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DEVELOPMENT OF STANDARDS OF NURSING PRACTICE

Report on a WHO Meeting

Sundvollen, Norway
6-9 December 1982



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Introduction

A Working Group on the Development of Standards of Nursing^a Practice was convened by the WHO Regional Office for Europe, in collaboration with the Government of Norway.

The meeting was attended by 22 participants from 15 European countries, as well as by the Regional Officer for Nursing, and the Senior Scientist for Nursing, WHO headquarters Geneva (see Annex 1).

Miss E. Egebakken, Deputy Chief, Nursing Section, Directorate of Health, Norway, welcomed the participants on behalf of the Ministry of Health, Norway. Dr M. Farrell, Regional Officer for Nursing opened the meeting on behalf of Dr Leo A. Kaprio, Regional Director. It was pointed out that the task of the Group was important, for standards of practice serve as the basis for the work of nurses and midwives, and would affect the delivery of health care in countries throughout the European Region.

The background to the meeting lies in the accepted European strategy to reach the goal of health for all by the year 2000, and is reflected in the WHO medium-term programme in nursing/midwifery in Europe. A WHO Symposium on nursing services (1) stated as one of its conclusions that: "Research should be conducted to establish standards of care in nursing and to describe the attributes (knowledge, skills, attitudes) which ensure competency to practice the discipline".

In the body of the same report it is stated that in every country nurses should come together to establish standards of nursing practice to protect both themselves and the public, and that the establishment, at national levels, of standards of nursing care determined by the profession, should be emphasized in the WHO medium-term programme in nursing/midwifery in Europe.

The next step was a working group to examine and define guidelines to assist in the creation of standards of nursing for Europe, such standards being broad and generally applicable to all fields of nursing practice. Clear, unambiguous standards were seen as basic to the realization of quality care for the people of Europe.

The purposes of the meeting were to:

- agree upon selected, established broad philosophical statements about nursing and definitions of nursing practice;
- review issues related to existing national standards;
- establish generally accepted key elements of general standards of nursing;
- create a series of guidelines which can be used in creating standards for nursing practice in Member States of the European Region;
- create a series of guidelines which can be used in creating standards for possible review and adoption by the nursing education sector.

General discussion

The members of the Group were concerned to identify clearly the task they were facing. It was accepted that any statements made must be relevant to all countries in the Region, and able to be applied in any one of them. Standards of Nursing Practice were the focus of the meeting, but this immediately posed the question "What is quality care?", and a need to examine a quality assurance model in order to concentrate on that component concerned with the development of standards. A model for quality assurance (2) included the following eight point cycle:

- (1) identification of and agreement on values;
- (2) choice of criteria and establishment of standards for outcome, process and structure;
- (3) ratification of criteria and standards;
- (4) evaluation of the current level of nursing practice against ratified standards;
- (5) identification and analysis of factors contributing to evaluation results;
- (6) selection of appropriate action to maintain or improve care;
- (7) implementation of selected actions; and,
- (8) re-evaluation.

^a In this report the term "nursing" is used in its generic sense and includes midwifery.

Point (2) on the development of standards was further examined. Some examples were discussed, and it was agreed that a defined standard had three components which include outcome, process and structure.

It was generally agreed that the outcome component is that part of standard setting which is usually deficient because it is difficult to measure. It is most important, however, and should be stated in terms of "patient outcomes". (In this report the term "patient" is used in the broad sense of the "patient/client" who is both a recipient of care and the user of a service.)

The factors affecting the setting of standards were discussed and it was acknowledged that each standard must be developed in relation to the setting in which it was to be used, and should have the following six characteristics. Standards should be:

- reasonable
- understandable
- useful
- measurable
- observable
- achievable.

Three levels at which a standard should be set are: maximum, optimum and minimum levels (3). Minimum level can be equated with an expectation of what is safe.

The nurse's responsibility for defining the boundary between acceptable and unacceptable care was emphasized. The discussion then moved on to where the responsibility for developing standards lay, and the contribution to be made by the consumer, other professionals and administrators, in addition to the nurse.

Standards of care in Europe

Existing examples of nursing standards and their development were considered. The most well-known were those developed in the United States (3), New Zealand (4) and Canada (5). In each case these were developed by the professional organization. It was acknowledged that work in Europe was still at an early stage. In Finland, a four step approach has involved nurses within the participating institutions in both the discussion and identification of the basic principles for Finnish nursing (6). In the United Kingdom the Royal College of Nursing has published two discussion documents on standards of nursing care (7), and is continuing its work.

Four components were found in the documentation of these countries:

- (1) structure - process - outcome;
- (2) four elements: assessment, planning, implementation, and evaluation;
- (3) needs and development tasks;
- (4) four steps: value, principle, standard and criteria.

One or more of these elements could be found in each document, together with various tools and methods for evaluating and measuring quality.

A number of issues to be taken into account when setting standards were raised. The first was the need for a clear idea of what we mean by nursing: to be able to identify certain elements and values, in order to be able to clarify our thinking before developing standards.

Professional accountability was seen as a key concept. It was defined as being answerable for work and decisions about work. This requires that the nurse not only has authority to act, but also has the necessary skills and knowledge related to work issues. The functions of the nurse were described as falling into three categories:

- (1) independent functions - the nurse's own specific role.
- (2) interdependent functions - where the nurse's work was carried out in conjunction with other members of the health team.
- (3) dependent functions - where the nurse's work depended on the work or prescription of another health professional, more usually the physician.

It was clear that the nurses were specifically accountable when they carried out their independent functions. With the other two groups of functions, their joint or individual accountability would be stated in a different way. The Group also decided that accountability included answerability and liability.

The dynamic nature of standards was stressed, as was the need for constant review in case they should be set in such a way that they could hinder rather than advance development.

The Group next considered the methods of standard setting, which could be based on:

- (1) expert opinions and judgments;
- (2) epidemiological studies;
- (3) scientific work.

Each method has its advantages and disadvantages but the Group felt that the use of an expert Group provided the best way forward, at least for the European Region.

The development of standards

At this point in the discussions, the Group felt the need to concentrate on the "how" of standard setting. Various definitions of norms, standards and criterion had been discussed, and it was felt important to agree working definitions in order to proceed. It had also become clear that it was not a feasible proposition to set standards which could be applicable to the entire European Region. There was a unanimous view that it would be beneficial to have guidelines setting standards within which each country would be able to work. This approach appeared to be entirely in line with the WHO medium-term programme in nursing/midwifery in Europe, because the nursing process throws the nurse back into examining practice in the way suggested for setting standards.

Working definitions were then agreed by the Group in the context of its title "The Development of Standards of Nursing Practice". These were:

Standard. An agreed-upon level of care required for a particular purpose.

Guidelines. A collection of statements providing a framework within which a country may develop standards of nursing practice.

Nursing practice. (2) (or the practice of nursing or midwifery). Means representing oneself as a registered^a nurse or midwife while carrying out the practice of (selected) functions.

These functions are carried out directly or indirectly with other health workers. They have as their objectives five points:

- (1) promotion of health;
- (2) prevention of illness;
- (3) alleviation of suffering;
- (4) restoration of health;
- (5) maximum development of health potential.

Standards give a direction to care, and this is expressed in diagrammatic form. The list of factors influencing and modifying standards is by no means exhaustive.

Within the field of nursing care, it is nursing practice which is the target for guidelines for development of standards. Some major components considered were visualized as in Figure 1.

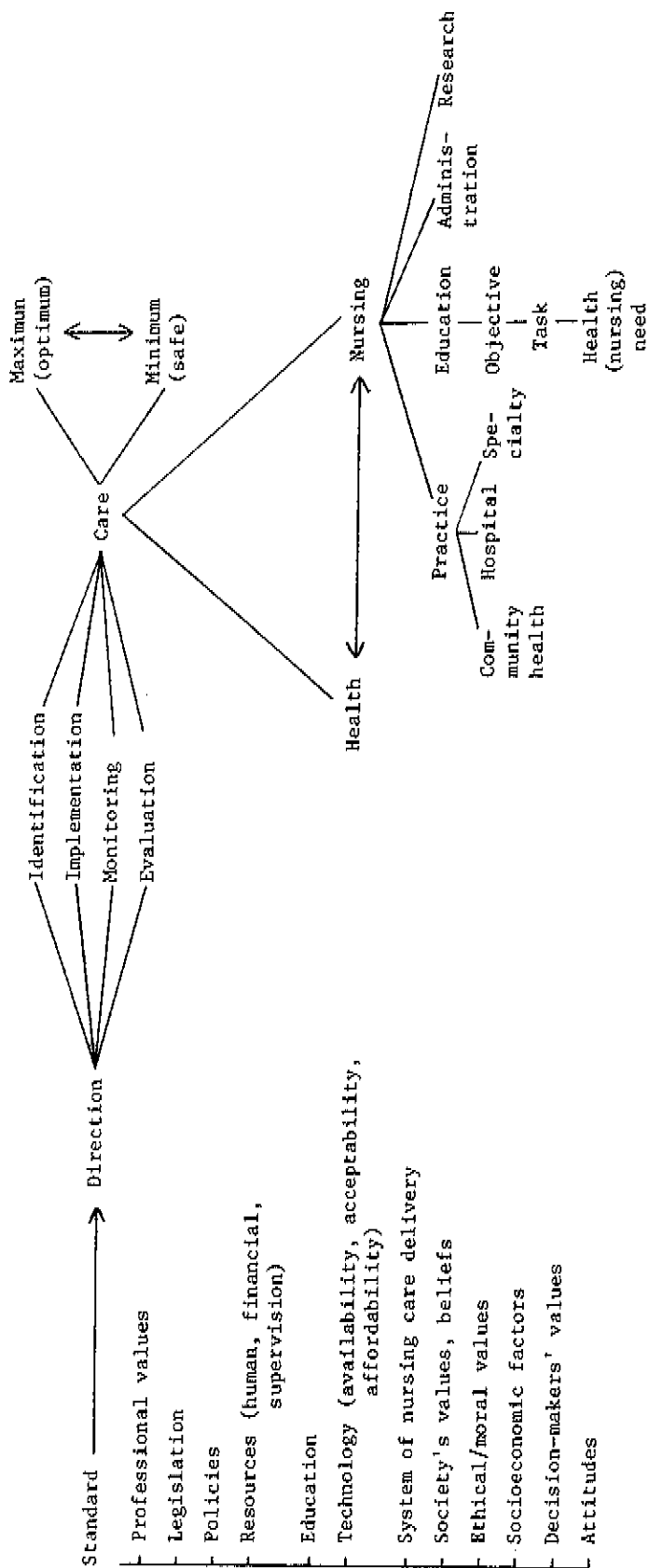
A philosophy of nursing

Throughout the meeting, reference was made repeatedly to values, beliefs, what was meant by nursing, a conceptual model of nursing, nursing philosophy and other similar words and phrases. One session was devoted to developing a philosophical position about nursing as a necessary basis to developing standards.

It was accepted that nursing identity has practical and ideal components, and is related to the individual nurse and to the profession as a whole. The nurse is confronted on the one hand by the proposed values and norms, and on the other by the actual reality in nursing practice. There is always a tension between these two components, and the nurse stands between them. For example, in an ideal situation, we see the nurse as the patients' advocate, while in reality she may serve as the physician's advocate to the patient. If the gap between ideal and reality becomes too great, the nurse becomes de-motivated, may cease to function adequately, or may even drop out from the profession.

^a For registered one can equate licensed, diploma, or other national title.

Fig. 1. Selected elements of health care and their relationship to standards of practice



These basic ideas about nursing are directly relevant to the development of standards and the Group agreed that the development of a philosophy of nursing must be a prerequisite to the setting of standards. A nursing philosophy must, however, be expressed in terms of a health care philosophy and the latter in terms of human philosophy. This can be seen in Figure 2.

Fig. 2. Nursing philosophy vis-à-vis human and health care philosophy

Human philosophy	all human needs	relations with others
Health care philosophy	human health	service to the health of others
Nursing philosophy	human i.e. nursing care	service to the care of others

Two other related issues are:

- (1) Ethical issues:
 - what is good or wrong
 - existing values and norms
 - the image of man behind these
 - check of the identified image with the existing society
- (2) Technical issues:
 - what is the best way to achieve the purpose
 - the nursing process as it is
 - quality assurance
 - research
 - proper education.

Neither list is exhaustive.

In an ideal situation, there is no gap between the ethical and the technical option. They are interdependent and each enhances the other.

A final thought of the Group on this topic was that perhaps one of the most important standards is what the patient's priorities are.

Some of the members of the Group represented national and international nursing and midwifery organizations. It appeared, however, that, while the responsibility of the profession to develop standards was acknowledged and accepted, only one or two organizations had made any appreciable progress in this field.

Group activity

A variety of group activities was undertaken in order to assist members in their thinking about standards. On the first day, three smaller groups were formed, and were presented with an extreme situation regarding standards and practice on which to comment. This produced thinking and discussion on principles which facilitated discussion in the plenary sessions. Before the Group reached its final conclusions another exercise was undertaken - two groups being given the task of preparing a case for the preparation of guidelines for the European Region. The third group had an exercise on the review of standards for primary health care services in a country. The result of these exercises formed the basis of the conclusions of the meeting.

Conclusions

The Group felt that emphasis should be given to the following areas in the preparation of Guidelines for Development of Standards of Nursing Practice.

1. Need for standards

Standards of nursing practice are required within the context of the culture of a country, its philosophical and ethical values, and its social, economic and political development. It is within this same context that a philosophy of nursing/midwifery must be developed. Nurses and midwives

are an important part of the health team, and the standards of nursing/midwifery practice will influence the standards of total health care. Citizens have a right to know the nursing and midwifery standards they can expect to receive.

Individual nurses and midwives need to be able to relate to the general standards of their profession which establish a desired norm or quality of performance. They are also responsible for the standards of individual care they give, and are individually accountable for their behaviour.

Standards establish predetermined fixed points of reference which make it possible to measure the nursing/midwifery care given. Thus, standards should define the role, function and areas of responsibility of the nurse.

The acceptance and successful application of standards ensures the quality of nursing/midwifery care to the individual, and can also serve as ethical guidelines to nurses and the public in determining the characteristics or attributes desired of a professional person.

2. The responsibility for developing standards of nursing practice

The prime responsibility for establishing standards of nursing/midwifery practice rests with the profession. In carrying out this responsibility nurses must always work within national constraints as mentioned in point one. At the same time, nurses and midwives must acknowledge the interdependency of their work with others providing health care. They will therefore take into account the opinions and contributions of other professions and disciplines, patient advocate groups and government agencies. Finally, these considerations must be applied within the political and economic policies of a country.

One possible approach which could be used to develop standards is through the use of an expert group which, while composed mainly of nurses or midwives of various levels, could include representatives of other disciplines and of the community. Another method could be for the professionals to prepare a draft and use this as a basis for discussion with other groups.

3. Standards should be applicable in any field of nursing/midwifery practice

Standards of nursing or midwifery practice should be of two kinds. The first group should be applicable in all fields of activity wherever nursing or midwifery care is given. This group would include the method of nursing care by assessment, planning, implementation and evaluation - the "nursing process". The second group would be specific in reference to specific fields of nursing practice and within the general outline of the first group should govern the care within a specific field.

4. Standards and the function and responsibility of the nurse or midwife

A definition of nursing practice had already been agreed and is stated on page 2 and 3.

The function of nurses or midwives should be reflected in the standards, setting the parameters within which they provide care in line with their training, qualification and experience. Their responsibility within that defined area would be absolute, and the accountability to others would be specified.

Standards should state the different independent, interdependent and dependent functions of the nurse or midwife, and the categories of nursing personnel to carry out the functions, and fix the responsibilities for the task to be accomplished.

5. The relation of standards of nursing practice to the provision of health care by other members of the health team

Because of the interdependence of the delivery of health care, nursing standards have a clear relevance to the work of others within the health team. Nursing standards affect the range and quality of care by others, and conversely, the quality of work of other health professionals affects nursing standards. The establishment of standards must be harmonized for maximum effect in the improvement of health care.

6. The management of change

Major changes, such as the development of standards, are often complex, and cannot be accomplished quickly. The way forward can be twofold:

(1) WHO to collaborate with countries in promoting the development of guidelines for nursing standards, and in the publication and dissemination of valid information and exchange of experiences between countries;

(2) At the other end of the scale, discussion can be initiated with nurses and midwives, and action piloted in selected areas of activity.

Whichever way is adopted, it requires patience, consultation with a variety of groups, education, and a change in attitudes by a process of evolution, and in a climate of trust.

Finally, when standards are developed, they must not be allowed to impede progress. They are dynamic, must be sensitive to changes in society, in technical and other developments, in research findings, and to changes both within and from the profession.

In addition, the Group made the following recommendations.

(1) Any guidelines prepared should include the six areas delineated in the conclusions above;

(2) Work on the issue of standards is pursued as a matter of urgency. The Working Group wished to stress to the Regional Office the importance it attaches to the development and dissemination of Guidelines for the Development of Standards of Nursing Practice among and between European countries.

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Annex 1

LIST OF PARTICIPANTS

TEMPORARY ADVISERS

- Dr A. van der Arend
Nurse and Health Ethicist, State University of Limburg, Maastricht, Netherlands
- Mr G. Bosseler
Division of Curative Medicine, Directorate of Public Health, Luxembourg
- Miss M.T. Breuil
Head, Continuing Education, American Hospital of Paris, Neuilly/Seine, France
- Miss K. Christiani
Swedish Association of Midwives, Stockholm, Sweden
- Miss E. Egebakken
Deputy Director of Nursing Division, The Health Services of Norway, Oslo, Norway
- Miss M.S. Fagermoen^a
Faculty of Nursing, University of Tromsø, Norway
- Miss L. Fiori
Secretary-General, International Committee of Catholic Nurses, Rome, Italy
- Mrs M.P. Viterbo de Freitas
Nursing Tutor, School of Public Health Nurses, Lisbon, Portugal
- Miss A. Grauhan
Nurse, Berlin (West)
- Mrs K. Gumowska
Ministry of Health and Social Welfare, Warsaw, Poland
- Mrs A. Jacquerye
Nursing Division, University Clinics of Brussels, Belgium
- Ms E. Koltveit^a
Head Nurse, Rogaland Central Hospital, Stavanger, Norway
- Mrs G. Lamnevik
Head, Planning Section, Federation of Swedish County Councils, Stockholm, Sweden
- Mr A. El Madhi
Director, State School of Nursing, c/o Ministry of Public Health, Rabat, Morocco
- Mrs C. Meléndez
Chief of Nursing Section, Department of Health of the Autonomous Government of Catalonia, Barcelona, Spain
- Mrs R.M. Pelkonen
Public Health Nurse and Master's student in nursing administration, University of Kuopio, Finland
- Mrs A. Poole
Chief Nursing Officer, Department of Health and Social Security, London, United Kingdom
(Chairman)

^a Participation expenses not paid by WHO

Professor T. Purola
Department of Social Policy, University of Helsinki, Finland

Miss S. Quinn
Regional Nursing Officer, Wessex Regional Health Authority, Winchester, United Kingdom (Rapporteur)

Mrs L. Tekauc
Director of Nursing Services, Maribor Hospital, Yugoslavia

Mrs B. Tjøstheim Jensen^a
Head Nurse, Rogaland Central Hospital, Stavanger, Norway

Mrs R. Weinrich
Executive Director, German Professional Nurses' Association, Frankfurt-am-Main, Federal
Republic of Germany

Mr D.O. Williams
Assistant General Secretary, Confederation of Health Services Employees, Banstead, United
Kingdom

WORLD HEALTH ORGANIZATION

Regional Office for Europe

Dr M. Farrell
Regional Officer for Nursing (Secretary)

Headquarters

Dr A. Maglaças
Senior Scientist for Nursing, Division of Health Manpower Development

^a Participation expenses not paid by WHO