



A Position Paper: Nursing Research in Europe

The Work Group of European Nurse Researchers

1. Background to WENR

1.1 Introduction

The Work Group of European Nurse Researchers (WENR) was established in 1978 with the dual aims of: (1) building closer contact between nurse researchers from Europe and elsewhere and (2) developing a more systematic collaboration within the field of nursing research in Europe¹. The work of WENR is co-ordinated by a Steering Group and supported by a Secretariat which is currently located in Stockholm. At present there are approximately 25 European National Nurses Associations (NNA) involved in WENR. For the past year WENR has been engaged in a strategic review of its activities, funding and future plans. This paper constitutes part of that review process.

WENR has no organisational status. WENR is not recognised by the EU as a representative body for nursing. WENR has no permanent secretariat or accommodation. WENR is supported through the contributions of the national nursing organisations. The ICN-recognised National Nurses' Association (NNA) appoints WENR representatives. Its main activity is a well-established biennial nursing research conference, which must be financially viable in its own right. The language of WENR is English.

1.2 The Contribution of WENR to Nursing Research

Given the foregoing, WENR's continuing existence is a major achievement. The willingness of many NNAs to continue to finance WENR is a statement of intent, goodwill and arguably one of investment. Nevertheless, it is important to reflect upon and consider objectively why WENR continues to exist. Arguably it does so because WENR provides a unique opportunity in Europe for representatives from individual countries to come together to discuss nursing research and clinical practice in an environment, which in itself is unique.

WENR's uniqueness lies in the nature of the forum in which issues are discussed; in its processes which are unconstrained by cumbersome protocols; in the degree of co-operativeness members exhibit; in its biennial conference which has provided a platform for many neophyte European nurse researchers who have gone on to be leaders in their own fields and States; in the willingness to support and participate together without specific performance indicators such as collaborative research; and the fact that it is composed of some 25 European NNAs.

WENR's strength lies in its members' continued commitment but paradoxically this strength is also its weakness in that commitment without discernible outcomes (other than a conference) may mean that WENR is perceived to be only a 'talk shop'.

The WENR Research Conference, held biannually, supports many of the research papers focused on effectiveness of nursing care, outcome measurement of quality of care, evidence-based nursing and research methods. Often other papers focus on integrated health sector and family-focused community nursing. WENR is in the unique position of representing national nursing associations across Europe in the promotion of nursing research and the exchange of information and collaboration between nurse researchers from the different countries.

The Lisbon objective recorded in the Action Plan to produce a discussion document: that is 'A position paper on nursing research in Europe' can be justified on the following grounds:

- an agreed need for WENR to influence European nursing research policy;
- the recognised importance of embedding nursing research in European nursing strategies;
- a belief that the value of nursing research for the people of Europe needs to be promoted widely;
- that the core values of nursing research need to be established and shared publicly;
- WENR's unique status in embracing 25 NNAs in as many States.

However in putting forth a position paper on nursing research, it is necessary to set out the context. In the following two sections, nursing research globally and within Europe are noted.

2. Global Positions on Nursing Research

2.1 ICN and Nursing Research

ICN^{2,3} has identified two priority areas in nursing research: that is health and illness; and the delivery of care. Within these two areas the following have been designated as target subjects:

- the quality and cost effectiveness of care;
- community based care;
- the nursing workforce;
- and health care reform.

Elsewhere ICN has commented on the need for nursing to describe its unique contribution to care³. ICN has initiated a global research network (<http://icn.ch/resnet.htm>); commenced publication of a Research Bulletin; and launched a Research Process poster through the WEB. 'Developing nursing and midwifery research' is one of six main priority areas identified for action by Nursing and Midwifery at the WHO under the Health Systems Development programme³. However neither ICN nor WHO fund specific nursing research programmes but rather direct the thrust of their work towards developing and supporting strategic goals within and across member NNAs or States respectively.

2.2 WHO Health 21

The WHO Regional Office for Europe⁴, the International Council of Nurses (ICN) and the International Council of Midwives (ICM) have launched a Europe-wide Health 21 Nurse and Midwifery Campaign aimed at strengthening the impact that nurses and midwives have on improving health. More than five million nurses and midwives are actively practising in the European region and form the largest single group of health professionals providing healthcare. Nurses and midwives, through their national associations and government chief nurses, are asked to recommit their skills and experience to achieving the goals of Health 21. Among the goals to be achieved is European Health21, target 19 on Research and Knowledge for Health

which states: ‘By the year 2005, all Member States should have health research, information and communication systems that better support the acquisition, effective utilisation, and dissemination of knowledge to support health for all’. WENR’s main focus is in line with WHO’s Health 21 targets. [<http://www.who.dk/nursing/NursConf/index.htm>]

3. PCN: The Standing Committee of Nurses of the European Union

PCN is the Standing Committee of Nurses of the EU and describes itself as ‘the independent voice of European Nurses’⁵. Its mission ‘is to promote and defend the interests of nurses and the nursing profession in Europe; with particular reference to the EU. The fundamental views upon which PCN bases its work include the universal nursing values. Other values included are equality for all persons, independence and a spirit of fellowship between all nurses’⁵ In taking forward its mission, PCN has prioritised the following⁶:

- Strengthening PCN
- Workforce issues
- Public health
- Education
- Enlargement of the EU

Without going into detail, it is self-evident that many of PCN’s priority areas noted above, parallel those of WENR (e.g. public profile; health; wider membership) and where they do not explicitly, there are nevertheless, shared concerns.

4. European Nursing Research

4.1 The Council of Europe Report on Nursing Research (1996)

To date the most comprehensive review of the status of European nursing research is the 1996 Council of Europe document ‘Nursing Research’ commissioned by the European Health Committee (CDSP) and published by the Council of Europe⁷ (hereafter referred to as ‘The Report’). This report is a landmark in the history of nursing research in Europe⁸ as it represented “the first attempt, at the European level, to encourage governments to assume a major responsibility for the development of research in nursing in a strategic way, both within and across nations”⁸ WENR’s then Chair (K Lerheim) acted as Consultant to the Expert Committee on Nursing Research with WENR itself having Observer status (Y Andersen).

A real decline in recruitment to Nursing across Europe was evident by 1990⁷. The decline was attributed in part to a loss in the social image of nursing. In order to counter and improve the nurse’s role, it was argued that the issue of nursing research should be addressed so that “research-based practice would improve the quality of nursing care and thereby improve the status of the profession”⁷. In 1996 the States of The Council of Europe recommended that its members “establish a strategy for the development of nursing research”⁷ A model strategy for the development of nursing research was proposed. It was recognised that individual States would be required to ‘identify needs, strategies and priorities in nursing research’ and that do so, ‘professional organisations and other interested bodies’ should be part of the process. The model was based on five key principles:

- that a structure and organisation for nursing research be developed;
- that nursing research and practice be integrated;
- that education for nursing research be established through wider educational opportunities;
- that funding for nursing research and education be established;

- that national and international co-operation through collaboration between countries be promoted and supported.

WENR surveyed the impact of The Report one-year post acceptance by the Council of Europe⁹. A total of 20 out of 24 WENR members responded. It was found generally that European NNAs had received The Report and its recommendations positively although the level of distribution of The Report by CDSP was unknown. In most cases it was reported that NNAs had considered The Report's content either formally through Board, Council or Research Committees or through informal discussion. In addition some countries had translated The Report and its recommendations. However while it was possible for WENR to document the responses of NNAs to The Report, it was not possible to do the same in respect of Governments; nor could it be ascertained who had received The Report at governmental level. Consequently WENR argued that there was considerable scope for further pressure to be applied to NNAs and Governments for the formal adoption and integration of The Report into policy statements on research generally and nursing research in particular⁹.

WENR went on to make the following recommendations:

- that PCN note the generally positive view of The Report by WENR members' NNAs;
- that NNAs be encouraged to formulate an action plan based on The Report's recommendations;
- that NNAs contact their Chief Nursing Officer(s) to commend The Report and its taking forward within individual States;
- that The Report's recommendations be accepted although the extent to which they would be operationalised, was dependent on State priorities;
- that WENR monitor the impact of the Council of Europe's Nursing Research Report and Recommendations, working collectively and co-operatively in this activity with PCN.

In particular WENR noted that many States were in agreement as to the importance of particular points thus indicating the possibility of prioritisation of recommendations.

WENR accepts The Council of Europe's recommendations on nursing research as published by the European Health Committee (CDSP) Strasbourg April 29, 1996.

However despite the recommendation and agreement by The Council of Europe, few member States have current government nursing research policy statements and of those identified (Denmark¹⁰, Switzerland¹¹, UK (England^{12, 13}, Wales¹⁴) even fewer refer formally to The Council of Europe's statement on nursing research other than Denmark and Switzerland.

It is WENR's view that the initial work undertaken through the Council of Europe remains a benchmark. The Report demonstrates a breadth of vision through an understanding of the issues, which impact on nursing research. These continue to be relevant in the 21st century. Likewise the model outlined to stimulate and support the development of European Nursing Research is as appropriate as when first described.

WENR wishes to recommend that member States strive to have The Council of Europe Report on Nursing Research adopted formally by their NNAs.

4.2 Building a European Nursing Research Strategy (1999)

The Salamanca Conference Report 'Building a European Nursing Research Strategy' (1999)¹⁵ based on discussions with 12 European States including Israel, brought together novice and experienced nurse researchers in order to conduct a dialogue as to how the nursing research agenda might be moved forward. The Council of Europe's Report on Nursing

Research was used as the foundation for discussion. It is noteworthy that a considerable degree of consensus was achieved between participating States. The Salamanca Report is now out for consultation and a response from PCN is awaited. At this stage it is therefore not possible to state what impact or level of agreement the Salamanca Report will attain.

4.3 Strategy, Policy and Application

Both the Council of Europe's Report Nursing Research⁷ and the Salamanca Report¹⁵ speak broadly to strategy, policy, and application of both within individual States. In an ideal world strategy would direct policy which would then be enacted and evaluated. However in the context of nursing research the relationship between these three activities (policy; strategy; application) is iterative. The history and development of nursing over the past two centuries is often the story of committed individuals; Nightingale; Henderson; Orem to name but a few. WENR's continued existence is testament also to committed nurses determined to see a vision of nursing pursued. The iterative process has been one of both bottom-up and top-down; of establishing and maintaining momentum; of rhetoric occasionally translated into policy.

Legislation connected to nursing research is unlikely to be deemed a priority area by member States and therefore guidance is normally the instrument used to influence and/or shape nursing research. Nursing Research which is funded by central government on a competitive basis is probably important and is more likely to be developed within a systematic framework of national research priorities as it is difficult to justify public money if projects do not address the 'greater good' or 'the burden of disease'.

However as an observation derived from both the aforementioned reports^{7,15}, it is suggested that the application of strategy and policy in terms of discernible research output has been largely idiosyncratic, reflecting individual researchers' interests which may or may not reflect national and local priorities. While it is true that individual and/or groups of nurse researchers may have taken certain elements of The Council of Europe Report forward, it is unclear whether these advances have been carried out intentionally or whether they have simply occurred coincidentally.

Arguably The Council of Europe Report and other reports are aspirational in nature. They are intended to encourage policy makers to recognise the importance of nursing research. Specific areas of potential policy making are delineated; for example the importance of the need to link education with research. But and quite rightly so, it is left to the educationalists, researchers and individual nation States to determine how this relationship is to be enacted. Nursing research has undergone a transformation¹⁶. Its progress has been incremental, evolving and questioning and such that it has earned a voice in the health delivery forum.

4.4 WENR's Position on Advancing Nursing Research in Europe

WENR now considers that it is timely for the agenda for nursing research to be advanced further. The Council of Europe Report declared an agenda in respect of nursing research. However no timeframe was placed on the achievement of any of the statements. Consequently it makes it difficult to evaluate and monitor subsequent achievements trans-nationally. Furthermore policy makers may believe that the nursing professions have lost their commitment to taking nursing research forward at a pan-European level if activity is not maintained. Therefore the intent of WENR and PCN is to continue to advance nursing research and to advocate that The Council of Europe Report be brought to the attention of Governments formally through NNAs.

WENR wishes to build upon The Council of Europe Nursing Research Report and its recommendations in order to:

- influence European health policy
- embed nursing research in Europe
- promote the value of nursing research for the people of Europe
- work with PCN (The Standing Committee on Nursing) in establishing the value of nursing research.

WENR recommends that it is now timely to advocate that The Council of Europe Report be brought to the attention of Governments formally through NNAs.

A position paper must do more than reiterate previously agreed statements, actions and policy. It must build on the agreed and known and move forward. The next stage is therefore the translation of aspirations into application. We have the theory of research and the practice to research. What is now required are outcomes which are understandable and trans-national while also taking account of individual member States' interests.

WENR recommends that the next stage to The Council of Europe Report should be a statement of nursing research outcomes, which are trans-national and can be reflected at national level.

4.5 WENR's Nursing Research Priority Areas

Over the past two decades Governments have demonstrated concern over the burden of disease, which can be understood at the individual, the local community and the national levels. The thrust of the Public Health Movement across Europe, the insidious rise in Tuberculosis rates, alcoholism, cancer bear witness for the need to talk prevention while treating disease. Workforce planning remains a continuing issue as no model has been devised which successfully balances levels of dependency in the target populations with skill mix and environment. Care delivery arguably should be directed by evidence-based practice and yet other elements need to be factored into the planning such as patient/client preferences, effectiveness, cost etc. When the burden of disease is coupled with workforce planning and care delivery, it is clear that new ways of working must be put into force if society is to manage its health agenda successfully.

In considering outcomes, WENR is mindful of the following:

- *the need to focus on health outcomes*
- *the need to consider how health delivery affects health outcomes*
- *that there is still little evidence of multi-centred nursing research*
- *the relationship between national priorities and European priorities and WHO Health 21 statements*
- *the financial impact of delivering high quality health activity over the long-term*
- *that nursing does not occur in isolation.*

Therefore WENR recommends that nursing research in the next decade take into account the following:

- **clinical outcomes which reflect the burden of disease**
- **multi-disciplinary working between all health and social professionals**
- **evidence-based nursing practice.**

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Appendix I

References

1. Andersen, Y (1999) The Council of Europe Nursing Research Report and Recommendations - three years later
2. The ICN Research Bulletin April 2000 Geneva ICN
3. ICN Position Statement on Nursing Research <http://www.icn.ch/psresearch99.htm>
4. The Value of Nursing in a Changing World (1996) Geneva ICN
5. Nursing and Midwifery at WHO (HDP/NUR) <http://www/who/int/hdp/nur/index.htm>
6. PCN Standing Committee of Nurses of the EU Presentation to the Research Society, Policy and Practice Forum Royal College of Nursing Manchester 2000 (Williams, S)
7. Council of Europe (1996) Nursing Research Strasbourg Council of Europe Publishing
8. WENR (1998) European Health Committee's Nursing Research and Recommendations - Follow-up Survey (Chair: Y Andersen)
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15. Building a European Nursing Research Strategy (1999) The Salamanca Conference Report Instituto de Salud Carlos III
16. Tierney, AJ (1997) The Development of Nursing Research in Europe European Nurse 2(2) pp73-84

Appendix II

Council of Europe Member States

Albania (13.07.1995)
Andorra (10.10.1994)
Austria (16.04.1956)
Belgium (5.5.1949)
Bulgaria (7.5.1992)
Croatia (6.11.1996)
Cyprus (24.5.1961)
Czech Republic (30.6.1993)
Denmark (5.5.1949)
Estonia (14.5.1993)
Finland (5.5.1989)
France (5.5.1949)
Georgia (27.4.1999)
Germany (13.7.1950)
Greece (9.8.1949)
Hungary (6.11.1990)
Iceland (9.3.1950)
Ireland (5.5.1949)
Italy (5.5.1949)
Latvia (10.2.1995)
Liechtenstein (23.11.1978)
Lithuania (14.5.1993)
Luxembourg (5.5.1949)
Malta (29.4.1965)
Moldova (13.7.1995)
Netherlands (5.5.1949)
Norway (5.5.1949)
Poland (29.11.1991)
Portugal (22.9.1976)
Romania (7.10.1993)
Russian Federation (28.2.1996)
San Marino (16.11.1988)
Slovakia (30.6.1993)
Slovenia (14.5.1993)
Spain (24.11.1977)
Sweden (5.5.1949)
Switzerland (6.5.1963)
the "former Yugoslav Republic of Macedonia" (9.11.1995)
Turkey (13.4.1950)
Ukraine (9.11.1995)
United Kingdom (5.5.1949)

WENR Members

Austria
Czech Rep.
Denmark
Estonia
Finland
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Lithuania
Netherlands
Norway
Poland
Portugal
Slovenia
Spain
Sweden
Switzerland
United Kingdom

Appendix III

An overview of the Council of Europe

A statute built on human rights

Any European State can become a member of the Council of Europe provided it accepts the principle of the rule of law and guarantees human rights and fundamental freedoms to everyone under its jurisdiction.

Aims

The Council of Europe is an intergovernmental organisation, which aims:

- to protect human rights, pluralist democracy and the rule of law;
- to promote awareness and encourage the development of Europe's cultural identity and diversity;
- to seek solutions to problems facing European society (discrimination against minorities, xenophobia, intolerance, environmental protection, human cloning, Aids, drugs, organised crime, etc.);
- to help consolidate democratic stability in Europe by backing political, legislative and constitutional reform.

The Council of Europe should not be confused with the European Union. The two organisations are quite distinct. The 15 European Union States, however, are all members of the Council of Europe.

Palais de l'Europe

The Palais de l'Europe in Strasbourg (France) is the Council of Europe's headquarters.

Wide-ranging activities

The Council of Europe covers all major issues facing European society other than defence. Its work programme includes the following fields of activity: human rights, media, legal co-operation, social and economic questions, health, education, culture, heritage, sport, youth, local democracy and transfrontier co-operation, the environment and regional planning.

A framework for co-operation

The Committee of Ministers is the Council of Europe's decision-making body, and is composed of the Foreign Ministers of the 41 member States (or their Permanent Representatives). The Parliamentary Assembly is the Organisation's deliberative body, the members of which are appointed by national parliaments. The Congress of Local and Regional Authorities of Europe is a consultative body representing local and regional authorities. Governments, national parliaments and local and regional authorities are thus represented separately.

Conferences of specialised ministers

The Council of Europe periodically organises conferences of specialised ministers (for justice, education, family affairs, health, environment, local authorities, migration, equality between women and men, labour, mass media, culture, sport, youth, etc.).

The conferences analyse the major problems arising in their sectors and foster ongoing contact between ministries dealing with the same subjects in member States. They work out projects to be implemented jointly, and propose activities for the Council's work programme.

Building Europe day by day

The Council of Europe's work leads to European conventions and agreements in the light of which member States may subsequently harmonise and amend their own legislation to comply with them.

Some conventions and agreements are also open for adoption by non-member States. The results of studies and activities are available to governments in order to foster co-operation and social progress in Europe.

The Council of Europe also adopts Partial Agreements, a form of "variable geometry" co-operation, which allow a number of States to carry out a specific activity of common interest with the consent of other members.

A platform for the NGOs

By granting consultative status to over 350 non-governmental organisations (NGOs), the Council of Europe is building a real partnership with those who represent ordinary people. Through various consultation arrangements (including discussions and colloquies) it brings NGOs into intergovernmental activities and encourages dialogue between members of parliament and associations on major social issues.

An international staff

The Secretariat has a permanent staff of about 1 300 drawn from the 41 member States. It is headed by a Secretary General - currently Walter Schwimmer (Austria) - who is elected for a five-year term by the Parliamentary Assembly and who co-ordinates and directs the Council's activities.

European funding

The Council is financed by the member States in proportion to their population and resources. The 2000 budget is approximately Euro 227 million.

Official languages

The Council of Europe's official languages are English and French, but the Parliamentary Assembly also uses German, Italian and Russian as working languages. Other languages may be interpreted during debates, under certain conditions.

Appendix 1V

ICN Position: Nursing Research

Research-based practice is a hallmark of professional nursing. Nursing research, both qualitative and quantitative, is critical for quality, cost-effective health care.

To enhance nursing research and research-based practice, ICN:

- Facilitates and promotes the conduct, dissemination and utilisation of research related to nursing, health and health care systems.
- Collaborates with national and international organisations to enhance nurses' contributions to nursing, health and health systems research.
- Promotes opportunities for nurses to disseminate research and publish in international journals.
- Supports networks for nurse-researchers.
- Encourages member associations in their research-related capacity building.
- Promotes research in areas which have practical implications and improved outcomes for patients, and which are meaningful to nurses' daily practice.
- Provides global leadership in establishing ethical guidelines for nurses in the conduct, dissemination and utilisation of research.
-

ICN supports its national nurses' associations (NNAs) in their efforts to enhance nursing research, particularly through:

- Improving access to education which prepares nurses to conduct research, critically evaluate research outcomes, and promote appropriate application of research findings to nursing practice
- Lobbying for nursing research funding from public and private sources.
-

ICN believes NNAs have a key role in promoting and facilitating the research process with employers, educational institutions and funding agencies. By working together, associations, educational institutions, managers and employers can create a climate of inquiry, increase access to education in research methods and increase the application of research to health care.

Background

Nursing research is needed to generate new knowledge, evaluate existing practice and services, and provide evidence that will inform nursing education, practice, research and management.

Research is directed toward understanding the fundamental mechanisms that affect the ability of individuals, families and communities to maintain or enhance optimum function and minimise the negative effects of illness. Nursing research should also be directed toward the outcomes of nursing interventions, so as to assure the quality and cost effectiveness of nursing care. Nursing research also encourages knowledge of policies and systems that effectively and efficiently deliver nursing care; awareness of the profession and its historical development; understanding of ethical guidelines for the delivery of the nursing services; and knowledge of systems that effectively prepare nurses to fulfil the profession's current and future social mandate.

ICN has identified nursing research priorities in health, illness and care delivery services¹ that emphasise quality and cost-effective care, community-based care, nursing workforce and health care reform.

¹ International Council of Nurses (1997), Nursing Research: Building International Research Agenda. Report of the Expert Committee on Nursing Research. Geneva: ICN.
<http://www.icn.ch/psresearch99.htm>