

Nurses Transcend National Boundaries

" We share one very common language and that's the language of nursing. No matter what we call it, we all take care of patients." With that, Pam Thompson, RN, MSN, of Dartmouth-Hitchcock Medical Center in Lebanon, NH, set the tone for the first meeting of the CEE nursing task force, during which about 40 US and CEE nurses gathered to discuss the challenges of their profession.

The task force began its work informally by pairing US and CEE counterparts who, without the aid of a translator, had to convey at least one significant fact about themselves to their partner. Nurses promptly began pantomiming, drawing stick figures on notepads and displaying photos of children to bridge the communication gap and underscore the idea that nurses share a common bond regardless of national ties.

Opening channels of communication across CEE countries is a top priority of the task force, Thompson said at the outset: " If we can create work groups across countries, we believe you will be able to do better problem-solving as a result."

After a lengthy brainstorming session, nurses from all eight countries represented at the conference distilled their ideas and concerns into four major issues that affect the practice of nursing in CEE: nursing education, economics and resources, in-hospital practice of nursing and nursing as a profession. Discussion groups formed to flesh out ideas for improvement in the first three of these areas, and nurses were surprised to learn they had many of the same issues in common.

In the area of nursing education, task force members said that nurses are often forced to choose their profession too early in CEE nations (age 14 in some cases), nursing curricula are too broad and too general, and the difference between management and clinical education should be clearly delineated. The need for more highly skilled nurses and more nurses as teachers was a common concern, as was the need to garner the support of doctors and ministries of health.

" We never plan to take their place," a Romanian nurse said of doctors in her country. "We just want to do our work and do it the best way possible."

As for economics and resources, the nurses concluded that shortages of manpower, single-use instruments and supplies are hindering their work, and that non-medical staff making decisions on resource allocation is not always optimal. Improved use of resources could result from including representatives from different hospital positions in decision making, use of nursing associations to voice concerns, more aggressive fundraising and identification of corporate sponsors.

Zoltan Karpati, RN, of Jávorszky Ödön Hospital in Vác, Hungary summed up for his group: " Nurses will have to do this exercise: quality up, cost down."

To better equip CEE nurses for in-hospital practice, the task force decided that providing job descriptions in written form, improving teamwork between nurses and other professionals like physician assistants and therapists, and allowing nurses to accompany doctors on rounds would make an impact.

Ainna Fawcett-Henesy, RN, acting regional nursing advisor for the World Health Organization, told the task force that WHO is developing a Europe-wide database on innovative nursing practice and problem-solving, and that " nursing action plans." have been drawn up by most European ministers of health. She stressed the importance of sharing problems as well as successes in the European nursing community: " In Ireland, we have an expression about

reinventing the flat tire -there is always the danger that we won't learn from each other's mistakes."

Ilme Aro, a graduate student at Tartu University in Tartu, Estonia, presented the task force's conclusions to a plenary session of the conference and described her university's nursing education program, developed with partners at George Washington University in Washington, DC. The program features nursing internships that include clinical and administrative rotations, nursing assessment and rounds, patient education and training in a women's clinic. Aro is one of two nursing students scheduled to receive Tartu University's first master's degrees in nursing this spring, and will teach nursing beginning in the fall.

For many of the participants, the nursing task force meeting was a first-time opportunity to talk to nurses outside their home nation. Daniela olnyov, RN, of the Institute of Social Care in Turianske Teplice, Slovakia, said she was impressed with the Estonian advances in nursing education, and found encouragement in the commonalities among CEE nurses. " I shall be more courageous and more able to take part in discussion in the future," she said.

And Lejla Stermasi, RN, head midwife at University Maternity Hospital in Tirana, Albania, said she was surprised by how well-organized the meeting was and how everyone was able to participate. Asked what ideas she would take home with her, she said," I am anxious to improve the educational level of nurses in order to be more independent. Also, we need to improve our relations with doctors and change the way we talk to relatives of patients."

The task force steering committee will meet in coming months to discuss plans for a possible inaugural CEE nursing conference.