

Critical care nursing organizations and activities – a second worldwide review

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Background: This study is the second world survey of critical care nursing organizations (CCNOs). The first survey was undertaken 6 years ago and data were collected from 23 countries over a 2-year period. The aim of the second survey was to profile the issues and activities of critical care nurses and their professional organizations, expanding on the previous survey to obtain both an update of the issues and a wider global perspective.

Methods: A descriptive survey was emailed to 80 potential responding countries with recognized CCNOs or nursing leaders. Responses were analysed descriptively by geographical region.

Results: A total of 51 respondents completed the questionnaire over a 6-month period, achieving a return rate of 64%. The most common issues identified by critical care nurses were staffing levels and teamwork. Other important issues included wages, working conditions and access to quality educational programmes. The respondents perceived national conferences, professional representation, standards for educational courses, provision of a website, and educational workshops and forums as the five most important activities that should be provided for critical care nurses by national CCNOs.

Conclusions: Workforce and education issues remain dominant themes among critical care nurses of the world. These issues have changed very little in the last 6 years. Using the World Federation of Critical Care Nurses network of regional CCNOs and critical care nursing leaders has proven to be a successful strategy for the collection of data on world issues and for international communication and support.

Keywords: Critical Care Nursing, Education, Health Workforce, International, Professional Issues, Teamwork

Introduction

Critical care nursing is described as a specialty of nursing that is focused on the care and treatment of critically ill patients (AACN 2006; ACCCN 2003; BACCN 2001; WFCCN 2003). While the definition of critical care is broad, it generally encompasses specialty areas such as intensive care, coronary care, anaesthesia care, operating room care, post-anaesthetic recovery care and emergency care. There are many national 'critical care' organizations throughout the world and this broad definition of the term has led to some difficulties with classifying the specialty. Although some organizations have critical care in their title, their members are predominantly intensive care nurses. Other critical care organizations specifically serve the needs of an identified subspecialty of critical care, for example, emergency care.

Critical care as a specialty area has been established for half a century or more in many places such as Australia (Coghlan 1986; Wiles & Daffurn 2002), Europe (Hilberman 1975), and the USA (Fairman & Lynaugh 1998). However, in many countries it is a much newer specialty and indeed, may not be recognized formally as a specialty. In Western Europe most countries have critical care nursing organizations (CCNOs) and at least 15 have established postgraduate critical care nursing courses (Baktoft et al. 2003). Although little is known about how Africa manages its critically ill patients (Lipman & Lichtman 1997), there is a growing literature on some developments in critical care in the continent especially in medical literature (Beye et al. 2003; Oke 2001; Ouedraogo et al. 2002). In South Africa, establishment of critical care nursing was influenced by the development of intensive care units in the early 1960s (Scribante et al. 2004).

The situation in South America also remains developmental. For instance, nursing in Argentina obtained national regulation in 1991 (Ley 24004 1991). The Permanent Advisory Committee of Nurses, which works with the Health Ministry in Argentina, proposed seven nursing specializations, including critical care (Zamuner 2002). Critical care specialization programmes can be approved if the programmes are developed by universities only. There is only one critical care nursing programme accredited and that is in neonatal critical care at Austral University, Buenos Aires (Alberto et al. 2005).

In the Asia-Pacific region there are many well-established nursing professions and specialities such as critical care nursing. Formalized CCNOs are to be found in Australia, Japan, Taiwan, New Zealand, Philippines while in Bangladesh, Vietnam, Laos and Cambodia the situation is less clear (Rogado 2006). In many other parts of the world the situation is uncertain, and access to, and

communication with, critical care nurses in these regions is limited.

Background

Professional organizations in nursing and other health professions can be categorized in one of three groups: regulatory (often associated with legislated authority to licence practice); industrial (such as trade unions); or professional (for example, the International Council of Nurses); with some organizations combining one or more of these functions. Since the 1960s and 1970s many critical care nurses have developed professional organizations to provide a voice and support network for the specialty and those nurses who identify with it (Fairman & Lynaugh 1998; Wiles & Daffurn 2002). The World Federation of Critical Care Nurses (WFCCN) is one such organization that globally represents the professional interest of critical care nurses, primarily by establishing documented standards of practice, advocating for patient and professional rights and expectations, and facilitating international educational programmes and research (WFCCN 2003).

Several years ago a worldwide survey of the issues and needs of CCNOs was undertaken, taking almost 2 years to complete. A total of 23 countries participated in the survey (Williams et al. 2001). Although that survey was the largest international survey of CCNOs ever undertaken, it had several limitations. The questionnaire was written in the English language only, and responses were received from predominantly English speaking and Westernised countries. Furthermore, the questionnaire was delivered predominantly by email, which was relatively inaccessible in developing countries. Also, at the time of the survey, there was no known database of national CCNOs, which made it difficult to contact potential respondents, resulting in a relatively small sample.

Notwithstanding these limitations some important findings emerged. The most important issues for critical care nurses worldwide were staffing levels, working conditions, access to quality education programmes, wages and the existence of formal practice guidelines and competencies. These issues are closely related to the services that were considered to be most important to be provided by national CCNOs, namely, professional representation, national conferences, standards for educational programmes, practice standards and guidelines, and workshops and educational forums.

As a direct consequence of the results of the above survey the WFCCN was established at the 8th World Congress of Intensive Care in Sydney, Australia on 30 October 2001. The stated aims and objectives of the Federation were informed by the original survey. Now in its fifth year, the WFCCN links a worldwide network of CCNOs to facilitate communication, cooperation and collaboration around the globe. With the formation of the WFCCN the

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network of national CCNOs has developed rapidly. There are now 30 member organizations across all continents. With the benefit of the WFCCN's considerably expanded network of contacts and a database of national CCNOs, the survey was repeated in 2005 (5 years after the first study) in order to *further* understand contemporary issues and describe international trends in issues faced by speciality organizations.

Aim and objectives

The aim of this survey was to obtain a global overview of critical care nursing issues and CCNOs activities. Its objectives were to:

- obtain an overview of activities undertaken by CCNOs,
- identify the major issues and concerns for critical care nurses in each country,
- identify the activities that each CCNO has undertaken to assist critical care nurses in their country to help address their particular issues, and
- identify each CCNO's expectations of the WFCCN in terms of additional activities they wanted the WFCCN involved in.

For the purpose of this study a CCNO was defined according to the WFCCN constitution as follows:

An association, society, or federation of critical care nurses. In countries where no such group exists, it is a separate critical care nurses section within a health professional association or a subgroup of the national nurses association which has in both cases its own constitution, regulations and rules (WFCCN 2003).

Method

Key critical care nursing leaders from five main regions of the world were invited to join the research team as regional coordinators. These leaders were well known to the WFCCN and were known to have good contacts and credibility in the regions that they were allocated. The regional coordinators were tasked with identifying the CCNOs in their region. In countries where CCNOs were not present, they were asked to identify a critical care nursing leader who could represent the country's views and respond to the survey.

The study design and methodology was reviewed and the WFCCN Council gave ethical approval. Participation in the study was voluntary and respondents were made aware that they would be identified as a contributor for their country in the final report. Results were aggregated to ensure confidentiality of individuals and countries/associations. Consent was implicit by completing and returning the survey.

Survey tool

The questionnaire used in this survey was based on the one used in the original survey (Williams et al. 2001). The regional coordi-

nators and authors reviewed and piloted the questionnaire and minor improvements were made. The final version of the questionnaire was translated into Hispanic by LA, a bilingual member of the research team. Spanish speaking contacts and research team members were available for all respondents to clarify any questions if required – all other communication was limited to English.

The questionnaire was divided into four sections. The first section was demographic in nature, with questions about official organization contact details, number of members and membership type. The second section required respondents to rate the importance of 14 critical care nursing issues, with respect to their own country. These issues were identified in the original survey using a modified Delphi technique (Turoff 1975). Issues were scored using a 10-point scale ranging from 1 to 10, where a score of 1 was rated as *not important* up to the maximum score of 10 *very important*. A qualitative part of this section provided respondents the opportunity to expand on the three main issues facing critical care nurses in their country. The third section of the questionnaire focused on services provided by national CCNOs. Fifteen services had been previously identified, using the same Delphi approach described above. Respondents were asked to identify whether or not the organization provided these services. Respondents were then asked to rate the importance of these services, irrespective of whether they were currently undertaken in their organization/country or not, on a 10-point scale as above. The final section of the survey gathered information on their perceptions of the services and activities provided by or currently contemplated by the WFCCN. Respondents were further asked to comment on whether they were aware of the provision of these services and activities. They were then asked to rate the importance of these services and activities on a 10-point scale, irrespective of whether they were aware of their availability or not.

Sample

In total, contacts in 80 countries were identified in each continent and region of the world. For convenience, countries were divided into 4 geographical regions: Europe; Africa; the Americas (including North, Central and South America); and Asia/Pacific.

Data collection

The questionnaire was sent by email to the 80 contacts. Potential respondents were informed of the purpose of the survey and were asked to complete it either in hard copy or email and to return it to their regional coordinator, who then forwarded it to the researchers. Contact details of regional coordinators and the research team coordinator were made available to respondents and follow-up emails were sent to non-respondents. In some situations more

Table 1 Mean responses for important issues for critical care nurses by region and world (1 = not important, 10 = very important)

<i>Issue</i>	<i>Africa</i>	<i>The Americas</i>	<i>Asia/Pacific</i>	<i>Europe</i>	<i>World</i>
Staffing levels	8.6	9.1	8.6	9.0	8.9
Teamwork	8.7	8.7	8.8	9.0	8.9
Wages	9.0	9.2	8.4	8.3	8.6
Working conditions	8.4	9.4	8.3	8.6	8.6
Access to educational programmes	8.7	8.3	7.8	9.0	8.6
Formal practice guidelines/competencies	8.6	8.7	8.1	8.1	8.3
Facilities and equipment	8.9	8.4	8.0	7.8	8.1
Use of technologies	8.6	8.3	7.6	7.7	7.9
Work activities/roles	7.9	8.6	8.0	7.6	7.9
Relationships with doctors	9.0	7.6	7.3	7.7	7.8
Extended/advanced practice	7.7	8.6	7.0	7.6	7.7
Formal credentialing process	8.7	7.5	7.6	7.4	7.6
Relationships with other nursing groups	9.1	8.6	7.0	7.0	7.6
Relationships with other health care groups	8.4	7.9	6.7	7.3	7.5

than one person was contacted in some countries to ensure a response. Questionnaires were distributed in April 2005 and data collection continued until October 2005. Using SPSS (version 12.0) quantitative data were analysed descriptively. Qualitative data were analysed using thematic content analysis (Streubert & Carpenter 1995).

Results

A total of 51 countries responded to the survey, representing a response rate of 64%. The majority of questionnaires ($n = 49$, 96.1%) were received by email version and two were hand-written. Appendix 1 identifies the countries by region in alphabetical order. Seven (13.7%) responses were from Africa, 10 (19.6%) from the Americas, 11 (21.6%) from Asia/Pacific and 23 (45.1%) from Europe. A total of 38 (74.5%) responding countries had a CCNO and 28 (54.9%) responding countries were members of the WFCCN. In two countries the CCNO was an associate member of the WFCCN.¹ Of the 30 WFCCN member countries, responses were received from the following: 1 African, 8 Americas, 8 Asia/Pacific and 11 European countries. (See Appendix 1 for a map of responding countries).

Forty-three (84.3%) respondents suggested English as the preferred language for international communication, nine (17.6%) selected Spanish, and six (11.8%) selected French. Other languages identified included Portuguese, Greek and Chinese. Some respondents selected more than one language.

¹An associate member is an individual critical care nurse who joins WFCCN to try to establish a CCNO in a country without one.

When asked to identify the issues that were currently important to them, staffing levels and teamwork were considered to be the most important issues for critical care nurses (Table 1). Other important issues included wages, working conditions and access to quality educational programmes.

Seventeen (33.3%) countries elaborated on the issue of staffing levels as a major concern, and 33 (64.7%) countries elaborated on education and training needs in their country. Sixteen (31.4%) countries identified that the development of practice guidelines and competencies was needed in many critical care units. Of the 10 (19.6%) countries that elaborated on wages as a key issue, respondents were from both wealthy and less wealthy nations, and developing countries.

Table 2 provides an overview of the types of services and support provided by CCNOs to their members. Seven of the 15 services or activities were provided by two-thirds of the organizations. The respondents perceived national conferences, professional representation, standards for educational courses, provision of a website and educational workshops and forums as the five most important professional activities. The provision of industrial/union representation was rated significantly lower than other activities.

Respondents were asked whether they were aware of specific activities undertaken by the WFCCN, which were considered important/priority services in the previous study (Williams et al. 2001). All activities were considered important, receiving ratings of >8.0 on the 10-point scale (Table 3). Respondents were also asked to identify other activities they would like the WFCCN to take a lead role in. Responses were many and varied and included the following themes:

Table 2 Services/activities provided by National Critical Care Nursing Organizations (respondents) and importance attached to each

Service or activity	Provided (<i>n</i> = 51) <i>n</i> (%)	Importance of the service or activity (1 = not important, 10 = very important)				
		Africa	The Americas	Asia/Pacific	Europe	World
Professional representation	40 (78.4)	9.7	9.7	9.0	9.2	9.3
Standards for educational courses	32 (62.7)	10.0	9.2	8.6	9.2	9.2
National conferences	40 (78.4)	9.7	9.4	7.8	9.7	9.2
The importance of practice guidelines	30 (58.8)	10.0	9.1	8.1	8.8	8.8
Website	35 (68.6)	9.3	9.0	8.2	8.8	8.8
Workshops/education forums	42 (82.4)	9.3	8.9	8.2	8.8	8.8
Research grants	21 (41.2)	9.7	8.8	6.7	8.3	8.2
Local conferences	35 (68.6)	8.8	9.3	7.4	8.7	8.5
Journals	25 (49.0)	9.3	8.6	7.5	8.8	8.5
Initiating/conducting or leading research studies	22 (43.1)	9.8	8.0	7.3	8.7	8.4
Credentialing process	18 (35.3)	8.8	9.4	7.1	8.2	8.2
Training/skill acquisition course	28 (54.9)	9.0	8.2	8.4	7.9	8.2
Research grants	21 (41.2)	9.7	8.8	6.7	8.3	8.2
Study/education grants	18 (35.3)	9.2	8.2	6.7	8.0	7.9
Newsletters	22 (43.1)	8.7	7.4	7.1	6.9	7.3
Industrialization/union	16 (31.4)	8.7	5.6	4.5	5.8	5.8

Table 3 Services/activities provided by World Federation of Critical Care Nurses: awareness and importance attached to each

Service or activity	Awareness <i>n</i> = 51 Yes (%)	Importance of the service or activity (1 = not important, 10 = very important)				
		Africa	The Americas	Asia/Pacific	Europe	World
Standards for educational courses (through development of position statement)	33 (64.7)	9.4	8.7	8.6	8.9	8.9
Standards for workforce (through development of position statement)	29 (56.9)	9.4	8.9	8.7	8.7	8.9
Professional representation (through collaboration and membership with ICN, ESICM, WFSICCM)	34 (66.6)	9.4	8.9	8.0	8.3	8.7
Journal (through CONNECT journal)	33 (64.7)	9.4	8.4	8.5	8.5	8.6
Website (http://www.wfccn.org)	37 (72.5)	9.4	8.4	8.5	8.0	8.6
International Conferences (2004 Cambridge with BACCN; 2005 Buenos Aires with WFSICCM)	37 (72.5)	9.4	8.4	8.5	8.5	8.6
Initiate, conduct or lead research studies (such as this survey)	28 (54.9)	9.4	8.6	8.2	8.4	8.5
Research grants (not currently provided)	N/A	9.0	8.6	7.8	8.7	8.4
Study/education grants (not currently provided)	N/A	9.0	9.4	7.8	8.2	8.3

- Providing support to critical care nurses in developing countries to establish CCNOs and assisting small CCNOs to grow and expand their services
- Supporting and coordinating exchange programmes for critical care nurses to visit other countries
- Developing practice guidelines

- Supporting development of educational programmes where they currently do not exist
- Supporting research and use of evidence-based practice
- Continued facilitation of worldwide critical care nursing conferences in regions where nurses normally find it difficult to travel and access such conferences

Discussion

This survey was designed to identify CCNOs worldwide, document their priority issues and services to critical care nurses and their perceptions regarding the development of activities and services provided by WFCCN, since its establishment in 2001. In the previous survey (Williams et al. 2001) it took almost 2 years to gather responses from 23 countries, whereas in 2005 it took just 6 months to gather responses from 51 countries. Almost one-third of those persons identified as potential respondents did not complete the survey. The reasons for this non-response are speculated as a lack of time or interest and language barriers. English or Spanish literacy was common in responding countries, and these are the second and third most commonly spoken languages in the world (Weber 1997). Future studies will need to invest more time and resources into addressing the needs of countries where English or Spanish literacy and email technology is less common.

Respondents consistently identified several important issues their organizations were dealing with. Staffing levels, working conditions and access to quality education were the three issues rated as most important. Each of these issues have been documented elsewhere (Chaboyer et al. 2001; Dracup & Bryan-Brown 1998; Williams 1997) and were common to respondents in the first world survey (Williams et al. 2001). This survey has identified that these three issues are common to the majority of the 51 different countries and therefore require more attention from the organizations representing the needs of these groups. With such widespread acknowledgement of these issues, it is essential for nursing organizations to reconsider how specialist nurses are prepared, how nursing services are organized and how nursing care is delivered. In this context, the WFCCN could have an instrumental role in raising issues and facilitating the sharing of ideas and knowledge at an international level among the countries. The WFCCN has developed and distributed position statements and guidelines on critical care nursing workforce requirements (WFCCN 2005a) and education preparation (WFCCN 2005b) and have translated both into Spanish.

Teamwork was a highly regarded priority in this study coming equal first with staffing levels. In the first study teamwork was rated seventh out of 15 issues. Respondents in this survey suggested that teamwork is an important priority, although they do not appear to be suggesting that there is a fundamental problem or issue with teamwork in the critical care professions. It is interesting that several studies have demonstrated that critical care nurses have good collaboration with their medical (Chaboyer & Patterson 2001; Murphy & Stern 1994) and physiotherapy colleagues (Chaboyer et al. 2004). We assume that teamwork is a priority rather than an issue, however, a more focused study of teamwork would be required to substantiate this assumption.

The three most frequently provided services or activities by national associations were professional representation, national conferences, and workshops and education forums with more than three quarters of respondents stating their organizations were involved in these ventures. Thus, it appears that these countries have a national forum to disseminate new information and emerging technologies that contribute to the unique body of knowledge that is a hallmark of professions (Cogan 1953; Macdonald 1995) and specialties (ICN 1992). It is apparent that meetings and forums such as these reflect the value placed on face-to-face interaction of nurses when learning and networking. It is clear that the current activities of the WFCCN, identified in Table 3, are valued although knowledge of some activities remains relatively poor given that the respondents were generally empowered, knowledgeable and informed critical care nursing leaders in their respective countries. This may be due to the relative professional isolation of these respondents, especially in developing countries and where English language is limited. As well the relative 'newness' of the WFCCN and the difficulty of disseminating information globally with limited resources may also be a factor.

The response rate from the European groups suggests that communication and support in that region is developing well since the formation of the European federation of Critical Care Nursing associations (EfCCNa) in 1999 (EfCCNa 2006). Since the first study, the WFCCN has facilitated the formation of the Asia Pacific Federation of Critical Care Nurses in 2003 and the federation of Latin-American Intensive Care Nurses in Central and South America, in late 2006. A future ambition is to establish a similar federation of African critical care nurses. The 'regionalization' of the world into subgroups appears to be helpful in progressing international and multinational communication, cooperation and collaboration. It also appears that survey response rates are better in those regions where regionalization is occurring.

Compared with the first world survey (Williams et al. 2001) clear growth and development in the globalization of the critical care nursing world and their leaders was evident in this second survey. The establishment of a worldwide structure appears to have facilitated stronger communication networks as demonstrated by the response rate of this study. Furthermore, the regional organization of subgroups appears to help the communication and activity within geographical communities of the critical care nursing world. This has been a rapid transformation of collaboration and cohesion among the CCNOs of the regions and the world compared with the earlier study.

As was found in the first study, this study has identified many variances among the participating countries in terms of wealth, language and infrastructure support for critical care nurses and

CCNOs. The ability of some CCNOs to be active at a multinational or international level may be prohibitive on financial grounds. The WFCCN has actively helped to limit this barrier by mandating that CCNO membership to the WFCCN is free of charge (WFCCN 2003). The issue of language remains a challenge. The WFCCN constitution states that English is the official language of the WFCCN, however, some documents are being translated to Spanish (WFCCN 2005a,b), as was the survey tool in this study and the results of such efforts appear to have paid dividends. For example, seven Spanish-speaking countries contributed to this study compared with one in 2001. Also, the emergence of the Federation of Latin-American Intensive Care Nurses as a Spanish-speaking federation demonstrates that non-English speaking people respond enthusiastically when efforts are made to include their needs, language and culture into the activities of an international federation.

Limitations

There are several limitations to this study. First, as it was a survey, it does not provide an in-depth understanding of CCNOs but rather, an overview. Second, being able to send a survey to a country was reliant on the pre-identification of a key contact person. Thus, not all countries of the world received a survey. Third, some of the contacts were individuals who may have responded from a personal perspective, and therefore may not represent the broad views of their organization or country. In some countries there was no CCNO, only a reliable critical care nurse willing to complete the survey to the best of their ability. Finally, the survey was written in English and only translated into Spanish, hence many respondents were not using their dominant language and it is possible that key information may have been 'lost in the translation'.

Recommendations

A number of recommendations have been developed from the findings of this survey. These recommendations have relevance to those wishing to undertake international surveys of specialty organizations and those who support specialty organizations at an international level.

International surveys of specialty organizations

The following recommendations are made in relation to the development and implementation of international surveys for specialty organizations. We recommend that:

- 1 Data collection tools are translated into languages other than English and Spanish.
- 2 Development of, or continued utilization of, the regional structures of specialty organizations and key contacts that are well

networked and understand the dominant regional languages, cultures and organizations.

- 3 Supportive linkages with smaller and economically disadvantaged countries where specialty organizations do not exist.
- 4 Time is allowed for key individuals in those countries to consult with colleagues to achieve the broadest range of views and opinions and then gain consensus.

Support specialty organizations at an international level

The following recommendations are made in related to the support of speciality organizations at an international level. It is recommended that:

- 1 CCNOs further explore key themes in more detail. For example, workforce and education needs to uncover examples of innovative solutions and activities that are being used to overcome the major issues identified in this and the 2001 study of critical care nurses and their organizations. Other specialty organizations may use these issues as a starting point should they choose to examine issues by their specialty internationally.
- 2 There is continued support and empowerment of regional federations whereby regional communication, sharing and collaboration could result in positive outcomes. The WFCCN structure appears to be facilitating more dialogue and collaboration across the world and is supporting the establishment of regional groups and relationships. This process should be continued and re-evaluated to ensure it remains the most effective means to identify and address issues common to critical care nurses throughout the world. Other specialty groups could adapt such an approach to their particular situation.

Conclusion

The concept of living in a 'global village' is now a reality for many critical care nurses and organizations. Improved access to the Internet has made international communication, cooperation and collaboration easier and more accessible. While the many issues facing CCNOs have not changed significantly over the last 5 years, the ability to work cooperatively and collaboratively to start addressing many of these issues appears to have improved dramatically since the first study was conducted. Non-English speaking countries and developing countries were better represented in this second study demonstrating that some of these obvious barriers are being broken down.

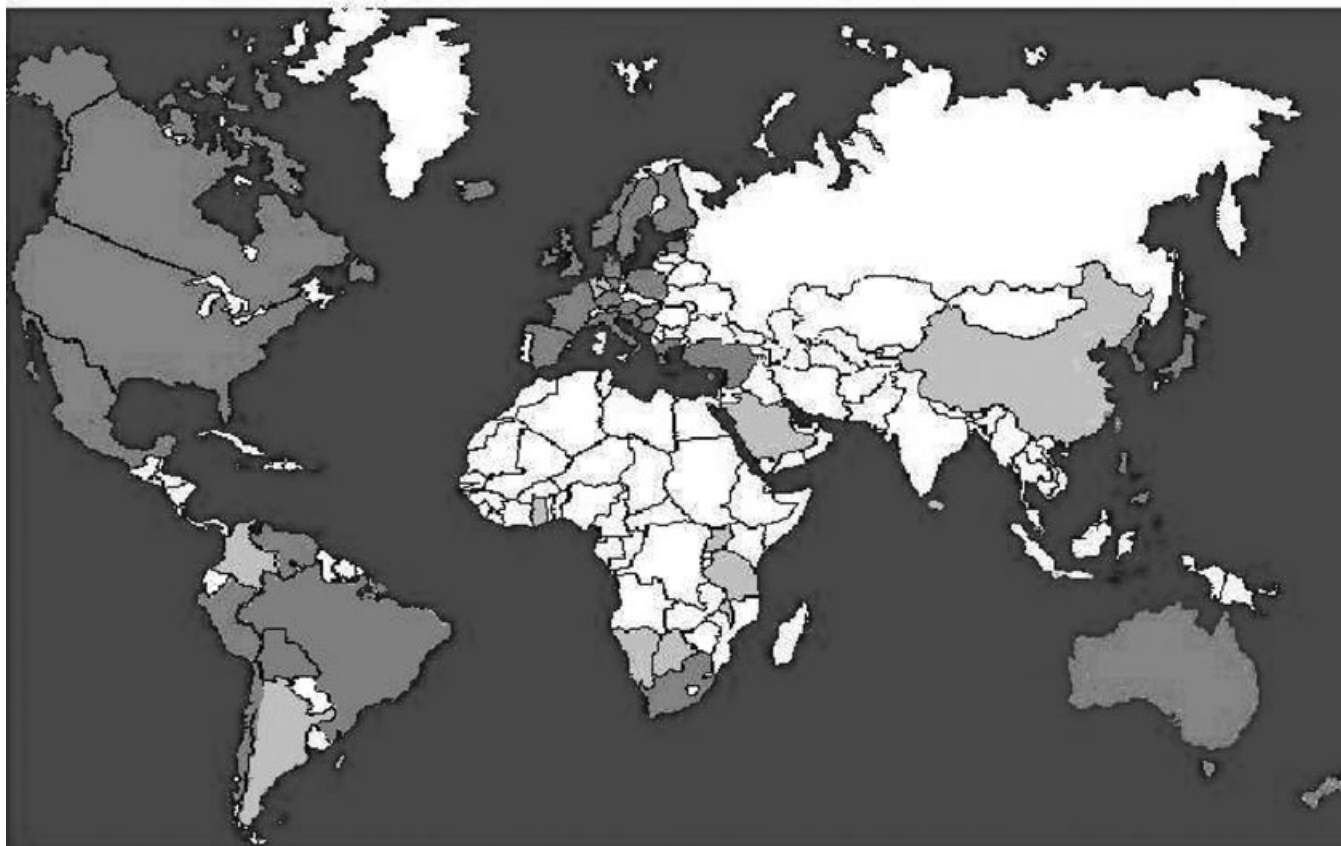
The establishment of the WFCCN and the various regional federations of CCNOs are actively facilitating international collaboration, communication and cooperation. We can only hope that these structures and alliances will continue to assist in the betterment of critical care nursing practice of those patients we care for across the world. Notwithstanding the simplicity of the survey

tool and its limitations, to gain a detailed knowledge of the participating countries, profiling some 51 countries worldwide in 6 months, remains a good result. The authors intend to repeat the study a third time in 2009.

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Appendix I: Countries responding to the study



Keys:

Dark Grey: Responding countries with CCNOs.

Light Grey: Responding countries with no known CCNOs, but contacts known;

White: No contact and/or no response.

Africa	The Americas	Asia/Pacific	Europe	
Botswana	Argentina	Australia	Belgium	Ireland
Ghana	Bolivia	China	Britain	Italy
Malawi	Brazil	Hong Kong	Croatia	Netherlands
Namibia	Canada	Japan	Cyprus	Norway
South Africa	Chile	Korea	Denmark	Poland
Tanzania	Colombia	Macao	Estonia	Saudi Arabia
Uganda	Mexico	New Zealand	Finland	Slovenia
	Peru	Philippines	France	Spain
	United States	Singapore	Germany	Sweden
	Venezuela	Sri Lanka	Greece	Switzerland
		Taiwan	Hungary	Turkey
			Iceland	