

# Nursing

Knowledge for Your Benefit

Policy of the Icelandic Nurses' Association  
on Nursing and Health Care  
2011-2020

## About this Policy

The present Policy of the Icelandic Nurses' Association (INA) was developed by a committee set up to review the INA's previous Policy on Nursing and Health Care of 1997. For the purposes of the review, the committee took into consideration various health service laws and regulations; reports and publications from the Ministry of Health and the Directorate of Health; the policies of nurses' associations worldwide, the International Council of Nurses, the European Federation of Nursing and the Nordic Nurses' Federation; the resolutions of INA Nursing Congresses; research and articles in domestic and foreign scientific journals and a range of other data. Focus group meetings were held with nurse representatives to cover all policy areas. A draft form of the policy was presented at the INA's Annual General Meeting in May 2010 and subsequently at the Nursing Congress in November 2010 where nurses were given the opportunity to present their comments and proposals to the review committee. The INA's policy in its current form was approved by the Association's Annual General Meeting on 19 May 2011.

The Policy begins with a discussion of the philosophy of nursing, the role of the nurse and the INA's vision before proceeding to cover the following policy areas:

1. Health and health services.
2. Nursing and public health.
3. Education, knowledge, professional development and the development of nursing.
4. Leadership, responsibility and autonomy.
5. Quality and safety.
6. Nursing Informatics.

Each section relates the respective policy area to nursing and discusses the current state of affairs. The Association's policy for each area is presented together with measures for its implementation. The INA Board's programme of events, which is presented at the Annual General Meeting, shall provide details of the policy areas which the Board proposes to focus on over the coming year as well as measurable objectives for these activities.

The **values** of the Icelandic Nurses' Association are a foundation for the development and empowerment of nursing and serve to promote improvements in health care and the wellbeing of its users. The INA's policy formulation on nursing and health care takes aim of the philosophy which constitutes the foundation of its activities and is reflected in its values of **knowledge, competence and care**.

**Knowledge** stands for research and professionalism in nursing.  
**Competence** stands for training and the application of professional knowledge.  
**Care** stands for respect, unity and trust.

## 1. The Philosophy of Nursing and Role of Nurses

Nurses are professionally responsible for nursing services in Iceland. They are the largest health profession in the country and nursing is one of the main pillars of the health service. Therefore, the quality of nursing has a tremendous impact on the users of the health care system, their health and wellbeing.

### Philosophy

The philosophy of the Icelandic Nurses' Association is based on the definition of nursing as reviewed by the International Council of Nurses 2010.

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles (ICN 2010).

The core essence of nursing is concern for its clients and respect for their lives, freedom and sanctity. The clients of nurses are either healthy or affected by illnesses, of all ages and from all walks of life.

Nursing comprises care, treatment, observation, education, counselling and support. Nursing entails a holistic understanding of human beings and their ability to lead meaningful lives and is based on the individual needs, requirements and expectations of its clients. Its focus is on assisting individuals and their families in activities that contribute to wellbeing and improved health while encouraging their active participation in decisions concerning the treatment they receive as well as respecting their rights. Nurses' duties are towards individuals in need of care and their families. Interaction between nurses and clients are the central pivot of nursing. Effective nursing is based on diverse knowledge that takes into account the fact that each individual is shaped by the interplay of complex biological, psychological and social factors. Nursing is thus both a person-centred and holistic approach.

### The role of nurses

Nurses are professionally, ethically and legally responsible for their work conduct and bound by the ethical code of the Icelandic Nurses' Association. Continuity of care and the evaluation of its outcomes are best ensured by professional practice and systematic record keeping.

Nurses play key roles at all levels of the health system. Their roles are diverse, with the most important being the nursing process, health protection, health promotion and preventive measures, education and counselling, nursing the sick, rehabilitation, end of life care, teaching and management. Nurses analyse and prioritise their clients' need for care, plan and implement treatment and evaluate treatment outcomes. All this requires specialised knowledge, skill and experience.

Nurses maintain their professional knowledge and skills and regularly review their professional development. They embrace innovation, adapt to changes within the health service, focus on improving their specializations and create new opportunities where their knowledge becomes beneficial to the community. Together with nurse specialists, they help advance nursing through research and the implementation of evidence-based knowledge in clinical practice.

Good cooperation between health care practitioners is the key to an effective health service. Nurses have a comprehensive overview of the needs of their clients, which in turn leads to a harmonisation of services and thus impacts the individuals' ability to address their own health issues. Services to chronically ill patients and their families demand collaboration and consultation between personnel and institutions. Nurses work in health care teams where all members contribute their expert knowledge, take responsibility and endeavour to achieve the desired results.

## 2. Vision

In order to enable nurses and the health service to face the challenges that lie ahead concerning health and social factors, it is important to gain perspective of what may be expected in the near future and react accordingly.

### ***An ageing nation***

The average life expectancy of Icelanders has been growing steadily in recent decades. Demographic projections anticipate a proportionate increase in the elderly population in Iceland in years to come. The elderly are the social group in greatest need of assistance and support from the health care system. Their health problems are often complex and chronic illnesses are the principal reason for health service requirements among the elderly. An ageing population affects both the need for social care and nursing homes as well as the services of primary health care and acute hospitals.

### ***Health service prioritization***

In the near future there will be an increased emphasis on prioritization within the health service. Recent years have seen a decrease in the number of hospital beds and today surgical procedures, which previously required a number of days in hospital, are carried out in day units or surgeries outside the hospitals. This trend will continue. The future characteristics of the Icelandic health services will be marked by greater technological opportunities and increased output over less time. It is safe to assume that health services will, before long, increasingly be offered in the homes of individuals or in local communities, such as in primary health care. Hospitals will focus on acute health services and complex nursing and medical treatments. The scope of home care will widen and cover a range of tasks, such as surveillance and post-hospital care, and services to the chronically ill, aged and dying. Primary health care will step up its focus on the systematic prevention of lifestyle-related health problems. People will continue to require all kinds of assistance and support even though this is not provided by institutions. Health services must be flexible and compatible with other community- and social services and aimed at meeting the needs of the individual. These changes are likely to demand increased family participation in the care and treatment of sick relatives, which until now has been the responsibility of health care practitioners. It is important to view the family as part of the health service team while also taking care that this participation is not putting excessive strain on the family. There appears to be a growing interest in complimentary therapy among Icelanders and a large proportion of the population use such services to supplement traditional treatments. This trend is also likely to continue.

### ***Improved access to information***

Easy access to information, for instance on the Internet, means that Icelanders have generally become well-informed about health and diseases and are increasingly demanding active participation in the treatment of their health problems. As a result, health care practitioners need to be ready to provide information, education, counselling and support to help individuals reach informed decisions concerning their health. Nursing Informatics will become a powerful tool in the future to improve the flow of information and communication between institutions and health care practitioners.

### ***New health problems***

Modern health problems are multifarious and complex. They are often the result of the interplay of diverse psychological and biological factors. Such chronic problems require the collaboration and consultation of professionals and institutions. Today, we have an abundance of evidence-based knowledge of ways in which individuals can maintain and enhance their own health and prevent the most common diseases that harass the inhabitants of the Western World, i.e. cardiovascular diseases, diabetes and cancer. Long-term research has shown increased average body weight among the population. The International Council of Nursing has drawn attention to the impact and consequences of lifestyle-related diseases. In the year 2004 some 17 million died from cardiovascular diseases, around 180 million are believed to have diabetes and a total of 12 million are expected to die of cancer in 2030. A sizable portion of these diseases may be prevented by lifestyle improvements, healthier diet, increased exercise and reduced consumption of alcohol and tobacco.

Growing age, increasing prioritization, shifting service emphases, improved access to information and new types of health problems are the challenges with which the Icelandic population will be faced in coming years.

### 3. Policy of the Icelandic Nurses' Association – Policy Areas

#### 3.1 Health and health care

Good health care is one of the prerequisites for the good health of individuals. The ultimate goal of the health service is to improve the health of its users. The INA believes that good health care is safe, effective, adequately timed and equally accessible to all. It is based on the knowledge, competence and care of its practitioners and aimed at meeting the needs of its users.

The philosophy of health care in Iceland is founded on the principles of mutual help and public assistance. The organisation and implementation of health care emphasises that all Icelanders should have the right to the best available health care at any given time. One of the principal tasks of health authorities is, therefore, to find ways to prevent inequality, which is always a danger in times of economic hardship. In times of growing health care needs there are also increasing demands for curbing health sector expenditure and spending funds in the most cost-effective ways possible. In order for this to materialise it is important that individuals receive the service they need at the appropriate service levels.

Icelanders spend a comparable proportion of their gross national product on health matters as other western nations. The use of public funds for health care in Iceland has been prioritised to the effect of primarily financing the treatment of diseases in health care institutions instead of focusing on prevention. In recent decades, hospitals have become an important feature of the Icelandic health service and this fact is not likely to change in the near future. More complex treatments and shorter hospital stays demand increased specialisation of nurses and the strengthening of primary health care and home nursing.

The current economic climate means that health system prioritisation has become more important than ever. In times of recession there is always a certain tendency for authorities to give precedence to acute health services and life-threatening diseases. In the long run, however, it will be more prudent to give added weight to health promotion and preventive measures in health care. Budget allocations need to focus more on basic services. Health protection, preventive measures, health promotion, home nursing and social care can thus become true pillars of health care in Iceland.

Nurses are active participants in policy formulation and changes within the health sector. At all stages of decision making regarding health care the voices of nurses are heard, be it in parliament and the ministries, among local authorities, in health care institutions or in the community.

In **June 2009** the INA Board presented the Association's emphases and proposals concerning health system cutbacks and forwarded them to the Minister of Health. INA's emphases included:

- **Safety and quality.** Decisions on cutbacks must consider the interests of the population as a whole. The quality and safety of health services must be secured for all. Knowledge and competence are key factors in health care and therefore it is important to prevent a mass exodus of health care practitioners to work in other countries.
- **Prioritisation.** Health authorities, with the assistance of health care practitioners, must define the extent to which treatment should be continued under certain predefined circumstances. Patients, their families and the general public must be made aware that any treatment limitations apply equally to all in similar positions, irrespective of finances or available staffing at any given time. Health authorities must assume the lead in discussions on the ethics of limiting treatment.
- **Review of the health system and payment for services.** In light of proposed health sector cutbacks it is imperative that the Ministry of Health assumes a leading role in a comprehensive review of the health system by providing clear lines as to what should be done, where it should be done, and what is to be financed by public funding.
- **Mergers of institutions.** Further mergers of health service institutions must take place. Preparations of mergers must take into consideration communication and travel distances. A clear definition must be given of what constitutes basic services in local communities and then of the number and location of hospitals. All decisions must be taken with the safety of the population at heart.

## 3.2 Nursing and public health

The philosophy of nursing seeks to establish a holistic view of the individual in a community of others and to encourage individuals to take responsibility for their own health and lifestyles. Public health covers the health and wellbeing of a nation or specific social groups. Public health aims to promote health and prevent health problems. Its concerns are the improvement of health, wellbeing and ways of life through general health protection, health promotion and social responsibility. Health protection has, traditionally, been the principal task of nurses employed in primary health care. This includes prenatal and infant care, school nursing and home care. The results of these services are undisputed.

Nurses are employed at all levels of health care and they have diverse education and experiences. In collaboration with other health care practitioners, they coordinate services that aim to promote health and wellbeing among the nation. Nurses are in an excellent position to pave the way for increased health promotion, disease prevention and health protection. They are well-equipped to take on new tasks to promote health and wellbeing and their comprehensive knowledge of the health system is useful for guiding clients towards the services that best suit their needs.

Hospital services are growing in complexity while, at the same time, hospital stays are being shortened. This requires increased specialist knowledge among nurses, who are active participators in the development of hospital services. It is imperative that this specialist knowledge is put to use in policy formulation and the implementation of innovations in hospital settings.

Icelanders are increasingly turning to complimentary therapies to supplement more traditional health care services. Nurses provide complimentary therapy and play a leading role in research in this area. It is important for complimentary therapy to be founded on evidence-based knowledge that makes room for standards and benchmarks for such treatment.

### Policy of the Icelandic Nurses' Association

The INA emphasises that:

- the operation of health services should, largely, be the responsibility of public authorities and that a range of service options should be available.
- increased funds should be allocated to strengthen primary health care and home care in all parts of the country.
- the role of nurses in primary health care should be reinforced in order to encourage, for instance, public health through health protection, prevention, health promotion and home care.
- nurses participate in the development of primary health care and hospital services and provide their specialist knowledge in this area.
- health service users should be given the opportunity of complimentary therapy grounded on evidence-based knowledge and provided by nurses who have specialised in the area in question.

### Measures

1. The INA will establish a steering group to work in collaboration with health authorities on proposals for systematic innovation and development in primary health care and home care.
2. The INA will participate in clarifying the presentation of the role and services of nurses in primary health care and in the community and encourage the public to make use of the resources available for health protection, disease prevention and health promotion.
3. The INA will support the acquisition of specialised knowledge and expertise in primary health care in collaboration with the faculties of nursing at the universities in Iceland.
4. The INA will support nurses embarking on research in the fields of health promotion, disease prevention and complimentary therapies.

5. The INA will offer the specialised knowledge of nurses to the authorities in order to find new ways for health system improvements as well as reducing costs and wastage by working along the principles of safety, quality and efficiency.
6. The INA will participate actively in international cooperation projects with the principal aim of influencing the drafting and implementation of EU regulations on nursing and health care.

### 3.3 Education, professional development and the development of nursing

Studies towards a BS degree in nursing prepare students for providing nursing care to individuals, groups and communities. The study programme is both theoretical and clinical and students receive training in professional work methods. It reflects the most current knowledge at any given time and focuses on the nursing needs of individuals as well as the community as a whole. After completing the BS degree, students have the option of further studies at master's or doctorate levels to obtain specialist qualifications in nursing.

Nursing is a discipline which is based on scientific knowledge created through research into nursing and related disciplines; ethical knowledge, which is a prerequisite to high-quality effective nursing; and evidence-based knowledge acquired through working with patients and their families.

The education of nurses forms the basis for quality and safety in health care. The integration of theoretical knowledge, skill and experience is a key factor in nursing. Varying public needs, new attitudes and technological advances within the health service demand an ongoing development of nursing and, as a result, call for good cooperation between health care and educational establishments. Health care services are expected to base their operations on evidence-based knowledge. Research carried out by nurses in health care settings must be used to strengthen and improve health care services.

The professional development of nurses is important to improving the quality and safety of the service. Professional development entails increased knowledge, training and competence for nurses. All nurses are personally responsible for their own professional development. More opportunities need to be created for lifelong learning, training and recognition of specialisation and the specialist knowledge of nurses in order to secure the professional development necessary for career advancement.

Recent health care developments have led to increased specialisation, which nurses have obtained, for instance, through lifelong learning programmes; specialised knowledge, which has been provided through further education courses; and expertise which has been acquired through studies at master's and doctorate levels.

Nurses have an impact on trends and developments in health care by encouraging innovation and participating in innovatory initiatives. They create new opportunities and knowledge for the benefit of society as a whole.

#### Policy of the Icelandic Nurses' Association

The INA emphasises that:

- university education in nursing should meet international criteria concerning the structuring and content of the theoretical and practical components of nursing studies.
- clinical studies should be an important part of both undergraduate and postgraduate study programmes in nursing.
- nursing studies should enhance the knowledge and clinical competence of nurses in order to meet the needs of individuals and the community, focus on all levels of health care and represent the most current knowledge available at any given time.
- postgraduate nursing studies should be at diploma, master's or doctorate levels, cf. the published criteria of the Ministry of Education, Science and Culture on higher education and degrees.
- the education of nurse specialists should be at master's or doctorate levels and such degrees, together with clinical work experience, should be prerequisites for specialist nursing licences.
- more specialist nursing positions should be created in health care institutions.
- nursing research should be supported.
- sufficient funding and management support needs to be secured for the professional advancement and salary systems for nurses at all levels of health care.

## Measures

1. The INA will participate in revising the content and organisation of undergraduate and postgraduate nursing studies in line with health service developments and the needs of the community.
2. The INA will carry out regular surveys of the educational needs of nurses and the value of the studies to nurses at work.
3. The INA will collaborate with educational establishments to create more lifelong learning and higher education options for nurses.
4. The INA will encourage professional advancement in health care settings.
5. The INA will support nurses in maintaining their knowledge and skills, for instance through the availability of study grants and courses.
6. The INA will promote lifelong learning for nurses by emphasising salary rewards for further and higher education in its collective salary agreements.
7. The INA will support nursing research through grant allocations from the B-division of its science fund.

### 3.4 Leadership, responsibility and autonomy

Nurses are the representatives of nursing services in Iceland, they are the senior managers of these services and legally responsible for the conduct of their work. Such leadership is necessary for the success of health care services. Nurses have an extensive knowledge of the health and wellbeing of individuals and should take part in the formulation of health care policies and the development of nursing.

The socialization of nurses begins immediately when they embark on their course of study. Emphasis must be placed on initiative and independent thinking and approaches to work, critical thought and exchanges of views, individualism and professional consciousness.

Leaders in nursing contribute to the advancement of professionalism in their field. In addition to their knowledge of nursing, they have leadership qualities, encourage development and abide by the ethical code of nursing. Leaders in nursing have a comprehensive overview of the multifaceted operations of healthcare institutions and the roles played by different groups of healthcare personnel. They promote effective communication and sound working environments.

Nurse specialists have an important leadership function when it comes to managing development and innovation in their specialist fields and they lead teams of professional colleagues. They have the clinical expertise to assess and provide care for their clients and their families, share their knowledge and give advice to their colleagues and health science students, and encourage the acquisition of knowledge and development of critical professional thought.

Chief Nursing Executive set the tone for emphases and procedures in nursing and activate their staff in providing quality care. It is important that nurse managers maintain good relations with their nursing staff and that there is a general consensus on quality and professionalism in nursing. Managers of Nursing and other unit managers play key roles in ensuring that the voices of nurses in different specialist fields are heard and that their views are considered in the process of planning and implementing the services. Their function is to support the independence and professionalism of their staff while at the same time focusing on the best interests of the patients.

The INA initiates a range of health care improvements and seeks collaboration with the authorities as appropriate. The INA comments on parliamentary bills, parliamentary resolutions and other strategic proposals concerning health service issues and nursing in order to advance the views of nursing and have an impact on public policy formulation.

#### Policy of the Icelandic Nurses' Association

The INA emphasises that:

- nursing leadership and autonomy in all matters pertaining to the provision of care, the development of nursing and its organisation are prerequisites for the advancement of nursing and quality health care.
- nurses should be active participants in all dialogue and decision-making processes concerning health and health care.
- the knowledge, experience and views of nurses should be put to use for purposes of policy formulation and changes in health care.
- the role and empowerment of nurse specialists should be strengthened.
- nurses should show independence and initiative in making use of the opportunities created by health service changes.

## Measures

1. The INA will draw up plans for the Association to participate with health authorities in formulating health care policies and initiate discussions on health care services.
2. The INA will comment on parliamentary resolutions as well as on the passing of laws and regulations concerning health care and nursing.
3. The INA will present the views of nurses on health and health care issues to the media and to politicians, health authorities, health care personnel and the general public.
4. The INA will support and advance the leadership role of nurses.
5. The INA will establish a team of nurse specialists who are ready to act as advisors on behalf of the Association.

### 3.5 Quality and safety

Increased education and improved staffing levels for nurses, work experience, practice environment and good safety culture in institutions are all conducive to enhancing quality and safety in health care. Work on quality measures inside and outside health care institutions involves securing the safety of patients. Nurses are the advocates of all aspects of patient safety and quality in health care. They participate in making improvements designed to increase the safety of service users, provide better service, achieve better treatment results and reduce the occurrence of complications. More systematic filing and processing of data are among measures taken to enhance safety and service improvements.

A regulation on the definition of indicators to be used to measure quality and results and support health service improvements was issued in 2008. The quality and performance indicators comprise six aspects of service: safe, timely, efficient, patient-centred and effective service which is also equitable. The INA, in collaboration with nurses in the other Nordic countries, has established a set of quality indicators for nursing. The quality indicators are pressure ulcers, patient falls, pain, nourishment and nutrition, and staffing levels in nursing.

The lack of health care professionals is an international problem which impacts patient safety and the quality of service. Higher stress levels, more acutely ill patients and shorter hospitalisation periods demand more nurses at work. This must be taken into account when new quality indicators on staffing and new patient classification schemes are introduced and implemented.

A healthy and supportive practice environment is a key factor in securing the safety of patients and health care personnel. The practice environment of nurses covers staffing, workload, working hours, the workplace, possibilities for professional development in the workplace, management, collaboration and communication with patients and colleagues.

Employers are legally responsible for ensuring that conditions in the workplace are not detrimental to the health of those who work there. They are also obliged to make sure that instruments and nursing supplies meet minimum safety requirements.

#### Policy of the Icelandic Nurses' Association

The INA emphasises that:

- quality indicators to measure the safety and outcomes of treatment and care should be implemented.
- a healthy and supportive professional environment is the key to securing quality, safety and success in health care and the safety of health care personnel.
- the staffing of nurses should be proportionate to the nursing needs of patients and acceptable workloads and that recognized standards should be applied for assessing these factors.

#### Measures

1. The INA will collaborate with the Directorate of Health and CEOs of health care institutions to establish criteria for staffing levels in nursing which are based on measurements using recognised gauges for nursing intensity and nurse workloads.
2. The INA will empower and encourage nurses to be the advocates and surveillance inspectors in all aspects concerning the safety of patients and health service personnel and that they record incidents, work on improvements and notify official controlling authorities as appropriate.
3. The INA will work on the implementation of quality indicators for nursing to cover aspects such as pressure ulcers, patient falls, pain, nourishment and nutrition, and staffing.
4. The INA will encourage nurse managers to take care of their staff, to empower them and encourage their active participation and responsibility concerning changes and improvements in the workplace as well as procedures intended to ensure the safety of patients and health care personnel.

### 3.6 Nursing Informatics

The use of information technology in nursing intertwines nursing information and knowledge with information and communication technology that can be used to promote public health.

*Electronic patient records* form the basis for diagnosis and treatment as well as for communication within and between different parts of the health care system. Such records give added possibilities for providing continuous, holistic, safe and cost-effective health care and are, therefore, pivotal to all nursing practice. Systematic dissemination of information between nurses and other health service colleagues improves the continuity of care. Nurses are responsible for maintaining records that accurately depict the condition of their clients, provide an overview and describe the treatment and care they receive. This is the best way of ensuring the validity and reliability of health service data and patient safety.

*Electronic health services (eHealth)* utilises the latest information and communication technology to meet the needs of service users and health service personnel, as well as for purposes of management and policy formulation. Electronic health services facilitate access to the required information and services. Nurses should take the lead when it comes to implementing and developing electronic health services that support efficiency, quality and safety with a focus on the needs of the individual.

Nurses emphasise that electronic health services should consider the basic principles of health and welfare. They wish to be front-line developers of an information and communication technology that is practical for the collection, recording, storage, handling and dissemination of nursing data and promotes health among the nation.

#### Policy of the Icelandic Nurses' Association

The INA emphasises that:

- nurses take an active part in the implementation of electronic patient records and adopt a unified system of electronic nursing records based on recognized classification standards.
- international IT standards should be used for recording, storing and disseminating data.
- electronic data should be utilised for the collection, recording, storing, handling and dissemination of nursing data and should support the clinical decisions of nurses.
- electronic data should be utilized to define quality indicators and for the assessment of the quality, cost and benefit of the care provided; similarly, electronic data and information on nursing intensity and staffing should be accessible at all times.
- hardware and software should be up-to-date and meet current requirements at all times.

#### Measures

1. The INA will call for the use of uniform electronic patient records that meet the requirements of health authorities wherever care is provided.
2. The INA will seek to ensure that access to information in electronic patient records is easy and adequate for nurses, and also that software is user-friendly and supports clinical procedures.
3. The INA will seek to ensure that the storing of coded data and internal data connections in electronic systems should meet the needs of nursing and that such data should be retrievable for further use.
4. The INA will seek to ensure that electronic access to clinical instructions, procedures, quality documents and clinical research databases is available to nurses.
5. The INA will encourage nurses to adopt and embrace innovations in the area of information and communication technology and to offer electronic health services to their clients.

