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NEED FOR PLANNING NURSING SERVICES IN THE CONTEXT
OF TOTAL HEALTH CARE

by

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1. Health and Planning for Health Care

Health is not an end in itself, it is a means to a diversity of other ends. Possession of health permits the exploitation of life's opportunities to the full. A health service is an enabling service aimed towards helping people to do what they wish to do with maximum enjoyment and minimum damage to themselves or others, be it to reach the moon, procreate, hold down a job or dance.

A health service cannot be planned in isolation from the economic and social life of the community it is designed to serve. Agriculture, animal husbandry, education, communications, employment, housing, environmental hygiene and personal health services all have claims on the nation's resources and have to be balanced one with another.

"Health planners, therefore, should be concerned not only with traditional health services but also with the numerous other factors that promote social and economic development and, at the same time, health in its broadest sense." ¹

Additionally a health service has to be planned in the context of a dynamic society. Scientific knowledge is growing at an ever accelerating pace. The technical application of this knowledge lags behind but continuously makes available progressively more sophisticated equipment. Populations increase, often accompanied by a narrowing base of family support. Changes are occurring in the position of women; higher levels of education and of standards of living result in lower thresholds of tolerance of illness. Health services must be planned for flexibility with built-in monitors of changing conditions and change agents to keep the service in harmony with the changing society.

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"Any complete health service will make provision for operations within five broad categories - namely:

- 1) The health maintenance or health attainment stage, in which the principles of healthy living (physical and mental) and the fundamentals of good hygiene and good nutrition are taught and practised.
- 2) The increased risk stage, in which specific preventive measures are taken to protect those who are exposed to any sort of increased health risk.
- 3) The early detection stage, in which, by detecting illness in a person who presents first symptoms of a disease, it is possible to give treatment at an early stage, thus preventing needless suffering and cost and perhaps even untimely death.
- 4) The clinical stage, which at present requires the greatest concentration of professional nursing skills and care, devoted to patients whose health problems are acute and whose diseases were neither prevented nor detected at an early stage.
- 5) The rehabilitation stage, in which disability is prevented or, if this is not possible, the patient is helped to use his entire remaining potential. If there is no hope of rehabilitation and death is inevitable, this fifth stage provides the opportunity to prevent unnecessary deterioration and, finally, to assist the patient in those activities that contribute to a peaceful death.

The relative emphasis on the different aspects of the health service will vary according to national needs and resources." ².

The concept of national needs and resources sounds deceptively simple. Attention has already been drawn to the varied calls on national resources. Need is a nebulous concept. There is a small core of scientifically established health needs, for example for an uncontaminated water supply or for vitamin C.

These scientifically established needs are not necessarily those to which the public gives priority nor even do they always command universal recognition from professional health workers. The services for which a nation provides resources may not coincide either with scientifically established need or with demand from consumers or their professional advisers. It is never going to be possible to provide the best services for everyone all the time. Demand is insatiable, resources limited. Planning involves choices about which needs and whose needs are to be met. It is necessary to set limited objectives and to examine a variety of ways of reaching them.

The complexity of scientific knowledge demands specialisation. Limited resources necessitate optimum use of those available. Increasingly health care delivery systems are coming to be regarded as team activities.

A health team has been defined as "a non-hierarchical association of people with different professional backgrounds but with a common objective, which in any given setting is to provide patients and families with the most comprehensive health care practicable."³

Nursing is an essential element in any health care system and nurses must prepare themselves to take a full professional role within the health care planning team. "Systematic planning for nursing must take place within the framework of national health planning which in turn must be a constituent part of national development planning."⁴

2. Fact Finding for the Planning Process

A health service has day by day to meet immediate demands. Decisions are made in the light of the practitioner's professional knowledge based on previous education and experience. Colleagues and experts can be consulted or working groups set up to thrash out more

complicated questions. Regional, national or international committees may advise on broader issues. These professional activities may be paralleled by a formal administrative structure planning the service at unit, local, regional and national level. This administrative structure may or may not be linked to government. A health service is dependent on the judgement of its professional personnel who should be involved at all levels of planning. This throws a responsibility on these personnel to keep their professional knowledge up to date and to seek continuously to improve it through an effective information system and by carrying out research and using its results.

"Underlying all effective methods towards the solution of problems - including the methods of research - is the need for facts, systematically gathered and presented in an orderly way. Fact-finding must provide a basis for any effective approach to problem-solving." 5.

One method of obtaining facts is through a reliable information system. Such a system is essential for effective health care planning. Information is required at the point where health service is delivered, at local levels and usually at regional and central levels depending on whether a national health service or another type of service is in operation. There is no universal pattern that would fit the requirements of every country.

The nursing information sub-system should be an integral part of the overall health services information system. The usefulness of the information system does not depend on the type of organisation but essentially on whether or not those persons responsible for nursing have been able to state clearly their information needs and to have these included in the information collected. This will be possible if senior nursing staff are involved from the beginning in the design and development of the information system. This also implies

that senior nursing staff must be trained in modern managerial techniques and that nurses at all levels should learn to document the nursing process.

There are five sources of information on which a nursing health information system could be based: routine statistics, data banks or data registers, ad hoc studies or surveys, literature on relevant research, expert opinion.

People in administrative positions are busy and the interpretation and use of data collected from these sources presents difficulties. Undoubtedly nurse administrators should develop their competence in this respect but they might also wish to consider establishing nursing intelligence units closely associated with those responsible for the management of nursing services on the one hand and on the other with health service intelligence units.

Information systems form a basis for decision making in health care planning, for monitoring change and for research.⁶

Research will also produce facts but it does more than this. It advances the frontiers of knowledge and acts as an agent for change both by indicating directions for change and by experimental introduction of change.

Arnstein in her introductory talk to just such a gathering as this, the International Conference on the Planning of Nursing Studies, defined research in two ways. "Research is the planned systematic attempt to answer a question," and "The purpose of research is to discover answers to meaningful questions through the application of scientific procedure." She adds, "there have been great discussions and sometimes a good deal of emotional energy expended on the difference between a study and research. If one accepts either of the above definitions it seems to me the words are interchangeable."⁷ I am in full agreement with her.

People say illogically "it's not meant to be scientific, I just want to know..." Scientific method has been developed so that there is a reasonable chance that at the end of a study we shall 'know' or 'not know' or 'know partially'. The thing to remember about facts is that it is essential to establish the degree of accuracy they represent and then to be scrupulously honest with oneself and other people in using them. This is what scientific method makes possible.

No one should plunge lightly into research or undertake trivial work. The researcher incurs definite ethical obligations. First and most important are those to the people and/or institutions studied. No harm must come to them; their right to refuse to participate must be respected; they are entitled to 'feed back' when the research is completed. Second, the research worker has obligations to his sponsors. He must warn them if the study they want done is not feasible or not possible within the resources available. He can never promise a successful outcome. Sponsors are entitled to be kept informed of progress and to an honest final report produced on time and including caveats where necessary if material is unreliable. Third, the researcher has obligations to the scientific discipline within which he works. He should seek to advance the frontiers of knowledge, to develop new tools and to check existing theories. He has an obligation to acknowledge help whether from his team or other sources; to ensure his team observes the ethical code of the science and to report on the scientific aspects of his project.

Not all problems are amenable to research. Research is a long-term business. Each project adds only a drop to the pool of knowledge. Many projects will fail to produce the hoped for results. In the physical sciences this is well accepted. In the social sciences

which are less highly developed, there is all too often an expectation that each project will produce usable results and that major break-throughs will be common. This is unrealistic. Research should be going on all the time in the background, feeding the pool of knowledge. What is essential is that practitioners in the health service should establish channels so that they can tap the pool with ease.

Research will produce more reliable facts and new knowledge on which to base professional judgement. It will not make policy decisions or ethical judgements though it may provide pointers to the consequences.

The day to day work of planning and providing a health service and the nursing component within it will rely on professional judgement informed ideally by a reliable information system and an on-going research programme. All methods of consultation with consumers, between health service personnel and within the wider context of national policy will be employed to keep the service in harmony with the society it serves.

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