Nursing and public health in Europe – a new continuous education programme

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The aim of this paper is to describe the development of a new education programme in public health for nurses in the European Union (EU). The project, 'Development of a Continuous Professional Education Programme for Nurses in Public Health', is described together with its background and aim, which is to contribute to the development of new competencies of nurses in nursing and public health. For the development of these competencies, the framework for the programme's guidelines is organized around core modules common for all EU countries and elective modules, based on national health needs and policies proposed by each country. An example of the implementation of the programme from Sweden, where the programme has already been offered, is also presented. In addition to the educational programme itself, the opportunities for networking for nurses and teachers from different countries resulting from this effort are discussed. Finally, the evolving nature of public health in nursing is presented in relation to the roles that nurses/midwives already perform in various countries and situations, in order to point out the potential of this programme's contribution to the promotion of health of all European citizens.

Keywords: Continuous Education, European Union, Health Education, Nursing, Public Health

Introduction

Nurses throughout modern history have been involved in caring for the sick in hospitals, as well as for healthy or sick people in the community. Nurses' roles related to the sick have focused on teaching for compliance with treatment, health education for disease prevention at all levels of health care, and participation in preventive programmes. The roles of nurses in the community have been referred to as health education for restoration and promotion of health; health education for prevention of disease; and participation in preventive measures and programmes and epidemiological surveys (Craig 2000).

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In Europe nursing education has a common base according to directives from the European Commission (EC) and the Advisory Committee on Training in Nursing (ACTN) (ACTN 1998; EEC 1977). In Europe, as well as in other parts of the world, a continuously increasing amount of care is nowadays given outside hospitals. Therefore, nurses have to change their roles accordingly both in the hospital and in the community. Shorter stays in hospital demand providing good health education to the sick, in addition to co-operating with nurses in the community, who are expected to continue caring for previously hospitalized individuals that require services in which nursing, public health and health education need to be integrated.

Traditional nurses' roles are still valid but as public health has changed in its scope as well as in content, it is expected that all nurses' roles would have been broadened (Adebajo 1998). The Munich Declaration for Nursing states:

> We believe that nurses and midwives have key and increasingly important roles to play in society's efforts to tackle the public health challenges of our time, as well as in ensuring the provision of high-quality, accessible, equitable, efficient and sensitive health services which ensure continuity of care and address people's rights and changing needs [World Health Organization (WHO) 2000a].

In accordance with public health changes and nursing developments, new roles are necessary and therefore all nurses need to acquire new skills. As the new health demands in Europe have no country borders, a new European perspective in tackling health problems is required. Therefore, up to date education for nurses in public health is indispensable. The aim of this paper is to describe the development of a new educational programme in public health for nurses in the EU.

Background

In 1996 the EU Council and Parliament adopted a common programme on health promotion, information, education and training in the field of public health (EC 1998). Amongst other developments, nursing representatives from the 15 European countries met in Luxembourg and discussed the possibilities of a mutual project financed by the EU. Although agreement, or understanding, was not easy to achieve, considering the differences in culture and language, there was willingness for constructive communication.

At this meeting it became clear that some countries already had a postgraduate degree in public health while others had difficulties in reaching even the minimum directives on general care. However, there was agreement that a relevant project was possible to design and submit to the EU for funding. The criteria agreed on included common admission prerequisites according to the EU directives (EEC 1977), as well as the minimum content and length of the programme.

Following this meeting, an application was submitted to the EC by the Permanent Committee of Nursing of the European Union (PCN) to develop a continuous professional 'training programme' for nurses in public health in 1997, which was accepted in 1998. Thirteen countries, all members of the EU, were involved in this proposal: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Luxembourg, the Netherlands, Portugal, Spain, Sweden and the United Kingdom, together with the WHO Europe. The objectives of this first phase of the project were:

- to obtain a homogenous knowledge in public health amongst nurses, especially in the area of health promotion and health education through a consensual approach,
- to enable each country to improve their nurses' knowledge of public health and thereby strengthen activities in the fields of health promotion and health education,
- to promote continuous education for nurses in public health within the EU,
- to encourage the exchange of competencies and referent personnel between member states, and
- to enable nurses to participate in the development and enhancement of their competencies and to exchange experiences/competencies with their colleagues in member states.

During the first phase, six meetings were held in different European countries. In addition to the meetings, there was collaboration with the nurses' organization in each EU country. All work in the national working groups supported the EU project group, which produced guidelines for a continuous education programme (PCN 2001). The collaboration amongst the participants was always productive with respect to each country's culture and traditions, because there was a consensus to be both pragmatic and realistic. The result was that a programme far more advanced than was initially intended had been developed.

The development of the continuous education programme

The programme deals with professional continuous education for nurses in the EU, who are vital links for health promotion and education within every health care system.

Although there is currently an effort within the EU for strengthening the criteria to achieve uniformity with regard to competencies, differences still persist amongst professionals, as well as amongst countries. Nurses who qualified 25 years ago did not undertake the same education as did nurses qualifying today, consequently, the programme that was developed was intended primarily to enhance competencies in health education and promotion for nurses who qualified before the implementation of the EU directives (EEC 1977).

It is therefore clear that there were two reasons for which the EU agreed to finance the project. On the one hand, there was the need for updating nurses' education as regards public health, and on the other there was the need for applying the EC's White Paper on lifelong learning, as well as the strategy on public health (EC 1998). This strategy also includes strengthening health education and promotion for professionals, in addition to extending and facilitating professional mobility.

Common framework for the programme's guidelines

The steps of departure for developing the guidelines were: the EU directives for nurses responsible for general care (EEC 1977, 1983); the ACTN report and recommendation on the competencies required to become a nurse responsible for general care in the EU (ACTN 1998); the WHO's recommendations on health in the 21st C and the glossary compiled by the WHO Europe (WHO 1994, 1998); and the work of the PCN, in particular that of the working group on education (PCN 1999).

A theoretical model for the project was constructed, which included the different elements that were taken into consideration. The model was founded on national legislation and regulation of the profession; EU and WHO strategies and recommendations; and the nurses' contribution to society at large, including organizations such as the PCN and the ACTN (PCN 1999; RCN 1994; Salvage & Heijnen 1997; WHO 1978, 1997, 2000b). Based on these regulations, the development of knowledge–skills–attitudes uses the public health, nursing and educational approaches, through common compulsory and elective modules, with the final goal to create competent professionals in public health and health promotion and education.

The overall purpose of the education was that the nurse, on completion of the programme, should be able to:

- be conscious of being a part of a larger system and understand the system and its impacts on health,
- act with individuals, small groups and communities to improve the health of the public,
- demonstrate the nursing contribution to public health both within and outside the profession, and
- be aware of the European dimension of public health (PCN 2001).

On completion of the programme, nurses are expected to acquire new competencies, which are summarized below:

- identify and assess health needs of individuals, families, communities (I/F/C) and/or prioritize in accordance with health needs, nursing standard and relevant policies,
- initiate or contribute to the delivery of public health actions or programmes in different care settings,
- facilitate and empower I/F/C to increase control over determinants of health,
- work collaboratively with other professions and sectors,
- act as an advocate for I/F/C to improve health, and
- evaluate the outcome of their own actions/programmes and/or participate in the evaluation of other health programmes (PCN 2001).

The programme is structured in three parts: compulsory modules with a minimum of 130 h (Table 1), optional modules with a minimum of 70 h, based on specific national recommendations, and a placement of a minimum of 30 h (PCN 2001). Proposals were also made for the teaching methods with respect to each country's preferences, and the background of teachers.

Table 1 Compulsory modules of the programme

Title of module	*Duration in hours*
1 Concepts of public health	25
2 Policy, economy and administrative context of public health	20
3 Human and social sciences underpinning public health	20
4 Health needs assessment – epidemiology	15
5 Health promotion and education	30
6 Nursing and public health	20

Course evaluation and assessment

It was agreed that the programme was to be equal to 30 European Credit Transfer System (ECTS) points in order to facilitate exchange of students and mutual recognition. The development of an evaluation strategy was considered indispensable in order to evaluate the programme and to compare outcomes in different countries. However, in the first phase it was left up to the national groups to determine the most appropriate way of evaluating the programme (PCN 2001).

The guidelines also included proposed methods of accreditation of establishments offering the education, and validation of education in other countries. Because funding of continuous education in each country differs, funding suggestions were provided in all countries in order to facilitate the organization of the programme. Finally, annexes were included in the guidelines, as were the WHO glossary, English and French bibliography, and national examples of recommendations and planned educational programmes.

Revising the guidelines

In 2002 a second phase of the project was funded by the EC to:

- follow the implementation of the educational programme in public health for nurses in the EU,
- evaluate the impact of the programme on health education and promotion,
- analyse the difficulties met by countries that were to initiate the programme,
- assist countries not having been able to implement the programme,
- develop a database for public health nursing teachers to facilitate exchange and to favour the organization of the training,
- develop a European network between teachers and persons in charge of training, and
- share the education and evaluation tools at a European level.

Subsequent meetings of representatives of all participating countries, as well as a meeting with the national programme coordinators and teachers, led the group to revise the existing guidelines. Evaluation tools for the different interest groups – participants, teachers and managers – were developed so that the programme developers would be able to reassess the guidelines and propose appropriate improvements. Evaluation is essential and will be valuable in identifying and tackling the barriers faced by the participants in carrying out this project locally. It will also

assist in planning and generally improving the effectiveness of public health courses for nurses in Europe. The evaluation was carried out by a pen and paper questionnaire, which included: background (age, foreign participant, employment); overall extent of the programme; opinions on the content; overall opinions on the implementation of the programme; recommendations to others; and plans to attend further education in public health. There were also developments in the programmes running throughout the EU, with most countries either succeeding in organizing more than one programme, as the example presented below, or preparing to start.

An example from Sweden

Amongst the EU countries, Sweden was the first country to adopt and implement this programme. At an early stage, the Swedish Association of Health Professionals formed a national working group consisting of six members. The members of the national group represented universities, primary health care, the Swedish Nurses' Association and the Swedish Association of Health Professionals. Each of the members was competent in different areas, and as a group they represented all of the domains – nursing, public health and health education. The national group followed each stage of the development of the EU project in order to further the development in Sweden. The group agreed to name the programme 'Public Health and Health Education in Nursing' with regard to the need for academic education in nursing. After 18 months the group decided to inquire into the possibilities of this education being made available at university level. Approximately 20 universities received a letter, and half of them attended an informative meeting about the project. Four universities were able to provide resources during 2001–2002, in order to launch this programme for nurses. Two of the universities, Mid Sweden University and the University of Trollhättan/Uddevalla, completed the development and implemented the programme in 2001. Both of these universities have already completed several programmes each.

A working group for the curriculum

The four universities and the Swedish Association of Health Professionals formed a curriculum group. The members were experienced university teachers with a master's degree, licentiate, or doctoral degree in nursing, public health and education. The group's aim was to develop a Swedish curriculum. The group worked by correspondence, through telephone conferences and e-mail, as well as meeting in person. The meetings were at first more frequent and now take place once a year in addition to telephone conferences and e-mail. The result from the first year was a proposal for a curriculum and which had to be adopted separately by the department board at each university (Table 2). The aim of the programme was to introduce a deeper knowledge into public health and health education in nursing, on individual, family, group and community level, with nurses working in hospitals and in the community as the target group.

The whole programme is built on several teaching methods with flexible learning in which active seeking of knowledge is required, such as: lectures, group work, field studies, project work and seminars. Distance learning has been carried out by Mid Sweden University, being a network university with four campuses with experience from flexible learning. It is important in this type of learning to develop a separate study guide with detailed information about the whole programme, as well as about each module, before the start of the programme. Having this programme available on distance learning increases the opportunities for nurses in all fields to study as they may remain at their hospital, clinic or their own home, using a computer to work through the Internet. The participants meet in person during each module, and all have common examinations, such as different types of presentations and papers on public health, public health and nursing, and health education. During the study programme the participants can use computers in their own home, or in several study centres. Participants whose homes are located close to a study centre may also have group meetings there. Normally, a class is divided into four or five study groups. Communication with the class and the teachers is carried out via computers and a special web platform. Here the students can find all the material needed for their studies: curriculum, study guide, home pages of the participants, communications from the teachers, papers of the participants, examinations, evaluations, library links, links to other important authorities, and so on.

The Swedish programme corresponds to the content of the programme developed by the EU-project group. It comprises of 230 h (20 credits), which is equal to 30 ECTS points. The evaluation strategy and tools that were developed in the EU project were used for this implementation.

Experiences of the EU programme in Sweden

From the conclusions drawn so far, the Swedish Association of Health Professionals has been the core of the national work. The national group was necessary, although more so at the beginning of the project. Furthermore, involving all the universities with an inquiry about participation was determined to be a good strategy, as well as the national group's decision to involve new members to form a separate curriculum group. The teachers in the curriculum group have reached an exceptionally good result working with the development and the implementation of the curriculum. The programme in Sweden has a different organization of content in the modules from those developed in the European project. However, the Swedish group has ascertained that the complete content is included in this curriculum.

Table 2 The Swedish education programme in nursing, public health and health education

The programme consists of four modules regarding the following issues:

Module 1: *Public Health and Health Education in Nursing, 5 Credits*

The learning outcomes of this module are to increase understanding of concepts, models and theories in public health and health education, based on nursing. The content consists of the development of nursing, health concepts, laws and regulations, directions for ethics and education in public health.

Module 2: *Public Health, 5 Credits*

The outcomes of learning in this module are to introduce deeper knowledge about the determinants of health, epidemiology, the organization of public health and the role of the nurse in the same. The content consists of determinants of health from social inequalities (gender/class) including lifestyle factors and conditions of life; epidemiology based on different views; public health problems at international, national and local level; epidemiological methodology; and the organization of public health, concerning the nurses' role here.

Module 3: *Health Education, 5 Credits*

The outcomes of learning in this module are to increase knowledge in communication and learning within public health. The content consists of (1) communication, including methods for conversation, meeting different cultures and interprofessional communication, and (2) learning that includes different perspectives on knowledge, learning, teaching and evaluation, ethics in public health work and health information.

Module 4: *Optional Module, 5 Credits*

The outcomes of learning in this module are to increase knowledge in one domain of public health and develop a plan for public health work in nursing. The choice of the public health domain forms the content in this module through studies of literature, courses within the domain, field studies in Sweden or abroad, in order to develop a written paper including the plan mentioned above.

This project is of great importance in Sweden as the contents of nurses' education from some time ago differ from that of contemporary nurse education. District nurses, school nurses and midwives are other target groups that could be interested in further education in nursing, public health and health education.

According to the main policies for the Swedish health situation, it has been pointed out that a good infrastructure for public health work is needed (SOU 2000/91). Nurses in all fields ought to have key positions in this work. Nurses participating in this programme can also continue to receive academic credits. The working model has hopefully provided a base for further co-operation between the four universities, together with the Swedish Association of Health Professionals, by inducing the sharing of ideas and experiences. The long-run consequences of nurses choosing to practice in another European country could be an increasing number of nurses moving to work in different parts of Europe.

Networking

Because the idea of the education programme was to have a European perspective on health issues, it was necessary to offer educational methods that would support this aim. These methods included both exchanges of students and teachers, in addition to a variety of optional modules that could vary from one country to another.

European exchange

It has been mentioned that some of the main reasons that led the EC to set up this programme were to extend and facilitate professional mobility within the EU, and to promote exchanges between professionals in member states. The variation between educational systems in the EU countries is still significant, although the systems are continuously in the process of harmonizing. This variance refers to formal educational structure, financing system and possibilities for the exchange and form of the programme. In addition, countries in Europe still focus on their domestic health problems, although many have national health problems in common, alongside increased mobility of staff.

Within the education programme there are some ways to widen the national view to include a European consciousness and perspective on health matters. The optional modules can be chosen from a range of courses in different countries. Placements can be arranged in several countries so that theory may be tested in more than one country.

The national delegates in the European planning group have been very aware of the various levels of knowledge in public health nursing in different parts of Europe. Therefore, plans for a teacher exchange programme and arrangements for co-ordinators' seminar for more than 50 participants in Brussels in 2003 were made. In 2004, a seminar in Scandinavia is planned for co-ordinators and teachers involved in the programme, together with recognized European health experts. The personal contacts will, amongst other things, facilitate the sharing of ideas, professional knowledge and experience amongst the co-ordinators.

In addition, a database of professionals, maintained by the PCN, willing to assist other countries with the modules' content, was developed. Lecturers and other experts willing to work abroad within this programme are invited to present themselves on the database. Any national organization that has been approved to deliver the programme and intends to do so, may contact somebody on this database and ask for assistance. The national delegates in the European working group have also participated in professional exchanges. Countries such as Austria,

Finland and Portugal already have experience from such professional collaboration in the programme.

Optional modules

The optional modules in the programme should account for a minimum of 70 h (35% of the total duration of the programme) and shall be designed to: expand and strengthen the knowledge already gained; compensate for any lacunae during basic nursing education; apply knowledge to the local context; gain knowledge relevant to national priorities/local health needs; gain knowledge from experiences in other EU countries and make exchange possible; and deal with problems specific to each country concerned, with priorities for public health identified by the EU.

There is considerable disparity between the EU member states both in basic and in post-basic programmes in public health offered to nurses. Each national working group has made suggestions that respond to the current situation in their respective countries.

The optional modules can consist of different courses. For example, one course could focus on specific national health problems and another on problems that are not yet considered a national threat but are foreseeable. In that respect, the countries would not only be better prepared for emerging problems but also be able to take advantage of the experiences of other countries.

Optional modules could be offered in the future as intensive courses for European students who are following the same programme. Collaboration with other organizations that deliver information on European health problems could also be a very good solution for some countries. Teaching methods for the optional studies could be individual project work based, for example, on statistics from different countries that allow for comparisons on certain problems and how these could be handled.

There is a wealth of information for the students to be found on the Internet. The WHO, as well as many other EU and international organizations, delivers useful material.

The most common optional modules in the education programmes that have already been completed have focused on: multicultural problems; transcultural care; project work methods in health education; canvassing for public health to an official body; and individual project work on a certain subject. As the student groups of the European Public Health Programme in the different countries have all been small (6–20 students), not many optional modules have been offered in each country. One way of solving this problem could be to offer the optional modules to student groups from other countries, or to clinical nursing staff who need to improve their knowledge in health education.

Some of the aims or learning outcomes of the programme require placements for practical training. This concerns especially the modules 'Health Promotion and Education' and 'Nursing and Public Health'. These modules concern patient contact and health behavioural changes amongst individuals and families. The idea is that the students should be given the possibility not only to analyse cases or documents, but also to communicate with patients, groups, families and other professionals in the community. Because the time devoted to the placement is very limited – one week only – the placement is more or less based on interviews, observations and document analysis.

For the students who have had possibilities to widen their European perspective on health problems by going abroad for their placement, it has been more a question of being supervised by a health care professional and to discuss the challenges of problems raised. In some cases it has been possible to combine the placement with optional studies, realized as individual project work, in order to have more time to stay abroad. Two countries – Austria and Finland – carried out the placement abroad. The experience gained from this was good, although it can be difficult to continue the placement abroad systematically because such exchange depends on the country's own resources. Also, the students do not always have the opportunity to go abroad because of their personal family situation, or other obstacles such as lack of motivation or lack of work, besides studying.

Reflections

New roles for nurses in public health could be developed – this has already been achieved in some countries – in addition to traditional roles that refer either to individuals and families, or community groups and the society. Such roles could include family nursing as proposed by the WHO (2000b); participation in, or development of, health promotion programmes; searching for causes of disease and participating in public health programmes; involving the community; understanding and working in interdisciplinary teams; developing autonomous practice; and participating in decision making.

The consequences of the project could follow various paths, such as research, education, multiprofessional collaboration, and influence on new developments and networking.

Research is one of the main ways of contributing to the development of new roles, or of providing evidence of the nurses' contribution in the promotion of health for the EU citizens. Therefore, research could focus on: investigation into the public health roles that nurses perform during their usual practice; comparative studies on the roles of nurses in public health in EU countries; and nursing services evaluation on public health activities. Development of education programmes in accordance with, or based on, the guidelines could occur as continuous education, undergraduate or postgraduate programmes. Nurses could change their traditional practice by learning the roles of different professions; practising within a multiprofessional team during their place-

ments; and understanding their new competencies and incorporating them into their everyday practice. The education could, as regards nursing, influence changes in professional titles and job descriptions, and provide competency-based education and regulation. It could influence community empowerment, health and other policies, as well as the status of nursing in society.

Finally, networking between nursing schools on exchanges of students, teachers and placements could provide one of the best ambassadors for the dissemination of the project and the new roles developed through the programme.

Conclusions

The development and implementation of the EU programme presented in this paper takes time and calls for flexibility. The experiences gained through this process could be valuable in promoting the quality and status of nursing education within the EU countries. It is important that the EU working group formed for this project continue to collaborate, in order that all countries may acquire the same advantages from implementing the programme by supporting each other. The enormous amount of knowledge that has been shared and spread during the five-year planning and collaboration phase is very encouraging. European health care and education programmes have been discussed many times, and the understanding of each country's situation has become clearer. Therefore, the possibility of arriving at a more uniform education and practice is better than ever.

The feedback from the students who have completed the programme has been challenging. There is still demand to emphasize the European dimension much more in all countries that have initiated the programme. This shows that the students have understood the idea of the programme, although they are not all interested in, or able to, study abroad. As one of the main reasons for the EU to finance the development of this education programme was to support possibilities for professional mobility and exchange between EU countries, it is important that the European perspective is emphasized throughout the whole programme.

Information on the project: Guidelines are available in English from: ISIS, 1, bis avenue des Tilleuls, le President, BP 30, 74201 Thonon-les-Bains, Cedex, France and in all other EU languages soon.

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