
Challenges to nursing from the World Health Organization and the International Council of Nurses

CHALLENGES FROM THE WORLD HEALTH ORGANIZATION

The International Conference on Primary Health Care in Alma-Ata, USSR (1978), attended by 134 of the World Health Organization's member governments, declared that the health status of hundreds of millions of people in the world was unacceptable and called for a new approach to health and health care to shrink the gap between the "haves and the have nots." In 1981, the Thirty-fourth World Health Assembly adopted the Global Strategy of health for all by the year 2000.

Primary health care is seen as the key to health for all. It includes five basic principles. The first is universal coverage with care provided according to need. The second principle addresses the need for the entire range of services—promotive, preventive, curative, rehabilitative, and terminal—indicating that care in the community, as well as care in hospitals or institutions, is an integral part of primary health care. The third principle asks for services to be effective, culturally acceptable, affordable, and manageable. The fourth principle asks for primary health

care to involve communities and to promote self-reliance and reduce dependence. The fifth principle reaffirms that health must be related to other sectors of development. In the primary health care movement, nursing and midwifery have a crucial role to play. It is the largest sector of the workforce and the one that must take major responsibility for care in communities, the hospital, and long-term care settings. Sound and competent management and administration are pre-conditions for nursing and midwifery to fulfill this responsibility.

The challenges to nursing are many. In our times, great economic instability and political unrest have resulted in further deterioration of the living conditions for the poor and, in many countries, even of the middle income groups. But it is also a time of great hope. With scientific and technological advances and new political developments, there might be a way toward a future where health for all becomes

Guidelines for National Nurses' Associations and Others—Preparation of Nurse Managers and Nurses in General Health Management can be obtained at the International Council of Nurses, 3, place Jean-Marteau, CH-1201 Geneva, at a price of \$20.

not just a distant goal, but a reality. To take its important place in this development, nursing must address three major issues that become three major challenges.

The first challenge is that education, practice, and management must be developed jointly. Education must prepare for better practice, and practice must make sound and relevant education possible. This must be guided and made possible through competent management, which encompasses the education and practice fields.

The second challenge is the need for nursing to take responsibility for caregiving *wherever* it may take place. Attention must not only focus upon individuals, families, and communities, but also upon environments and their impact upon caregiving needs. It is the responsibility of highly educated nurses to develop knowledge through research and theory development, which will feed back into caregiving at all levels. The direction of this research and theory development must come from the reality and the needs of caregiving. This reality not only envelops caregiving by nurses of all educational backgrounds but also caregiving delivered by auxiliary and support staff, as well as caregiving by volunteers. The major part of caregiving to dependent populations such as the chronically ill and impaired children or the aged is shouldered by families. Caregiving by and to these families is also the concern of nursing.

The third challenge is that nursing and midwifery must be developed and practiced in a continuing dialogue with the communities and the individuals for whom the services are intended. It must also be developed in a continuing dialogue with the entire health care team and, in particular, with medicine.

In addition to these three challenges, nursing management has a major responsibility to develop the knowledge, skills, systems, and structures that will lead to the

cost-effective provision of health care services. As nurses and midwives we have high expectations of ourselves. We feel that societies also have the right to share these expectations. While societies also have the duty to create realities where nursing can effectively fulfill its role, competent nursing management is essential in achieving this goal and promoting health for all.

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PERSPECTIVE OF THE INTERNATIONAL COUNCIL OF NURSES

Nursing administration is of critical importance in every country of the world. At the International Council of Nurses (ICN), a decision was made that in our efforts we would aim at something broader than nursing administration and focus on nurse managers and nurses in general health management. This was done to provide guidance to nurses who are responsible for other health workers, such as in primary health care settings. It was also done to assist nurses in those countries where general health managers are moving into positions broader in scope that include responsibilities for the full range of management functions (resource management, strategic planning, program evaluation, and so on) for more than one department.

As one visits and observes the level of functioning of many nurses in management positions, one has to feel frustrated with what is, when one can envision what could be. Quick and ready analysis of the causes can easily be wrong as we see things from our own experience and cultural background.

Behavior appropriate to the United

States could be seen as arrogant, abrasive, and even insulting in many other cultures. On the other hand, many nurses know that their ways need to be changed and their frustration is with how to bring about those changes. They need educational opportunities and resource materials as well as help from those in higher administrative positions. In their circumstances I doubt I could do nearly as well.

Many countries still have no university-level basic or graduate (post-basic) level programs for nurses. Nurses also are frequently unable to enroll in university-level business courses. The ICN is trying to help fill some of the gaps with its recent publication *Guidelines for National Nurses' Associations and Others—Preparation of Nurse Managers and Nurses in General Health Management*.

In my visits to various countries, many times I deliberately ask the hospital directors about the nursing budget. Often none exists or, if it does, the nursing director has no input into or access to it. For those of you who have been around a long time, that may sound familiar.

Another observation I have made is that in some countries there seem to be so many nurse administrators on various lev-

els yet few direct caregivers. Seniority and limited opportunities for career (and financial) advancement account for those situations. Clinical career structures are evident in only a few places. Until the patient care aspects of nursing are publicly valued by nurses and by those who run health institutions, these situations are likely to continue.

As you can see, the problems of nursing and nurses truly are universal: few well-prepared nurses, poor career structures, and lack of resources. It is only a question of degree. Some health services need more resuscitation or ventilation equipment and computers. Others need water, reliable electricity, and dressings. To see overcrowded wards with 30 to 40 "mat" patients—people having only a thin straw mat on the floor—and two unrelated patients to a bed is not unusual, even in neurosurgical units, in a number of countries. That is a challenge for any nursing administrator.

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