - 5.3 Protocols
  - 5.4 Methods of data management (collection, analysis, interpretation)
  - 5.5 Identification and development of the centres in which the studies will be conducted
  - 5.6 Time schedule
6. Data collection, analysis
7. Data interpretation and application of findings
8. Final report

The possibility of a base-line study to be conducted in some or all of the Type I participating centres to be discussed in Kiel.



A PROPOSED OUTLINE FOR THE DESIGN OF MULTINATIONAL STUDY OF  
NURSING INTERVENTIONS IN SELECTED PATIENT/CLIENT SITUATIONS

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1. Social, demographic and economic changes in the industrialized countries of the European Region of WHO during the past several decades have brought with them major shifts both in the needs and demands of people for organized health services and in the ways in which individuals and families practise self or cover care as this relates to health. Among the more important changes which have brought about these shifts are the following:

1.1 The steadily increasing numbers of elderly and of the chronically ill or disabled as a percentage of total populations.

1.2 The emphasis which is being placed on the prevention of disease and injury and on the related development of primary health care services.

1.3 The provision of health services as a function of governments.

1.4 The increasing numbers of individuals and groups who seek to add to their knowledge about health and establish life styles that will preserve and maintain it, thus obviating the need for medical interventions required to cure a disease or correct an injury.

1.5 The growing awareness of politicians and other socially-active groups within the general public that there are health needs which cannot be met by the disease-and institution-oriented services of the present.

1.6 The increasing cost of illness-associated health services.

1.7 The increasing dissatisfaction among both consumers and providers of contemporary illness-oriented health services.

The foregoing have focussed attention on the caring rather than the curing aspects of health services and have resulted in an urgent need to better define and develop services of a caring nature.

As the health discipline most closely concerned with assisting individuals and groups to maximise function within varying states of health, nursing has a major place in the provision of the services required to meet these needs. Unfortunately the development of knowledge and technology in nursing has fallen well behind that of most other major health disciplines. This underdevelopment is due in part to the inappropriate education and misuse within health services of the professional level worker who, since the middle of the last century, has been seen to be the primary practitioner of nursing, namely the nurse. In too few settings has the nurse either been educated or employed to practise nursing in a manner which would allow her to plan and conduct studies which would provide scientifically sound information about the needs of individuals and groups for nursing care or would improve and increase the knowledge and technology in the discipline of nursing.

The need to develop such knowledge and the associated activities which put it to work in the service of people requiring nursing care is now an urgent matter. As a result, studies designed to provide information about the real needs of individuals and groups for care of a nursing nature and the best methods of planning for, providing and evaluating this care in terms of the persons served and the resources available in the situation, have been given a high priority in many countries and now require to be carried out.

The interest of practicing nurses in conducting and/or participating in such studies is growing. Attitudes which previously would have hampered the nurse from engaging in such studies are rapidly changing. A number of countries, of which Poland, Finland, Belgium and the United Kingdom are excellent examples, have had the foresight to educate some nurses in research methods and to admit both nursing and nurses into the academic setting. Thus a small but adequate nucleus of nurses is available to plan and conduct the needed studies on a multinational basis.

## 2.Theoretical Framework

to be developed

3. Purpose of the study

To determine the general needs, and from these, the priority needs for nursing care of patient/clients in two pre-selected study groups; to describe the nursing interventions undertaken to meet these needs and the patient/client outcomes related to these interventions.

4. Objectives of the study

4.1 To identify the needs for nursing care of individual patient/clients in the two study groups using a standard assessment method.

4.2 To determine the priority needs for nursing care of individuals in the two study groups, using standard criteria for selection (identification) of these needs.

4.3 To determine the frequency with which similar patient/client needs for nursing care occur within the study groups at both national and multinational levels.

4.4 To determine the frequency with which similar patient/client priority needs occur within the study groups at both national and multinational levels.

4.5 To collect information about the objectives established for patient/client outcomes as these relate to nursing interventions.

4.6 To describe the nursing interventions used to meet the needs of individual patients/clients for nursing care.

4.7 To determine the frequency of similar nursing care interventions used by the nurse practitioners participating in the study.

4.8 To describe patient/client outcomes as these relate to the nursing interventions used to meet patient/client needs for nursing care.

4.9 To determine the frequency of desirable patient/client outcomes in response to nursing interventions

4.10 To determine if there is a correlation between similar nursing interventions and desirable patient/client outcomes.

4.11 To introduce selected groups of nursing personnel to the practice of nursing using the nursing process method including:

- a standard method of patient/client need assessment
- standard criteria for determining priority needs
- standard criteria for identifying desirable patient/client outcomes
- standard recording schedules

4.12 To provide information about the numbers and types of personnel providing nursing care to patients/clients in the study groups, and where possible, the time involved to provide this care.<sup>1</sup>

4.13 To carry out a baseline study of those factors which appear (from the literature and in the judgment of the programme managers) most likely to alter when the use of the nursing process is introduced as the method of giving care.

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<sup>1</sup> This may be in terms of direct patient/client-staff ratio where the staff are caring exclusively for the study group patients/clients. Where despite individual patient/client nurse allocation, staff involved in the care of study group patients/clients are not caring exclusively for them, it may be necessary to use the total ward/unit staff-patient ratio, as well as stating the nurse-patient caseload. In community care it will usually be possible to state the staff and the time spent in care. This is crude information but could, when related to other findings, provide some indications for further study.

5. Study method and design

5.1 Research method

The descriptive study method will be used. However, in each Type I centre participating in the study the current method of providing nursing care will be manipulated prior to the commencement of the main study, in the following ways:

- all nursing personnel participating in the study will attend in-service education classes, the major objectives of which will be to acquire knowledge and develop skills in giving nursing care using the nursing process method as this is defined in the medium-term programme in nursing/midwifery in Europe<sup>1</sup>;
- a standard method for assessment of patient/client needs for nursing care will be established;
- standard criteria for selecting priority/client needs for nursing care will be used;
- standard criteria for identifying desirable outcomes will be used;
- standard recording methods and schedules will be used;
- individual nurse-patient/client allocation will be used (case load method);
- there will be a first-level nurse with overall direct responsibility for the nursing care provided.

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<sup>1</sup>(footnote re teaching package)

## 5.2 Study sample

### Criteria for selecting study groups

#### Sample No.1 - elderly people

1. 65 years of age and over
2. Men and women
3. Within health services system
4. Accessible to nursing services
5. In the community and/or institutions
6. Within selected Type I\* participating centres
7. Within specified wards or community areas
8. Urinary incontinence on admission to the study or requiring nursing interventions to maintain continence

#### Sample 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 I participating centres
7. Patients having the following (except diabetics):
  - a cholecystectomy
  - a gastrectomy
  - herniorrhaphy (abdominal approach for hernia repair)
  - intestinal surgery ( " " only)

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\*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.

### 5.3 Protocols

Assessment of patient/  
client needs for  
nursing care and identi-  
fication of priority needs

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Nursing interventions  
directed at meeting  
priority needs for  
nursing care

---

Patient/client  
outcomes

---

1. Validated standard  
method for assessing  
patient/client needs for  
nursing care  
(Objective 4.1)

2. Standard criteria  
for selecting priority  
needs  
(Objective 4.2)

3. Standard recording  
schedules for recording  
assessment of needs and  
selected priority needs  
(include needs of  
Objectives 4.3 and 4.4)

1. Standard schedules  
for recording:

a) plans for meeting  
general and priority  
needs

(including  
Objective 4.5)

b) nursing care  
interventions  
(Objectives 4.6  
and 4.7)

c) numbers and types of  
nursing personnel  
participating in the  
interventions

1. Standard  
schedule for  
recording patient/  
client outcomes  
(Objective 4.8)

2. Standard  
criteria for  
determining  
desirable outcomes  
(Objective 4.9)

If it is decided that a baseline study is to be conducted, recording  
schedules will require to be developed.

### ✓ 5.4 Methods of data management

All data required at the multinational level will be sent to the  
computer centre associated with the WHO Regional Office for Europe  
in Copenhagen, Denmark. Management of the data, including analysis and  
interpretation, and also preparation of reports, will take place at  
this centre in close collaboration with the Regional Office.

5.5 Identification - Centres

5.6 Time Schedule

6 Data collection

7 Data interpretation

TO BE DEVELOPED

8. Final report

The final report of the study will be organized under the following headings:

- 8.1 The problem
  - why the study
- 8.2 Purpose of the study
  - the objectives of the study
- 8.3 Design of the study
- 8.4 Limitations of the study
- 8.5 Role of collaborating and participating centres
  - brief description of centres
- 8.6 Collection and analysis of data
- 8.7 Interpretation of data (study findings)
- 8.8 Proposal for use of study findings

VOCABULARY USED IN THE MEDIUM-TERM PROGRAMME  
IN NURSING/MIDWIFERY IN EUROPE

DESIGN:

PROTOCOL:

SCHEDULE:

GENERAL NEEDS OF PATIENTS/CLIENTS: All the needs of the patients/clients which will be brought forth by the assessment instruments (in French = L'ensemble des besoins).

FREQUENCY:

SIMILAR:

PARAMETER:

VARIABLE:

FACTOR:

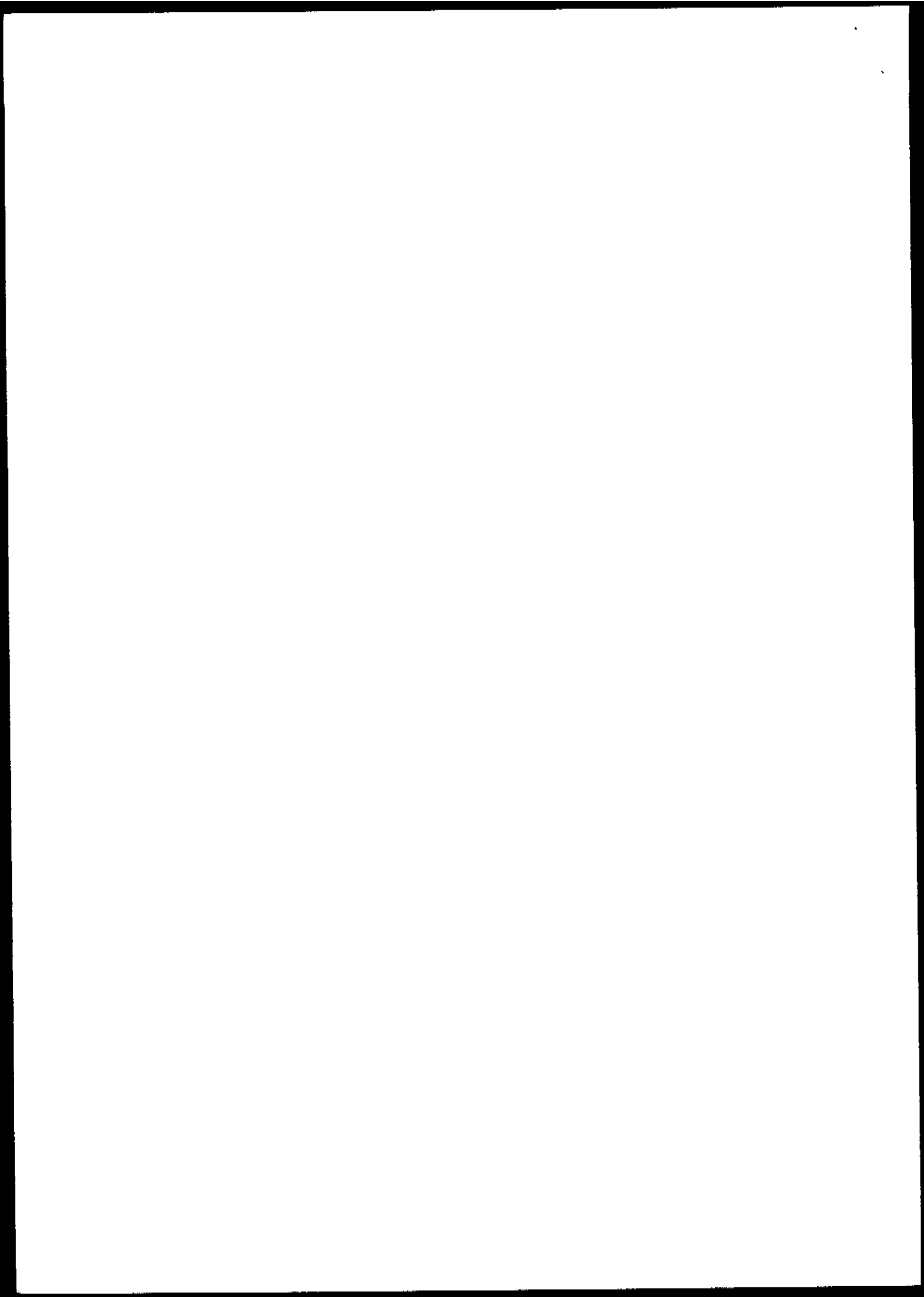
COHORT:

STUDY SAMPLE: Replaces the word "cohort" used in the previous meetings. It is meant to indicate the 2 groups of patients/clients which will be selected for the MTP study.

NURSING INTERVENTION:

NURSING NEEDS:

NURSING PROBLEMS:

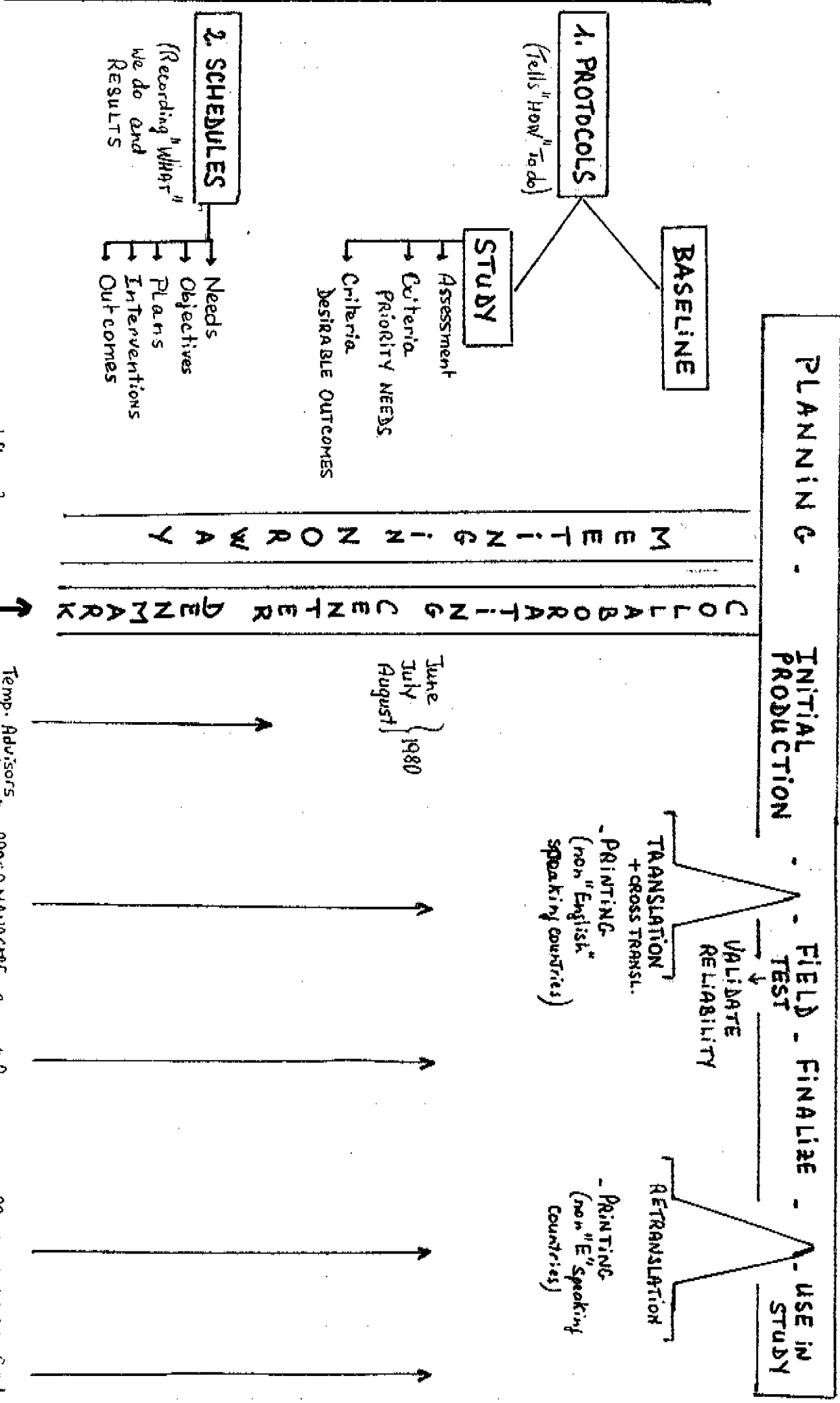


February 1980

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WHO/EURO-REGIONAL OFFICE

DESIGN DEVELOPMENT



STRATEGIES Who? Where? How?

Support

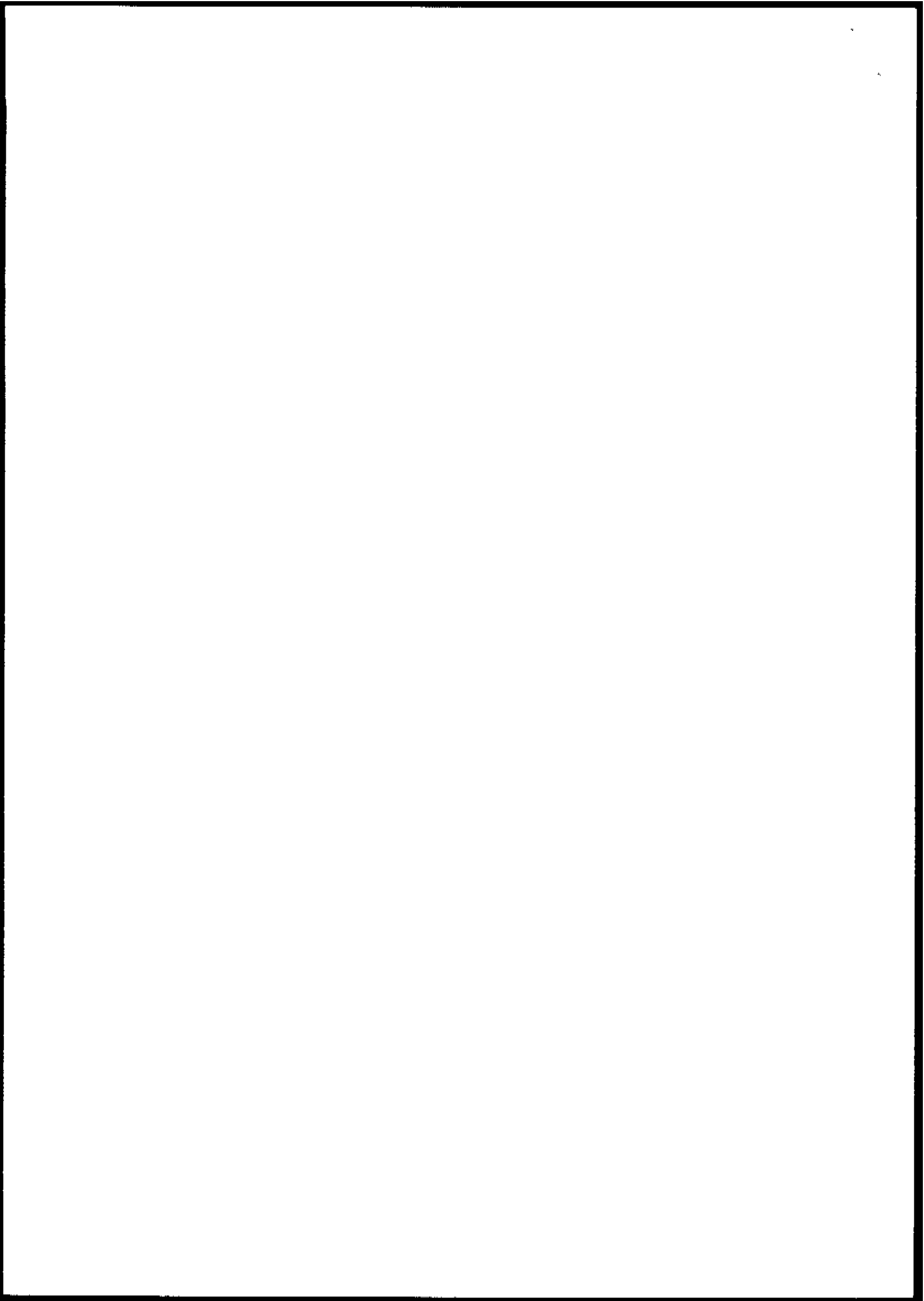
June July August 1980

Temp. Advisors + Secretariat EURO/DENMARK

PROGRAM MANAGERS Support Persons Collaborat. Countries

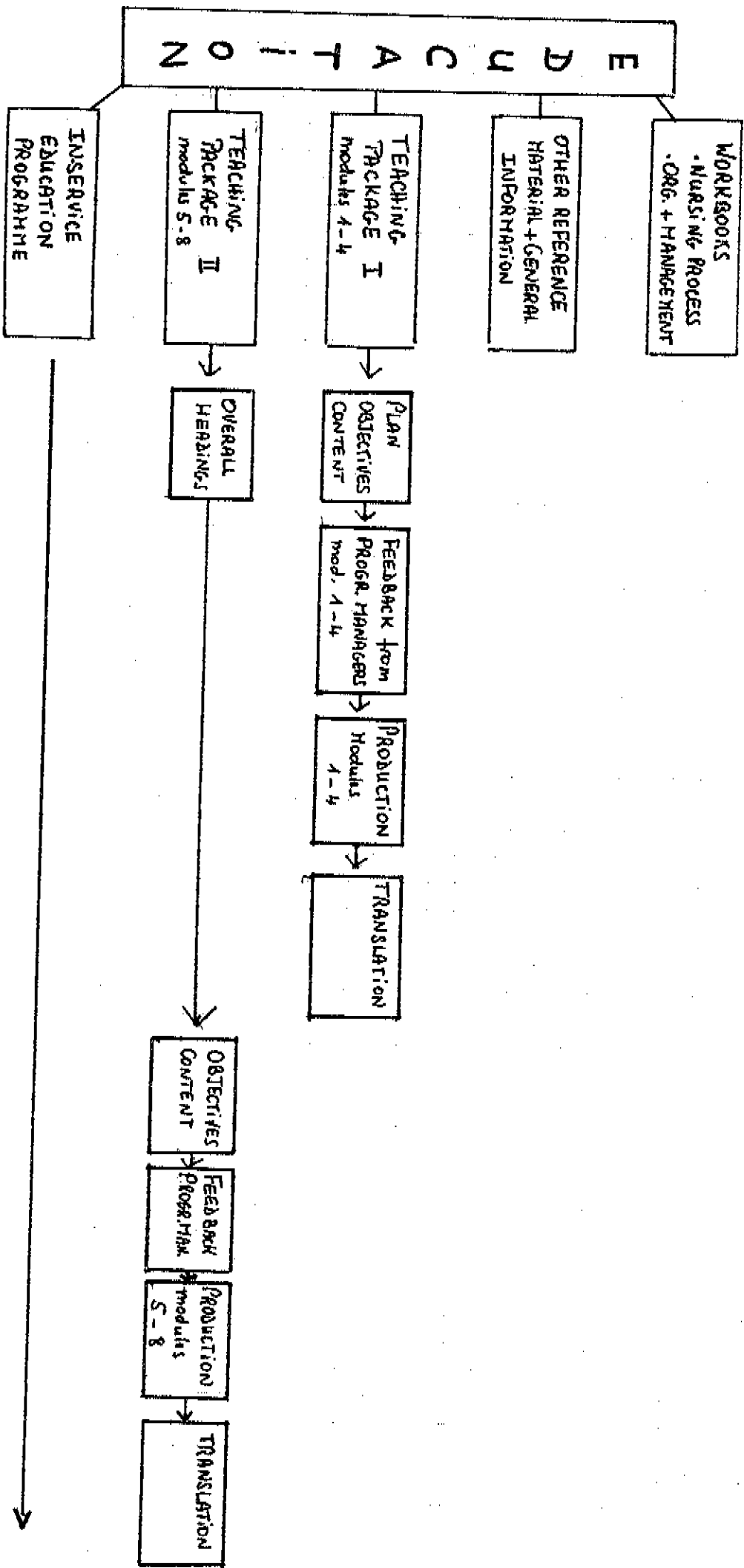
PROGR. MANAGERS Collabor. Centers

Collabor. Centers



February 1980

M.T.P. NURS/MW - WHO/EURO - REGIONAL OFFICE



STRATEGIES : Who ?

Where ?

How ?

Collab. Centres

intercountry  
if possible

Collab. Centres

intercountry  
if possible

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial statements. This includes not only sales and purchases but also expenses and income. The document also highlights the need for regular reconciliation of accounts to identify any discrepancies early on.

Next, the document covers the process of budgeting. It explains how a well-defined budget can help in controlling costs and maximizing profits. The budgeting process involves setting financial goals, estimating income and expenses, and monitoring actual performance against the budget. The document provides several tips for creating a realistic budget and adjusting it as needed.

The third section focuses on the management of cash flow. It discusses the importance of maintaining a healthy cash flow to ensure the business can meet its obligations. Key strategies include invoicing promptly, offering discounts for early payment, and negotiating favorable terms with suppliers. The document also addresses the risks of cash flow shortages and provides advice on how to avoid them.

Finally, the document touches upon the importance of seeking professional advice. It suggests consulting with accountants, lawyers, and other experts to ensure compliance with tax laws and other regulations. It also emphasizes the value of staying informed about changes in the business environment and adjusting strategies accordingly.



