Family Health Nursing – A European Perspective

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Florence Nightingale, while formulating her concept of nursing mentioned, among nurses' tasks, the popularization of personal hygiene and hygiene of surroundings in workers' environments, as well as teaching baby care to mothers [1]. The performance of these tasks required cooperation with the families, and at that time, such a cooperation was postulated by William Rathbone (1819–1902). According to him, to the tasks of a nurse providing home care for a patient also belong assistance to the family in the area of hygiene and health care. In 1859 he wrote: ... it occurred to me to engage (...) nurse, to go into one of the poorest districts of Liverpool and try, in nursing the poor, to relieve suffering and to teach them the rules of health ...' These words are considered as the origin of the 'institution' of a district nurse, which is essentially equivalent to the contemporary concept of a community nurse, or family nurse.

At the beginning of the 20th century, in a completely different social and cultural reality, the Association for Tuberculosis Control in Lvov, which was functioning on the territory of Poland occupied by Russia, employed the first nurse to visit the ill at their homes, the task of whom was: visit families, their lodgings and households, teach, instruct about methods of maintaining hygiene, observance of hygienic principles, and preparing meals. This nurse was concerned with solving the social and material problems of a family, and these were the difficult duties of a family caregiver [2].

The tasks of a nurse are a derivative of the adopted concept of nursing. The best known theories are 1) Florence Nightingale's environmental theory, 2) Virginia Henderson's needs theory, 2) Dorothy Orem's concept of self-care deficit, and the concepts of 3) Colista Roy's 'coping', and 4) Betty Neuman's 'stress'. Zofia Kawczyńska-Butrym, performed a synthetic analysis of the tasks of a family nurse in selected concepts of nursing [3]. In each of these theories, the scope of a nurse's tasks may be indicated which also cover the needs of a family, and not only an individual patient. Kawczyńska-Butrym analyses also the tasks of a family nurse according to the adopted definition of health: from the understanding of health as 'absence of disease', which practically omits the problem of interaction between a nurse and a patient's family, to health perceived as an independent and creative life, also in the presence of disease or disability, where a nurse becomes an adviser, consultant and family assistant.

Currently, the World Health Organization (WHO) considered a family as a special area of health activities, which exerts an essential effect on human health. It was considered that a direct promotion and prophylaxis effect on a family, and in consequence, on its individual members, is the most effective solution from the aspect of permanent improvement of health. However, in the present practice, health care services on the level of the environment are provided based on a traditional medical model – constantly

embedded in the concept of health as an absence of disease or disability.

A change of this model of health care should lead to an increase in the health potential of society, and is the priority of activities of the WHO. According to this approach, a family becomes a type of 'institution', an element of health care, and an entity performing tasks with respect to its members. These are primarily tasks in the area of prophylaxis and health promotion, and in a further perspective, also therapeutic and rehabilitation tasks. In this understanding, family health care may be considered as a component of the public health care system, both from the national and international aspects.

At the end of the last century, the WHO proposed a 'new type' of practicing the occupation of a nurse, which would be a support for local communities. The role of a 'nurse of the new type' consisted in the provision of assistance for individuals, families and communities in coping with disease, regaining health, and enhancing health. According to this concept, both the nurse and the family physician were presented as key elements of primary health care (PHC). Although in Europe there are differences in the way of understanding primary health care, at the same time, it is commonly agreed that in this area medical and nursing services based on narrow specialities are not an adequate solution. On this background, the idea of an international project was born, which is an attempt to more precisely define the role of a family health nurse.

The project, i.e. 'Family Health Nursing in European Communities' (FamNrsE) is financed within the programme 'Life-Long Learning Programme, Education and Culture DG'. The goal of the project is the development of common university education programmes for the implementation in Europe of a nursing specialty: 'Family Health Nursing, FHNs'. The project was covered with patronage by the European WHO Office.

The project 'Family Health Nursing in European Communities' was preceded by two-year pilot studies (2001 – 2003), conducted in Scotland according to the WHO guidelines. The report from these studies established the subsequent steps in the development of nursing in Scotland. Simultaneously, the report showed that two years is too short a period to determine and undertake complex actions which would cover both the education of nurses and the development of a new model of nursing practice. The studies confirmed that the potential of a new approach to nursing practice directed towards care of health of the entire family should continue to be developed and discovered.

At the same time, in many European countries, including Poland, considerable development has taken place in the concept of a 'new type of nurse'; however, under various names: environmental nurse, PHC nurse, family nurse, district nurse, etc. The main goal of the project 'Family Health Nursing in European Communities' is the construction of common university education programmes which would serve the preparation and implementation in Europe of the specialty: 'Family Health Nursing', based on the theoretical essentials and competences of nurses in partner countries. The detailed goals of the project are:

- 1. Development of the definition of 'Family Health Nursing' in partnership countries in order to harmonize the scope of competences of nurses according to the education standards in individual countries.
- 2. Development of modules of education in family health nursing specialty on the levels of licentiate and Master of Arts; pilot implementation and evaluation.
- 3. Defining common standards of education and standards of practical preparation of family health nurses for performing the occupation.
- 4. International exchange of knowledge and experiences concerning occupational competences and scope of tasks of family and environmental nurses in partner countries in order to provide a high level of health care.
- 5. Promotion and intensification of cooperation based on partnership, between decision-makers, academic circles and nurses practicing their occupation on the European level.

The main coordinator of the project is the University of the West of Scotland, responsible for the project's official website: <u>http://www.uws.ac.uk/familyhealthnursing/</u>. Several institutions engaged in the education of nurses from several countries of the European Union have joined the project:

- University of Economics and Innovation, Lublin, Poland;
- Research Institute of the Red Cross, Austria;
- Witten University, Germany;
- Escola Superior de Enfermagem do Porto, Portugal
- University of Medicine and Pharmacy, Craiova, Romania;
- Lucian Blaga University, Sibiu, Romania;
- College of Nursing, Jesenice, Slovenia.

Professional nurses' organizations were also partners cooperating within the project, which joined the project after it had already started:

- Polish Nursing Association, Poland;
- Deutscher Berufsverband für Pflegeberufe, Germany;
- Ordem dos Enfermeiros, Portugal;
- Romanian Nursing Association, Romania;
- University of Rome, Italy;
- College of Community Nursing, Portugal;
- Family Nurse Project, Portugal;
- University of Alicante, Spain.

In the designing activities, mainly in the role of observers, there also participated representatives of the Ministries of Health of Poland, Slovenia, Portugal, and Spain. In this role were also representatives from Armenia: State Medical College in Erebounia and the Armenian Nursing Association.

At the beginning of July 2013, at the University of Economics and Innovation in Lublin there was held the fourth International Scientific-Educational Conference entitled: 'Family Health Nursing – European Perspective', which was accompanied by designing study workshops. In the meeting there participated 24 representatives from partner countries (Scotland, Portugal, Poland, Germany, Austria, Romania, Slovenia) and from Armenia, Ukraine and Belorus. Workshops with the participation of partners were an important stage, summing-up the 'halfway point' of designing work and transition to the next stage devoted to the development of modules of education.

The conference summing-up the project was held in the beginning of September 2013 at the University in Porto, Salão Nobre of Instituto Ciências Biomédicas Abel Salazar. The output of the project in the form of common university education programmes and implementation in Europe of the specialty 'Family Health Nursing' will be popularized both in partner countries and the remaining countries of Europe.

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