

CEE Nurses Learn From Each Other

Since last year's first CEE Nursing Task Force meeting in Budapest, Hungary, nurses from nine CEE nations have worked diligently to expand their clinical knowledge base and raise their profession's profile through partnership activities. During a two-day meeting held prior to the CEE Partnership Conference, about 45 task force nurses gathered to share their achievements and give presentations on the topics of nursing education, nursing management, nursing outside the hospital setting, and hospice and home care.

During the meeting's first session, nurses from Slovakia, Croatia, Bosnia and Estonia discussed the evolving systems of nursing education in their nations, emphasizing the recent proliferation of university-level nursing degree programs.

Emilia Lepiesova, PhD, vice director, Nursing School of M.R. Stefanik in Martin, Slovakia, provided an overview of nursing education in her nation, which has undergone a complete restructuring since Czechoslovakia's "Velvet Revolution" of 1989. Prior to that year, Slovak nurses received only a secondary school education, commencing their studies at age 14. In 1992, the Slovak government selected Lepiesova's school to be part of a pilot program to introduce college-level nursing education in that nation. Now, nurses can enroll in the school's three-year degree program, which emphasizes on-the-job clinical training as well as nursing theory.

Slovakia's new system of higher nursing education is being carried out nationwide in 14 nursing schools, and master's degree programs have also been developed. This systemic change has had a direct impact on the nurse's role, Lepiesova said. "Before, we perceived the nurse as somewhat different--as an aid to the doctor--not involved in the doctor's decision," she said. "The philosophy of nursing has changed ... I have begun to feel a personal responsibility to make sure nurses in Slovakia feel entitled to the same status that nurses have in the US."

During a subsequent session on nursing management, the concept of case management--defined as "a physician-driven, outcome-oriented model of care with a goal to provide quality patient care across the continuum in a cost-efficient manner"--was introduced to participants by Winnie Fritz, EdD, RN, adjunct professor at the University of Nevada-Las Vegas.

According to Fritz, establishing an in-hospital case management structure requires appointing teams of clinical experts to look at current practices and medical literature, and create interdisciplinary "pathways" and protocols that prescribe patient treatment up to the point of discharge. Case managers are assigned to administer care, monitor patients and go on rounds, and convene interdisciplinary team meetings to coordinate a patient's care plan. Such meetings should include the entire hospital team caring for the patient--physician, nurse, physical therapist and social worker, for example.

Though case management is a new idea for CEE health professionals, US hospitals have been reaping its benefits, Fritz said: Patients respond better when their care is managed, and hospital costs and length-of-stay can be reduced as well.

CEE and US nurses also debated the role of the public health nurse, which was outlined in a presentation by Maureen Mitchell, EdD, RN, of Health Policy and Program Consults in Bratenahl, Ohio. The US public health system, she noted, exists to assess community health status, develop policy and implement disease prevention and health promotion initiatives. The nurse plays a key role in carrying out these functions by providing health care services to high-risk populations, teaching healthy behaviors, responding to disasters and participating in environmental protection.

"What's wonderful about public health nursing is that we are returning to our roots--where we were about 130 years ago," she said.

Hospice care, part of a fourth educational session at the meeting, is another new concept in CEE, but has been successfully established by partnerships in Hungary and Latvia. "Death is an integral part of life..." said Zoltan Karpati, RN, head nurse for intensive care at Vac Municipal Hospital in Vac, Hungary, "It is of the utmost importance that no one is left to die alone."

Hospice care seeks to manage pain and maintain quality of life for dying patients, provide assistance to families and provide patients with psychological support. As part of the hospice team, which includes physicians, members of the clergy, psychologists and volunteers, nurses can give individual attention to the patient and communicate the patients' needs.

"There is always something to do for the dying, ... but it is even more important to understand when to stop nursing care," Karpati said.

After two days of exchanging ideas, nursing participants agreed that the meeting had generated a feeling of professional solidarity, both among CEE nations and between the US and CEE. "I sensed that we are all working toward a common goal, and even though we talked about many different countries, the patient was always at the center," said Aranka Ignacz-Smal, RN, head nurse for gastroenterology at Vac Municipal Hospital.

"Feeling the energy of this many people moving forward was a real positive for me," added Mary Corley, RN, PhD, associate professor at Virginia Commonwealth University in Richmond, Virginia.

Ainna Fawcett-Henesy, RN, acting regional adviser for nursing and midwifery, World Health Organization/Europe, commended task force members for their progress since last year's Budapest meeting: "Your assertiveness, your ability to present, and all of the things that go with a maturing profession are here now. You can only succeed."