

Guest editorial

Capacity building within primary healthcare nursing: a current European challenge

Adelais Markaki APRN BC

PhD Candidate, Clinic of Social and Family Medicine, School of Medicine, University of Crete, Greece and Clinical Specialist in Community Health Nursing, Regional Health and Welfare System of Crete, Greece

Christos Lionis MD PhD

Associate Professor, Clinic of Social and Family Medicine, School of Medicine, University of Crete, Greece

There is a growing interest and an ongoing debate on primary healthcare (PHC) and professional development in contemporary Europe that struggles to eliminate health inequalities. Capacity building is defined as promoting an environment that increases the potential of individuals, organisations and communities to receive and possess knowledge and skills as well as to become qualified in planning, developing, implementing and sustaining health-related activities according to changing or emerging needs.^{1,2} Research capacity that develops skills and structures to facilitate research can be viewed as a critical component of overall capacity building within a profession. Hence, the link between research capacity building and capacity building in PHC nursing practice presents an issue of the utmost importance for the discipline of nursing. Disseminating knowledge and applying experiences gained from countries with well-established, advanced practice nursing in PHC to other countries, such as Greece, where PHC nursing is still seeking recognition, poses a current European challenge.

Throughout Europe, integration of services along the continuum of care, and interdisciplinary collaboration remain two key priorities of research and practice in PHC nursing.^{3–6} Moreover, formulation and implementation of a national plan for assessing workforce needs as well as the presence of any constraints in the scope of nursing practice are prominent features of advanced nursing practice.⁷ Within countries where nursing is still struggling to be considered an equal partner, advanced nursing practice and research are both lagging behind. In Greece, systematic efforts to assess PHC nursing staff needs have received limited attention,⁸ and as of today, there is no national plan to address the severe shortage of specialised nursing staff in PHC.⁹ There are also several constraints in the scope of community health nursing practice that merit special consideration.^{10,11} One of the major hurdles for rural nurses is the restricted, task-oriented framework.

Results from a study in Crete indicate that resistance to organisational change and innovation is related to how 'restricted' or 'expanded' a PHC nurse views his or her role to be.⁸ This finding is in agreement with a UK study which showed that receptivity to clinical nurse specialists' ideas is dependent on what community nurses view as their own role.¹² Another constraint is that educational preparation in Crete has been shown to have less of an effect in producing practice role variations and determining professional needs when compared to other countries.⁸ This finding lends support to the argument that Greek PHC nurses lack the specialised education and training to adequately function in the community setting.^{9,13}

The link between research capacity building and PHC nursing capacity building is further illustrated by common obstacles and hurdles shared by both. In keeping with findings from the scoping report on nursing research in Europe,¹⁴ inadequate funding and 'poor' capacity of PHC staff to undertake the required research and development are two of the major obstacles in building capacity.^{15–17} Without sufficient funding, there is no infrastructure from which to support and deliver nursing research or advanced nursing practice. Hence, aspiring nurse-researchers and nurse-clinicians focus on inward-looking, small studies and short-term projects that are easily achievable.¹⁸ Similarly, 'poor' research capacity has been attributed to heavy workloads, staff shortages, lack of required research writing skills, the belief that research is more of a luxury than a necessity, and competition between academic institutions and clinical practice settings.^{15,16,19} These hindering factors affect European nursing in different ways, depending on the nursing research and practice traditions within an individual country.²⁰

In response to the above challenges, the two-tier system, proposed by Smith,²⁰ could be adapted to include PHC research and practice capacity building,

distinguishing European countries that are at an earlier stage of PHC nursing development from others that are wealthier or are at a more advanced stage. Countries where nursing is considered an important partner of the national healthcare system, including the UK, Sweden, Finland and the Netherlands, could be instrumental in creating partnerships with less-privileged countries, to develop the required critical mass of nurse experts and the cultural change needed for capacity building in PHC. The EU project 'Development of a Continuous Professional Educational Programme for Nurses in Public Health' is one such example of building capacity in public health nursing and demonstrating nurses' contribution to the public's health.²¹ This is also the aim of the 7th Framework Programme of the EU, and particularly of the call for 'Unlocking and developing the research potential of research entities established in the EU's convergence regions and outermost regions'.²²

Investment in research networks to develop an evidence-based culture in primary care, a priority for the UK since 1998,¹⁵ and Australia since 2000,²³ provides another golden opportunity for nursing staff serving in countries with limited resources and capacity in nursing. Although research is still scarce, there is some evidence that nursing staff participating in research networks greatly benefit, even though they appear to be lagging behind their physician counterparts.²³ An example of an interdisciplinary practice-based research network is the one established in 2001 by the International Federation of Primary Care Research Networks,²⁴ aiming to support research for the benefit of patients by building capacity, taking initiatives in policy and advocacy and doing collaborative research. Although the network still consists mostly of general practitioners, it is imperative that a critical mass of young, technology-savvy nurses, midwives and health visitors becomes motivated to join in and contribute. A clear prerequisite for this to occur is the employment of mentors who will serve as role models and navigators in uncharted waters. To this end, the Workgroup of European Nurse Researchers²⁵ is developing valuable partnerships with governmental agencies and professional nursing organisations, sharing experience and expertise in the field of PHC nursing.

Although capacity-building strategies differ according to local, cultural, political and professional contexts, the main choice is between an 'inclusive' and 'exclusive' approach.²⁶ Regardless of the approach chosen, securing the required adaptability for all PHC staff in clinical, administrative and academic settings to freely move along a career trajectory that allows for continuous growth and change continues to be the ultimate challenge to all parties involved. Towards that end, recent policy documents formulated by the UK Clinical Research Collaboration (UKCRC) Workforce Careers Nursing Group,²⁷ and recommendations for

nurses in the UK on how to develop a 'bench-to-bedside' approach towards applied research,²⁸ provide essential leadership to other European countries with similar concerns. How those recommendations, developed in privileged European countries, could be adopted by countries in different geographical, cultural and political contexts is still questionable, highlighting the need for a stepwise model with clear guidance to countries where capacity and resources in nursing are lacking.

The most important step in building research capacity from within is to realise the potential of relevant research to transform practice by transforming the way nurses and midwives think and understand situations.²⁹ In that respect, the development of research and practice networks throughout all regional health systems in Greece would be a step towards successful primary healthcare reform. Such networks would facilitate the widespread use of culturally adapted, validated tools,^{8,11} allowing for baseline data collection and development of a national data bank, a daunting task assigned to the recently formed Hellenic Regulatory Body of Nurses. Upon completion, it could provide valuable insight to the real professional status and needs of all PHC personnel, in order to set up coherent and effective capacity building.

At a time when other disciplines are taking steps to close the gap between research, policy and practice, as well as widening their scope of activity,¹⁷ it is imperative that primary healthcare nurses, professional organisations and health authorities in Europe come to a consensus, proposing a paradigm shift in the content of capacity building in PHC. Acknowledging the link between research capacity building, and developing a strong, autonomous body of capable primary healthcare nurses will be instrumental in achieving discipline recognition throughout Europe.

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ADDRESS FOR CORRESPONDENCE

Adelais Markaki, Collaborating Scientist, Clinic of Social and Family Medicine, School of Medicine, University of Crete, PO Box 2208, 71003, Heraklion, Greece. Tel: +30-2810-394671; fax: +30-2810-394606; email: adamaraki@yahoo.com