Critical Care Nursing, a WorldWide Perspective

G. WILLIAMS

Introduction

In October 2001, at the 8th World Congress of Intensive Care and Critical Care Medicine in Sydney, Australia, a meeting was held in one of the conference halls. Present were about 70 critical care nurses from 15 countries who had gathered to discuss the benefits of an international network of critical care nurses either through their representative national associations or as individuals.

Presentations followed from members of the European Federation of Critical Care Nursing Associations (EfCCNa), an organisation that had formed two years earlier. A presentation from Belle Rogado of the Philippines summarised the developments of critical care nursing in Asia. Ged Williams from Australia presented the results of his survey of critical care nursing organisations and their members from 24 different countries [1]. Others in the audience expressed their own perspectives on critical care nursing in many different countries around the world.

By the end of the four-hour meeting, a draft constitution had been created and approved by the group (Table 1). The World Federation of Critical Care Nurses (WFCCN) was born! Eight national associations of critical care nurses had agreed to join together to establish the first Council of the WFCCN and had provided representatives to manage the Council. In addition, four of the new council members were nominated and elected by the audience to form the inaugural core administration – Chair, Secretary, Treasurer, and Trade Liaison.

Background

Critical care nursing is most strongly associated with intensive care nursing. Intensive care units (ICUs) emerged in North America and parts of Europe in the late 1950s and were most commonly associated with ventilation of

Table 1. WFCCN Constitution: Philosophy, Purpose, and Objectives (only)**Philosophy:**

The philosophy of the WFCCN is to assist critical care nursing associations and nurses regardless of age, gender, nation, colour, religious beliefs, or social background in the pursuit of the objectives of the WFCCN.

Purpose:

The purpose of the WFCCN is to link critical care nursing associations with nurses throughout the world, to strengthen the influence and contribution of critical care nurses to health care globally, and to be a collective voice and advocate for critical care nurses and patients at an international level.

Objectives:

- (1) To represent critical care nurses and critical care nursing at an international level.
- (2) To improve the standard of care provided to critically ill patients and their families throughout the countries of the world.
- (3) To advance the art and science of critical care nursing in all countries throughout the world.
- (4) To promote cooperation, collaboration, and support for critical care nursing organisations, and individuals.
- (5) To improve the recognition given to critical care nursing throughout the world.
- (6) To maintain and improve effective cooperation between all health professionals, institutions, agencies, and charities who have a professional interest in the care of critically ill patients.
- (7) To establish standards for education, practice, and management of critical care nursing.
- (8) To foster and support research initiatives that advance critical care nursing and patient/family care.
- (9) To encourage and enhance education programs in critical care nursing throughout the world.
- (10) To provide conferences, written information, and continuing education for critical care nurses.

patients suffering from the poliomyelitis epidemics of the era [2]. Further developments in medicine and nursing led to the establishment of ICUs in many parts of the affluent world and further expansion of these units led to improvements in the knowledge and ability to save more lives. By the late 1960s, intensive care medicine was beginning to define itself as a new specialty and some doctors decided to build a career in this very dynamic and exciting field. Of course, medical intervention is impossible without nursing support, and so nurses wishing to specialise in this field emerged concurrently [2].

In 1972, the first World Congress of Intensive Care and Critical Care Medicine was held in London, and whilst the focus was on the sharing of new practices and treatments among intensive care doctors, the participants at the conference numbered many nurses from many parts of the world also. Future

meetings of the World Congress of Intensive Care and Critical Care Medicine would see collectives of critical care nurses meet to discuss a possible world-wide organisation of critical care nurses that would take almost two decades to be realised (Table 2).

With further developments, intensive care itself became more sophisticated and with each new development came sub-specialties of intensive care. Sub-specialties of intensive care are more broadly defined collectively as 'critical care' and may include coronary care, cardiothoracic ICU, neuroscience, medical ICU, surgical ICU, paediatric, neonatal, transplantation, recovery, and trauma to name a few.

Different forms of collaboration have emerged among critical care nurses in different countries. Critical care nursing special interest groups have either formed within generic national nursing associations or they have emerged as associate members of intensive care medicine societies. In many countries such models still exist. As they develop professionally, some critical care nursing groups have formed their own unique entity as critical care nursing asso-

Table 2. History of formal International Dialogue aimed at forming stronger international networks between critical care nurses and CCNOs

1985	4th World Congress - Tel Aviv – Australian Critical Care Nurses first ask to be admitted to WFSICCM
1989	5th World Congress - Kyoto - Australia and USA applications accepted by WFSICCM. Sarah Sandford (USA) and Lorraine Ferguson (Australia) ask for nursing position on the board
1993	6th World Congress - Madrid - CCNOs from Australia, USA, Britain and Spain formally admitted to WFSICCM and Nursing member appointed to board (Belinda Atkinson, England). Madrid Declaration on the Preparation of Critical Care Nurses announced and signed. CCNOs pledge to improve international communication, collaboration, and expansion
1994	AACN Global Connections Conference, Toronto – CCNOs meet during this conference, share visions and pledge to improve international communication, collaboration, and expansion
1997	7th World Congress – Ottawa – CCNOs meet during this conference, share visions, and pledge to improve international communication, collaboration, and expansion
2000	BACCN - Global Connections Conference, Edinburgh – Ged Williams presents results of the world CCNOs survey and outlines possibilities for a World Federation of Critical Care Nursing Organisations

AACN American Association of Critical Care Nurses, BACCN British Association of Critical Care Nurses, CCNO Critical Care Nursing Organisation, WFSICCM World Federation of Intensive Care and Critical Care Medicine

ciations, although strong links to their medical colleagues or the national generic nursing association usually remain in tact long after the separation.

Methodology

The worldwide study of critical care nursing organisations and their activities [1] sought to find out how many such organisations of critical care nurses existed in the world. At the time of the study many limitations existed: Email was a relatively new tool and one not possessed by many nurses, especially in developing countries; the WFSICCM was medically focused and access to nurse representatives through the member societies of WFSICCM was often difficult; and the International Council of Nurses, whilst helpful itself, found it difficult to access critical care specific nursing associations in member countries. In order to find critical care nursing representatives, word of mouth and loose networks of individuals were by far the most successful forms of finding and communicating with key persons who wanted to help with the original study. Eventually, a representative sample of critical care nursing associations (and/or individual critical care nurses in countries without critical care nursing associations) was identified to help inform people of the key issues and activities of critical care nurses in those countries represented in the study.

Surveys were distributed to 44 individuals/countries by email, fax, and post over a twelve-month period (1999–2000) to try and capture as many diverse perspectives as possible. All surveys were written in English (another limiting factor in the study).

Results

Twenty-four surveys were completed and returned (Table 3).

Issues important to critical care nurses around the world: When asked to identify the issues that were currently important to them, almost every country identified inadequate staffing levels as being the most important issue for critical care nurses (Table 4). Other important issues included working conditions, access to quality educational programs, and wages.

Services and supports provided by critical care nursing organisations to their members: The respondents said professional representation, national conferences, and standards for educational courses were the three most important activities provided for critical care nurses by their national association. Interestingly, the provision of research-funding grants, a website and

Table 3. Countries responding to survey (number of members in society). Phase II

Americas	Europe		Asia & South Pacific
Canada (1200)	Iceland(75)	Slovenia(300)	Korea(2000)
USA (65 000)	Britain(3200)	Greece (115)	Hong Kong(500)
Mexico (200)	Norway (1700)	Germany(850)	Australia (2500)
	Belgium (450)	Denmark (2700)	Taiwan (N/A)
	Italy (2500)	Ireland(400)	New Zealand(130)
	Finland (1456)	France (225)	Japan (1300)
			India (N/A)
			Turkey (300)
			Philippines (350)

industrial/union representation were ranked very low compared with the other options in this question (Table 5).

Participation in an International Society (Network) of Critical Care Nursing Organisations (CCNOs): All but two countries responded positively to this suggestion. The remaining two stated that they did not know and would need to discuss the issue further. Respondents identified several activities they thought such an international society could provide. These activities were then grouped into the categories of practice, education, research, and

Table 4. Mean Responses for important Issues for Critical Care Nurses

^a Issue	World (Mean)
Staffing levels	9.24
Working conditions	8.86
Access to quality educational programs	8.76
Wages	8.52
Formal practice guidelines/competences	8.38
Work activities/roles	8.33
Teamwork	8.29
Extended/advanced practice	7.90
Relationships with doctors	7.76
Formal credentialling processes	7.60
Use of technologies	7.38
Facilities and equipment	7.24
Relationships with other nursing orgs	6.90
Relationship with other health groups	6.76

^ascale: 1 = not important; 10 = very important)

Table 5. Services/activities provided by Critical Care National Organisation and importance attached to each service/activity

^a Service or Activity	Provided	World (Mean)
Professional representation	17 (71%)	8.75
National Conferences	19 (79%)	8.67
Standards for educational courses	13 (54%)	8.67
Practice standards/guidelines	16 (67%)	8.40
Workshops/Education forums	18 (75%)	8.29
Credentialling process	12 (50%)	8.25
Journal	16 (67%)	7.93
Local Conferences	17 (71%)	7.81
Newsletter	16 (67%)	7.73
Initiate, conduct or lead research studies	13 (54%)	7.58
Training/Skill acquisition course (e.g. Advanced life support)	13 (54%)	7.42
Study/education grants	9 (38%)	7.00
Industrial/union representation	6 (25%)	7.20
Website	15 (63%)	6.79
Research grants	7 (29%)	6.43

^ascale: 1 = not important; 10 = very important)

professional. Practice activities included exchange of information, staff exchange programs, and bench-marking practices. Educational activities encompassed study tours and sharing educational programs and ideas. The research-related activity named was facilitating the conduct of international research. Professional activities comprised the bulk of the suggestions, and included gaining access to conference speakers, worldwide conferences, and the development of international standards that would inform practice.

When asked what activities and services an international society of CCNOs might offer member associations and critical care nurses internationally, most respondents suggested that a website, international conferences, and study exchanges would be of most value, while the provision of international education, research support, and a journal were also seen as being of value (Table 6).

Nineteen of the 24 respondents suggested English should be the first language of choice for international communication. When asked the extent to which they could financially contribute to the administration and communication functions of an international society, one country responded that no support could be provided and eight did not know. Only 15 indicated that they could provide up to \$200 (US) per annum in financial support, while seven indicated they could provide in excess of \$750 (US) per annum.

Table 6. Importance of potential services/activities for an International Society of CCNOs

^a Service and Activity	World (Mean)
Website	9.19
Coordinate/Support in international conference	8.90
Coordinate/Support international study exchanges	8.86
Provide international guidelines/principles relevant to critical care practice	8.74
Coordinate/Support international education	8.67
Coordinate/Support international research projects	8.57
Journal	8.52
Make representation to national and international bodies on issues of health, human-society	8.43
Newsletter	7.48

^ascale: 1 = not important; 10 = very important

Discussion

Establishing the World Federation of Critical Care Nurses

As mentioned in the introduction, the WFCCN had only eight original member countries and no money! The first Council met the day after inauguration to set a plan for the future. A very important and strategic step was to invite the newly elected President of WFSICCM, Dr Philip Lumb, to the meeting. His words were prophetic and inspiring to the group, as he articulated his desire that WFCCN and WFSICCM maintain close and cooperative linkages during this period of change and development. Dr Lumb expressed regret that the number of critical care nursing societies in WFSICCM had dwindled, but acknowledged that many of the medical societies contained nursing members and that WFSICCM would retain a non-physician member on its Council. This person (Ged Williams) would be a conduit for communication between the two World Federations.

The immediate goals of the WFCCN were set out at this meeting; they are:

- To promote the existence of the WFCCN to potential member associations and encourage application and membership
- To create an official journal of the WFCCN to be distributed to all member associations and their members
- To develop a website containing relevant information that is easily accessible to critical care nurses the world over
- To explore long-term legal, financial, and constitutional arrangements that will best serve the purposes and objectives of the WFCCN and its member associations

Achievements of the WFCCN (As of 2005)

In less than four years the WFCCN has achieved the following:

- Twenty-five member organisations (Table 7)
- Three corporate sponsors: CodeBlue Nursing Agency (Australia), Abbot Laboratories/Hospira, and Datex Ohmeda
- Establishment of a website: www.wfccn.org
- Establishment of an online journal, *CONNECT The World of Critical Care Nursing*: www.wfccn.org/Pages/journal

Table 7. Members of WFCCN as at June 2005-06-27

Core Administration:

Chairman - Ged Williams (Australia)
 Secretary - Ma. Isabelita C. Rogado (Phillipines)
 Treasurer - Bernice Budz (Canada)
 Trade & Sponsor Representative - Gerardo Jasso Ortega (Mexico)

Members

Argentina – Laura Alberto
 Brazil – Denis Moura Jr
 Chile - Celia Ortiz
 China - Liu Shuyuan
 Cyprus - Evanthia Georgiou
 Denmark - Birte Baktoft
 Hong Kong - Esther Wong
 Iceland - Rosa Thorsteinsdottir
 Japan - Satoki Ito
 Netherlands - Wouter. de Graaf
 New Zealand - Gordon Speed
 Norway - Lisbet Grenager
 Slovenia - Slavica Klancar
 Spain - Jeronimo Romero-Nieva Lozano
 South Africa - Shelley Schmollgruber
 South Korea - Dong Oak Debbie Kim
 Sweden - Monica Magnusson
 Taiwan - Yolanda Huang
 United Kingdom - John Albarran
 United States of America - Wendy Berke

To be confirmed:

Singapore
 Turkey

- Annual national conference run in conjunction with member or affiliate societies – 2004 (Cambridge UK, with BACCN), 2005 (Argentina with WFSICCM), 2006 (Manila, Philippines with CCNAPI)
- Admission to the International Council of Nursing and official participation in the 23rd Quadrennial meeting of ICN in Taiwan, May 2005
- Development of two key Position Statements:
- Provision of Critical Care Nursing Education
- Provision of Critical Care Nursing Workforce
- Strategic linkages and support to the emergence and growth of regional critical care nursing federations in: Europe (EfCCNa), Asia-Pacific (APFC-CN), and South America (currently under discussion and development)
- Ongoing and healthy relationship with WFSICCM – Joint meeting of both Councils to occur 30 August 2005
- World-wide study of critical care nursing in progress – expected publication in 2006. This study is similar to that discussed earlier [1]

Creating a Sustainable Future for Critical Care Nursing WorldWide

From humble beginnings, the world of critical care nurses and the WFCCN are demonstrating the capacity to communicate effectively across various language, cultural, and geographical barriers; to get organised; and to generate resources to support mutually agreed activities and goals. The WFCCN provides a legitimate forum for the expression of a collective opinion of what the world of critical care nurses believes to be important issues and activities to improve the effectiveness of critical care nursing. Furthermore, and more importantly, the WFCCN is an advocacy body for representing the needs of critically ill patients and their families – arguably some of the most vulnerable people in our communities. This role and responsibility cannot be managed alone for it is too great for one group to shoulder.

The WFCCN recognises the important base from which it's supported and the important strategic advantages of working collaboratively with those groups who share a similar philosophy and mission. Its roots stem from well-educated but pragmatic clinical nurses who provide 24-hour a day, seven-day-a-week care to the critical ill in every part of the world. These nurses meet and discuss issues, ideas, and solutions, they get organised in their hospitals and share these ideas with their jurisdictional and national organisations. The national organisations of critical care nurses contain sophisticated and politically astute leaders who work with other national bodies and governments to analyse the issues presented to them, to mobilise resources and action, and to address the concerns and ultimately improve the quality of care afforded the critically ill. At an international level, the WFCCN brings together the collective issues, where the ideas and experiences of its member asso-

ciations can be shared across geographic, cultural, and political boundaries so that nurses can learn from one another, help one another, and ensure that the care of their patients is forever improving. Furthermore, WFCCN establishes strategic alliance with WFSICCM, ICN, the World Health Organisation, and others over time to ensure the needs of critical care nurses, patients, and their families are acknowledged in the appropriate policy making forums of the world.

Over time, the WFCCN will research and develop more information on issues of collective importance – position statements addressing education and workforce requirements were two very obvious and pressing issues addressed in the first instance. It is foreseeable that in the next four to five years, research into clinical and humanitarian issues will emerge as priorities. Linking stronger member societies to emerging societies in developing countries will see the strengthening and equalization of standards of care internationally. Sharing of knowledge, ideas, and resources (financial, intellectual, and human) at an international level, no matter how meagre to start with, will create a culture of goodwill and ultimate improvement in our specialty.

This is a utopian end to an otherwise pragmatic and tough reality. The formative years of the WFCCN have been quiet but notable; the path is now laid for a more productive and effective future.

References

1. Williams G, Chaboyer W, Thorsteinsdottir R et al (2001) World Wide Overview of Critical Care Nursing Organisations and their Activities. *International Nursing Review* 48:208–217
2. Wiles V, Daffurn K (2002) There's a bird in my hand and a bear by my bed – I must be in ICU: the pivotal years of Australia critical care nursing. Australian College of Critical Care Nurses, Carlton, Australia