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PUBLIC HEALTH NURSING

Fourth Report of the Expert Committee on Nursing

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WORLD HEALTH ORGANIZATION

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GENEVA

1959

EXPERT COMMITTEE ON NURSING

Geneva, 6-11 October 1958

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PUBLIC HEALTH NURSING

Fourth Report of the Expert Committee on Nursing*

The fourth session of the WHO Expert Committee on Nursing was held in Geneva from 6 to 11 October 1958.

Dr. P. Dorolle, acting on behalf of the Director-General, welcomed the Committee. He referred to the importance of the subject for discussion in relation to the total health programme and stated that the effectiveness of a public health service is dependent on well-qualified personnel, of which nursing is the largest group.

Mrs. E. de Faria Alvim was elected Chairman, Miss J. K. Adranvala, Vice-Chairman, and Miss R. Freeman, Rapporteur.

1. INTRODUCTION

The first and second sessions of the Expert Committee on Nursing dealt with nursing education and the third with administration.¹ These committees made reference to education for public health nursing and to administration of public health nursing services. This fourth session, however, was called to give more detailed and specific consideration to the functions of public health nursing, the administration of public health nursing services, and education for public health nursing.

Reference was made to the first report of the Expert Committee on Public-Health Administration,² which quotes C.-E. A. Winslow's definition of public health as:

“... the science and art of preventing disease, prolonging life, and promoting mental and physical health and efficiency through organized community efforts for the sanitation of the environment, the control of communicable infections, the education of the individual in personal hygiene, the organization of medical and nursing services for the early

* The Executive Board, at its twenty-third session, adopted the following resolution:
The Executive Board

1. NOTES the fourth report of the Expert Committee on Nursing concerning public health nursing;
2. THANKS the members of the Committee for their work; and
3. AUTHORIZES publication of the report.

(Resolution EB23.R34, *Off. Rec. Wld Hlth Org.*, 1959, 91, 18)

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1950, 24; 1952, 49; 1954, 91

² *Wld Hlth Org. techn. Rep. Ser.*, 1952, 55, 5

diagnosis and preventive treatment of disease, and the development of social machinery to ensure to every individual a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birthright of health and longevity.”¹

This same Committee stated that “The purpose of a health programme is to serve all the people—those in rural areas, industrial areas, villages, and cities—considering the community as a whole, with the family as the smallest social unit, indivisible as far as its health problems are concerned.” It was indicated that the programme will be more successful if built on the needs of the people and “if the necessary facilities and qualified personnel with which to do the work are available.”²

At its second session, the Expert Committee on Public-Health Administration considered public health nursing as one of the seven basic services of a local health unit.

As the concerns of a public health service move from measures of control and environmental management to the broader social and educational approach which characterizes the philosophy of public health today, the service of the public health nurse will make an increasing contribution to the improvement of the health and welfare of the people. Public health nurses function within a team that includes physicians, sanitary engineers and sanitarians, health educators, nutritionists and other professional public health workers. In the community, the public health nurse works closely with physicians and with many health and welfare groups, such as the Red Cross or Red Crescent, labour organizations, and agriculture extension and community development workers. This relationship with other professions and agencies means not only accepting and understanding the work of others, but also arranging for truly collaborative thinking and action, and for mutual support of one another's programmes. This team-work should permeate every aspect of public health work.

Public health nursing is a special field of nursing that combines the skills of nursing, public health and some phases of social assistance, and functions as part of the total public health programme for the promotion of health, the improvement of conditions in the social and physical environment, rehabilitation, the prevention of illness and disability. It is concerned for the most part with care of well families and with non-hospitalized sick persons and their families, with particular groups of people, and with health problems that affect the community as a whole. Because of the traditionally close relationship between nurses and the families they tend, public health nursing frequently serves as the channel by which many other public health and community services are brought to the public.

¹ Winslow, C.-E. A. (1923) *The evolution and significance of the modern public health campaign*, New Haven, p. 1

² *Wld Hlth Org. techn. Rep. Ser.*, 1952, 55, 12

2. FUNCTIONS OF PUBLIC HEALTH NURSING

Although the activities of public health nursing vary greatly in different parts of the world, there are some common functions that may be regarded as basic. Depending upon the social, economic and cultural factors that modify the pattern of public health or the pattern of nursing, these functions are translated into widely varying programmes of action. While functions may change in response to broad modifications in social or technical fields, the activities by which these functions are carried out are much more subject to variations from time to time and from place to place.

The functions of public health nursing may be carried out by a single public health nurse, by an organized group or team of public health nurses, by other nursing staff, including auxiliaries, or as a series of services provided by several different nursing workers, each of whom works independently. Whatever the function in which she is engaged, the public health nurse at all times works closely with other members of the health team—sharing information, consulting on plans, reporting on items of mutual interest to physicians, hospital nurses, sanitarians, nutritionists, social workers, teachers responsible government officials and all others who are concerned with the health of the public.

2.1 Providing comprehensive nursing care to individuals, families and groups

Comprehensive nursing care includes all of the aspects of teaching, counselling, guidance, curative and preventive care, and mobilization of family and community resources for the solution of health problems.

(1) Teaching, guidance, or counselling are directed towards helping individuals or groups to understand the principles that are basic to health maintenance and to take the requisite action for the promotion of health, the care of disease or disability, and for rehabilitation.

The terms "health teaching," "health guidance," and "health counselling" are often defined as though each were inclusive of the others. The Committee believes that the difference lies in the relationship between the nurse and the family or group. As a teacher, the nurse is recognized as an expert who can supplement and clarify the information which the family already possesses, and who can use formal and informal instructional methods to help in the achievement of desirable health practice and attitudes. In counselling, the nurse does not assume an expert role, nor does she enter the situation with predetermined goals. She is rather the sounding-board and the supporter of the family as it thinks out its own problems and decides what it wants to do about them. In health guidance, the nurse helps the family to move towards desirable health action, at its own speed and in its own way, but she determines the direction to be taken. For all practical

purposes, the differentiation is unimportant in public health nursing, since the nurse is apt to use all three approaches interchangeably, depending on the situation. Whatever it may be called, at different times this function will include:

- (a) instruction, or giving of information;
- (b) supplementing and clarifying information which the family possesses;
- (c) motivating people to accept care or to change behaviour; and
- (d) listening or in other ways providing encouragement for people to think out their own problems.

Work with groups is assuming increasing importance in counselling. It is becoming apparent that people in groups can support and stimulate one another as they consider their joint problems. For example, a group of expectant mothers might share their fears and their plans for adjusting to the problems of labour and delivery and to their maternal responsibilities. The use of groups, with their potential for mutual help, supplements the individual instruction provided by the nurse or the physician.

(2) Care of the sick in the home may be provided by the public health nurse, or she may arrange for care to be given by an auxiliary worker, family member or other available helper, in which case she will take the responsibility for providing the necessary training and supervision so as to assure proper care. In some cases, care may be given in a clinic, such as a medical care clinic or treatment centre.

When there are a number of families with similar problems, or a group of auxiliary workers to be trained, the procedures and principles for care of the sick may be taught in organized classes.

To assure continuity, planning for care of the sick person at home may include conferences with hospital personnel before the patient's hospitalization or return home. Rehabilitative measures are an increasingly important aspect of care. Rehabilitation begins when the physician makes the diagnosis and when the nurse has her first contact with the family; it is an integral part of general nursing care. In addition to the physician's and her own skill and knowledge in this area, the nurse uses all the resources whereby the patient and his family can contribute to his care and rehabilitation.

(3) Medical supportive services are required to enable the physician's services to be utilized with most efficiency. These include such activities as assisting the physician with health appraisal by organizing facilities and providing information, arranging for clinical supplies, and giving and reporting on diagnostic tests, such as tuberculin patch tests, urinalysis, or blood-pressure. An important medical supportive service is interpreting to the physician the factors in the home situation, or in the patient's attitudes or experience that may affect his condition or the type of treatment given; and interpreting the physician's recommendations to the family.

(4) Recognizing needs and making necessary referrals to community health and social agencies are another aspect of comprehensive nursing care. In addition to the traditional task of observing symptoms of illness and referring individuals and families to the physician, clinic or hospital, the public health nurse must recognize social problems. She will make referrals, if necessary, for such obvious problems as lack of financial resources and also for those less readily recognized, such as the need for counselling in family relationships or for personal reassurance. Knowledge of social legislation is necessary to interpret to families the provisions that affect them.

2.2 Helping to implement the total public health programme

In all her activities, the public health nurse interprets and supports all aspects of the public health programme. For example, she assists in the collection of vital statistics by encouraging the reporting of births and communicable disease; she assists in the sanitation programme by observing and reporting unsafe water supplies or accident hazards in homes or places of work; and she contributes to the control of communicable disease by observing and reporting items of epidemiological significance. Through studying the incidence and cause of school absenteeism she may contribute to the understanding of school and family health problems. By incorporating appropriate teaching and service content in regular nursing visits, the public health nurse supports the nutrition programme and helps in the improvement of working and living conditions in the home.

2.3 Participating in the planning and evaluation of the total public health programme at all governmental levels

(1) Advising the chief administrator on the nursing phases of the total programme. For example, a medical director may need to know how much nursing support would be required to initiate a clinic programme, or the ways in which nursing could contribute to an accident prevention programme, or to the control of infant diarrhoea.

(2) Participating in planning activities by collecting data relative to needs, by submitting suggestions or estimates of service trends, or by serving as a member of a planning committee.

(3) Participating in the evaluation of the total programme by compiling and interpreting relevant facts, by attending service evaluation conferences or by serving on evaluation committees.

(4) Serving as a member of community or national planning groups concerned with health.

2.4 Planning and carrying out the nursing programme

(1) Planning, with the responsible health authority, for the selection of nursing activities and determining their relative importance in terms of the

needs of the community and of particular individuals or groups within the community, as well as the objectives of the service.

(2) Assembling and interpreting information about the community and its health needs and facilities as a factual base for the nursing plan.

(3) Assuming major responsibility for recruiting, selecting and developing members of the nursing team. While general administrative personnel can give valuable assistance in personnel management, the nursing service must determine the professional and technical qualifications and establish the conditions for recruitment of nursing personnel.

(4) Arranging for periodic evaluation of the work. This may include the evaluation of the various aspects of the service by comparing results and procedures with accepted standards; by using the evaluation of a supervisor, consultant, staff groups or team of experts, and by providing for periodic evaluation of each worker's performance. In a professional service such as public health nursing, the professional competence of each individual may be assumed to have a relationship to the quality of the service.

(5) Scheduling and assigning nursing activities. The nurse may arrange with physicians, school administrators and other appropriate personnel for group services such as clinics, classes, examination sessions, etc. She will plan her own nursing activities and will define the duties of and assign tasks to auxiliary nursing personnel, including volunteer assistants.

(6) Arranging for necessary community organization activities. This might include such activities as the organizing, timing and supervising of committees to advise or assist with the nursing programme; and organizing, alone or with the health educator, classes or special clinic groups.

2.5 Planning and participating in educational and development programmes for the nursing staff and for other professional or community groups

(1) Encouraging each nurse to assume responsibility for her own professional development and arranging a planned educational programme for each individual and for the nursing staff as a whole. This programme should provide for orderly progression in content and for adaptation to the increasing competence of the staff. It may be co-ordinated with the training programme for the total public health staff. For example, the total staff of a local health unit may meet monthly, and the nursing staff may meet separately at intervening fortnights.

(2) Providing training, supervision and consultation to nursing staff, both professional and auxiliary. For example, training nurses in the administration and observation necessary in the use of new drugs, or developing self-awareness in a nurse as a basis for improving her interpersonal relationships.

(3) Providing supervision or consultation to nursing and related personnel not in the agency, such as indigenous midwives in private practice and nursing-home operators.

(4) Providing training, including field experience, for such groups as nursing and medical students and other community workers.

2.6 Planning and carrying out research and studies for analysing and improving the nursing programme, and participating in general public health research

(1) Participating in epidemiologic field studies.

(2) Participating in community health surveys.

(3) Participating in nursing research conducted under the auspices of a university or other research centre.

(4) Planning and conducting nursing studies.

2.7 Related functions

In many countries, because of shortage or inaccessibility of physicians, or in times of mass catastrophe, public health nurses undertake responsibilities that are essentially part of the function of physicians. In times of catastrophe this presents no particular problem, as any individual may properly provide such emergency care. However, such responsibilities may continue over a period of time, as when the public health nurse in a remote Arctic region is required to prescribe medications or to make preliminary diagnoses as a basis for determining whether a patient should be taken the long distance to a hospital.

When nurses carry responsibilities not properly a part of nursing practice, there should be a clear acceptance of the fact that the functions are not nursing functions, but are *delegated medical functions*. The policies and regulations under which the nurse carries out these essentially medical functions should be clearly defined, and should be understood and accepted by the appropriate medical authorities. The responsibility for medical control should be clear—for example, even though the physician may not be present in the community, he should take responsibility for approving the general orders under which the nurse works, and should be available to her for consultation or advice whenever possible, even though only by telephone or radio. Policies should be consistent with existing legislation, and the nurse should be protected from the threat of malpractice by standing orders or lists of permissible procedures that have appropriate medical approval.

Provision should be made for training nurses in these procedures which are outside the usual scope of nursing responsibility. In addition to initial training, it is important that periodic and systematic additional training be provided. When geographic conditions or lack of personnel create a

situation where failure of the nurse to accept these non-nursing responsibilities would mean absence of any care whatever, or care that represents a serious threat to the public, the nurse may quite properly assume them upon delegation by a physician or group of physicians. However, non-nursing functions should not continue to be carried beyond the time when properly qualified medical practitioners can be made available.

In addition to this delegation due to necessity, there will undoubtedly continue to be transfer of some traditionally medical functions to nurses as a normal development of the two professions. Before the standardization of temperature determinations by the use of a mercury thermometer, the taking of temperatures was a medical function. After the procedure became more standardized it became a task of nursing. At present many other technical skills such as taking blood tests, administering intravenous medications, and administering and reading tuberculin patch tests, are being transferred from the medical to the nursing sphere of activity. Similar assumption of non-nursing functions may occur in the absence of social workers or of other health workers.

Not all of the movement of activities is from physician or other health worker to nurse. As new members are added to the public health team, some activities ordinarily carried by the public health nurse may be shared or relinquished. The boundaries of a particular professional field may become less clearly defined, and in many instances there is some unavoidable overlapping. Nursing must develop close relationships with these related professions such as social work, health education and psychiatry, and must co-operate with them to establish a suitable division of responsibility. For example, as physicians assume greater responsibility for patient guidance, the teaching activities of the public health nurse will change. If a social worker is added to the staff, the counselling content of the nurse's work may be altered, or, on the other hand, the addition of the social worker as a consultant may increase the amount and depth of counselling the nurse is able and expected to do.

In adjusting to such new or expanded responsibilities among allied workers, it is important to give full recognition to the potential contribution of the other professions. At the same time it is important to safeguard the integrity of public health nursing as an important area of public health service.

2.8 Factors which influence nursing activities

Within these functions, public health nursing programmes will include activities chosen with respect to the situation in which the service functions.

The nature of the country and its people, the general level of development, the degree of urbanization or industrialization, and the economic potential will influence the extent and type of services that can be developed.

Geographic characteristics such as climate and terrain that affect the accessibility of services and the conditions of living, the roads and transportation systems, the distribution or concentration of population, also play a part in determining activities. The vitality and general health level of the population is another determinant.

Social and cultural factors are particularly important. The organization of the family and of the community affects the type of approach that will be most useful. The influence of certain individuals such as the tribal chief, or of the doctor or the teacher, may profoundly affect the nursing programme, as will the public's concept of its own health problems and of health care. The status of women and of nursing may be the deciding factor in undertaking certain aspects of the work. The general educational level of the people is equally important.

Public health nursing activities will be conditioned by developments in the total field of medical science. The level of medical education, and availability and preparation of other health workers, as well as the status of nursing education, will set the limits of service and instruction. In addition, the availability of nursing supervision and consultation, and the nature of the administrative structure within which public health nursing functions, may encourage or hamper development of certain aspects of the work.

The adequacy and distribution of health care facilities such as hospitals and health centres also affects the volume and direction of nursing services.

Over the past decades, public health nursing has shown a great capacity for change. As public health programmes change in emphasis from mass control to more individualized services, the case loads, visit content and programmes of public health nursing are accommodating themselves accordingly. The work of the public health nurse is geared to the work of public health as a whole to achieve for the population "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"—the definition of health stated in the Constitution of WHO.

3. ADMINISTRATION OF PUBLIC HEALTH NURSING SERVICES

For most of the world, nursing services must be provided in the face of grave shortages of personnel and an ever-expanding health and medical programme that almost daily increases its demands on nursing. Whether in nursing service, nursing education or public health, those responsible are vitally concerned with administering their programmes in such a way as to make the most of what they have and to increase the quantity and quality of the contribution of nursing to health care. Through good general public health administration practice, public health nursing service is adequately supported, effectively used and fully integrated into the total public health

programme. Through good nursing service administration, the field personnel are given the leadership and support they need to do an effective job. Good administration promotes both efficiency—doing the job with economy of time and personnel—and effectiveness—selecting and carrying out activities so as to provide for the greatest possible impact on health behaviour. All public health nurses, but particularly those in administrative positions, need to develop skill in planning and organizing, in the development of staff, and the evaluation of activities.

Certain principles apply to administration at all levels of public health nursing service.

3.1 Planning

3.1.1 Public health nursing has a responsibility to participate in the over-all planning of the total public health programme and to co-ordinate nursing plans with those of all other community health services.

Nursing is only one of the health disciplines in a public health organization, and must constantly influence and be influenced by developments in related professions or programmes. For example, the capacity of a staff to provide nursing support for a home-care programme for the chronically ill patient may influence the decision to undertake such a venture or, in turn, the decision to have a home-care programme for the chronically ill may influence the composition of the nurses' case-loads, and the nature of other nursing services rendered.

3.1.2 Policy-making and programme-planning should allow for participation of the staff at all levels of responsibility.

The interests, background, knowledge and experience of the field worker, as well as of the supervisor or administrator, provide necessary planning information. Even more important, when policies and plans are determined by the staff as a whole, there is no need to persuade individual members to co-operate in carrying them out, because they shared in making them.

3.1.3 The public-health nursing programme should be based on human needs.

Consideration should be given to the health needs of a community both as appraised scientifically by health and statistical personnel, and as recognized and expressed by the people themselves. On the basis of all available data, nursing needs may be estimated, and experimentation may be conducted to determine how much and what type of staff is required.

3.1.4 Planning should take account of cultural and social factors.

In planning nursing service it is important to know the cultural factors that may affect the way in which people feel about medical care, the value they place upon life or health, traditional patterns of health care, how they react to people from outside their own community, etc. It is also important

to know whether nurses can travel freely to and from the nearest town or must be housed in the village, whether men doing auxiliary nursing will accept direction from a woman even though she is a professional nurse, whether physicians accept the nurse as a full partner, or whether she must approach co-operative efforts obliquely. The feeling about the public health nurse will be much influenced by the status of women, the values attached to education, attitudes towards personal services to the sick, and the tempo of cultural change.

3.1.5 *Planning should be realistically related to present facilities and personnel and to those expected in the "foreseeable future."*

Seldom is it possible to plan for an ideal programme. Concepts of desirable practice must be adjusted to the personnel and facilities available. If it is anticipated that these will be extended or improved, plans should be based on a point somewhat beyond the existing level but not so far ahead that achievement is wholly impossible. For example, a public health nursing programme in a situation where there is one professional nurse to each fifty thousand of the population should be planned in relation to anticipated additions to the nursing force in the next ten years. Use of auxiliary staff should be adjusted to this anticipated trend, and the programme should be set somewhat ahead of what would be immediately possible, but not at the level that would be possible only at the end of the decade. At the same time, plans should be positively related to long-term goals of desirable practice. In adjusting to limits of the present situation, care should be taken not to divert the programme from a direction that is consistent with the hopes for the future.

3.1.6 *The size and composition of staff needed to carry out an adequate public health nursing programme must be determined within each country in relation to local situations.*

The size and nature of staff will depend upon:

(a) the relation of the need for nursing service to the public demand for such care (public demand may be far below what is actually needed, or may differ in direction from the care that is actually needed);

(b) the public health nursing potential:

- (i) number of available nurses and auxiliary personnel
- (ii) educational resources and funds available to maintain or increase the supply of nursing personnel
- (iii) funds available, or likely to be made available, for employment of nursing personnel
- (iv) distribution of potential nursing personnel in relation to distribution of the population
- (v) level of training of available personnel.

Nursing potential has been estimated largely in terms of the female population. In areas where male nurses have been employed in public health nursing services, they have made a unique and effective contribution, and consideration should be given to wider development of this potential source of public health nurses.

The nature of personnel needs will change as new programmes are added. The pace of increasing the programme (and consequently increasing the staff) will depend on the ability of the community to absorb the additional services as well as upon the optimal need. Frequently this is a step-by-step process. For example, a developing country might initiate a basic sanitation programme as its first organized public health activity, and sanitation workers would be needed. Later, a mass immunization programme might be added and vaccinators would be employed. Subsequently, a medical-care clinic and selected preventive nursing services might create the need for auxiliary nursing workers and a nurse supervisor; and in time, a family health counselling service would require a full staff of qualified public health nurses and auxiliary workers.

3.1.7 Assignment of staff should provide for utilization of every worker at her highest level of skill.

It should also provide for elimination of activities that are not essential for the purposes of the programme. Nurses should not be expected to do work that could be done by auxiliaries or clerks; auxiliary workers with training should not do work that could be done by untrained aides. All activities undertaken should be carefully scrutinized and accepted only when they are assumed to have real importance in influencing health care.

3.1.8 The use of auxiliaries as an expedient measure or as a continuing pattern should be related to the development of professional nurse leadership.

For some types of public health nursing work the auxiliary is the worker of choice because the demands of the work are suited to her preparation and ability. At other times, auxiliary workers may be used because there are inadequate numbers of professional nurses. The use of auxiliaries is safe only when there is qualified nursing supervision available; therefore the addition of auxiliary nursing staff should be adapted to the numbers and preparation of the nurses upon whom they must depend for direction and supervision.

3.1.9 Provision should be made to assure adequate professional nursing direction of public health nursing practice.

In some instances nursing is organized as an independent administrative unit, with all direction coming from the nurse administrator, through whom

co-ordination with other disciplines is effected. In other instances the public health nurses work in a health unit directed by a physician, and staffed by sanitarians, health educators and other public health workers as well as nurses. When this is so the nurse works as an integral part of the functional team in the district health unit or the medical care centre. She receives programme direction and general administrative direction from the chief administrator of the health unit—in this case a physician. However, if service to the public is to be safeguarded, the professional standard or quality of the care must be protected as well as the validity of the programme activities. For this reason, although the nurse must recognize the leadership of the physician director, she must also have access to qualified nursing direction, to which she looks for advice concerning the practice of the nursing arts that are being used to further the public health programme. She needs to have free access to a nurse supervisor or director while at the same time sharing fully with other members of her unit team the responsibility for giving service in accordance with the unit plan. To assure such two-way direction without chaos and at the same time without unnecessary complication or delay requires that the professional nurse supervisor (head nurse, chief nurse, or nurse administrator) and the administrative head of the unit, clinic or area of service, reach an understanding about their relative responsibility in providing high-quality nursing service to the public, and co-ordinate their activities in such a way that nursing service is supported and controlled for the best good of the community.

3.1.10 *Planning should include a clear statement of specific objectives, proposed methods and anticipated outcomes.*

To be effective, plans must state clearly what the job is to be done. For example, the objective of a tuberculosis nursing programme may be to secure diagnostic tests for those at special risk, to teach patients and families necessary elements of care and protection from infection, and to assure continuity of care between hospital or clinic and home.

Proposed methods should be indicated, with alternatives where necessary. Here, for example, it may be planned to use home visits; group discussion or teaching; clinic services; and information for the general public in a given over-all pattern.

Lastly, the outcomes desired should be clear. Is it hoped that *all* over 15 years old will have a diagnostic chest X-ray, or only those felt to need it particularly? How many and which of the anticipated patients should be under care of the clinic and home supervision? How much understanding of the disease should families have, and what basic health practices should be considered essential in such a programme?

The relation between these three factors—objectives, methods and outcomes—is the essence of planning.

3.1.11 *Authority should be delegated so that decisions are made as close to the field of action as is consistent with competence to make the judgement.*

The clear and free delegation of authority not only relieves the administrator of many details; it also tends to improve the quality and promptness of decision. If a decision can be made wisely by the field nurse, it should not be brought to the supervisor; if the supervisor can make it, it should not come to the administrator. This allows for full consideration of local or immediate factors that would influence the decision. It also tends to make the nursing job more challenging and satisfying. The degree of delegation of authority will vary with individuals and at different times—as the field nurse becomes more experienced she can take an increasingly independent position.

3.1.12 *The staff should be organized so as to provide generalized (polyvalent) family nursing services.*

Generalized nursing provides, for each family served, all the public health nursing services needed, whether curative, preventive or educational. Depending on the nature of the health problems, the size, development and preparation of the staff, and traditional patterns of organization, individual nursing personnel will function with varying degrees of generalization. In some instances a single public health nurse will provide all the necessary public health nursing care. In others the work of this generalized public health nurse or health visitor will be supplemented by the efforts of specialized personnel such as school, home or industrial nurses, or auxiliary nursing personnel of various kinds.

The following conditions seem to be essential to the sound development of a generalized family service:

- (a) single generalized nursing direction within the administrative unit in which nursing is placed;
- (b) a definite planning and co-ordinating structure to assure continuity and adequate coverage when public health nursing services are provided by more than one administrative unit;
- (c) the designation of one professional nurse as responsible for overall planning for nursing care when care is provided by a team.

The use of generalized or specialized staff should be decided on the basis of:

- (a) the advantages of limiting the number of nurses visiting the home;
- (b) time costs due to duplication of travel, overhead costs, etc.;
- (c) the complexity or experimental nature of the work (for example, specialized nurses may be needed for intensive mental health counselling, for epidemiological study, or for a new programme of orthopaedic follow-up,

in which case, as the programme is stabilized, the public health nursing content more clearly defined, and the staff trained, this aspect of the work may be transferred to the generalized nurse);

(d) existing administrative and financing patterns (for example, if school health services are within the structure of educational administration, and supported by the education budget, a specialized school-nursing staff may be developed, or the educational institution may arrange for school nursing services to be given by the health agency, in which case a generalized nurse may be used, but assigned on a special basis for this service).

3.2 Development of staff

The potential ability of each member of the staff should be recognized and full scope accorded for development. The administrator should remember that only a few are able in all directions, and that none are at the top of their form at all times. Only as each public health nurse performs effectively can the public health nursing programme—and indeed many phases of the total public health programme—be fully realized. Certain principles may be enunciated regarding staff development.

3.2.1 *Plans should be made with each staff member for her personal programme of professional development.*

Nurses are drawn largely from the ranks of women, and as a result their personal plans for marriage and child-bearing as well as their professional ambitions will influence their career plans. Individual planning will make it possible to arrange for a desirable sequence of training and experience and for personal guidance to encourage the full use of each nurse's potential skills.

3.2.2 *The responsibility for development of the public health nursing staff is shared by the general administrative staff and the nursing administration.*

Programmes for staff education, special assignment, or release for study require general administrative approval and support, while the selection of the nurse and the timing of such activities in relation to her development can be arranged only by the appropriate nursing director. Furthermore, opportunities may be used for jointly administered staff development programmes involving several disciplines. For instance, an orientation programme may be planned for all new public health workers, of which nursing makes up one part.

3.2.3 *Professional supervision is essential for effective staff development.*

A planned system of supervision is one of the most effective measures for the control of public health nursing services and for the development of public health nursing personnel. Such a system places a person with a

higher level of experience or training in a responsible, helping relationship to a less well-qualified worker. Thus an experienced, trained auxiliary worker who has proven competence in her field may, in addition to her usual duties, help to orient, teach and advise those beginning. She in turn may be supervised by the professional field nurse, who helps her to improve her own practice and to understand its relation to the total nursing programme. In turn a nursing supervisor helps the field nurse to understand her work in relation to the total public health programme, and provides the necessary support to develop fully her professional potentials. Every worker should have easy access to a supervisor, to whom she can go for advice and from whom she receives continuing professional help.

The supervisor should concern herself with the total professional development of the workers she supervises. The modification of attitudes and the improvement of inter-personal relationships, as well as the extension of technical proficiency, may be necessary for effective nursing service.

While the methods of supervision of auxiliary workers are essentially the same as for professional workers, the *amount* of supervision needed will be proportionately greater, since the shorter training of the auxiliary produces a worker who cannot function with as great a degree of independence as the professional worker. The amount of supervisory assistance needed by auxiliaries will be influenced by the length of auxiliary training, the degree to which the workers are dispersed, and the proportion of auxiliary to professional personnel. Because the safety of people is dependent upon the supervision of the worker with shorter preparation, the training and employment of auxiliary workers should not proceed more rapidly than it is possible to provide adequate supervision for them.

3.2.4 *Consultation in special fields is essential for improving the level of performance in these fields.*

To deepen and strengthen the clinical content of public health nursing, there is need for constant reinforcement and renewing of professional content and methodology in fields of special public health importance, beyond that which can be provided by general supervision. A common method of providing for such professional development is through the use of consultant staff who are experts in a particular field or area of interest in nursing. Thus there may be a special consultant in mental health, or maternal and child health, or tuberculosis, where these are large-scale public health problems, or in general administration or education. The areas in which such special reinforcement is necessary will vary depending on the nature of the health problems and the trends in the total public health programme.

These consultative functions may be carried by supervisors or administrators who have had special preparation in addition to their more general tasks, or they may be the responsibility of a special consultant. When special nursing consultants are used they are not usually concerned with the

over-all planning for staff development, which is a major responsibility of the supervisor, but rather for developing materials and methods and providing demonstration, instruction and advice in relation to their special field. Full- or part-time consultants from related fields (medicine, social work, nutrition, etc.) will help to strengthen nursing practice.

3.2.5 Staff development programmes should be related to the kinds and levels of special skill required for the job.

When the public health programme requires nurses with unusual skill in a particular field, the staff development programme will make provision for selection of nurses with aptitude in that field, and for special courses or university study designed to provide such preparation. If the general staff's level of ability in a particular field needs to be raised, but not to the point of making every staff member a specialist, an appropriate consultant may be employed. For lesser demands, the plan may range from setting the nurse to work with a more expert practitioner, to providing for short observations or for library research in this area of work.

3.2.6 In-service education conserves and enhances professional skill.

Periodic sharing of experiences or knowledge with other nurses and members of the health team, and formal or informal instructional programmes, are essential as measures for keeping professional knowledge and skills both up to date and properly related to the other aspects of the public health programme. Staff meetings, of both nursing and total health staff, are a useful means of accomplishing this end. Refresher programmes are another example of providing for continuing development of professional knowledge and skills.

3.3 Evaluation

Evaluation in public health nursing may be defined as a thoughtful appraisal of programme and performance which has as its objective the improvement of nursing service. Because nursing services are so integrally related to all health programmes, evaluation should consider both the professional integrity of the nursing job and also the effect of nursing upon the total functioning programme. Workers need continuing help in looking at the work they are doing, in developing intelligent methods of selection of priorities, and of making the changes which will result in a higher quality of service. Quality of work as well as quantity is important in evaluation both by the staff members and by the administration.

Except in agencies which offer only nursing services, evaluation of these services should be made not only by the nurses themselves but jointly with the public health administrator and other members of the health staff. In fact, the success of the evaluation process and the degree to which it can be

used to influence change will be in direct relation to the amount of involvement of all those who will be affected by such change. An over-all programme evaluation committee might well be made up of representatives of agency staff, administration and governing board, of other related health and social agencies, and of the community. It is particularly important to involve this last group, the public, in determining to what extent the programme meets the needs as they see them.

Because the quality of the nursing service is dependent upon the quality of each individual's performance, it is important to evaluate the performance of the nurse as well as the programme as a whole. The evaluation of a nurse's performance should always include the judgement of a qualified nurse supervisor.

3.3.1 *Work progress and outcomes should be evaluated periodically both by the nursing administrative staff and by medical or general administrative personnel.*

A definite plan is needed for measuring the quality and significance of service. Sometimes the measure is tangible and simple—such as reduction in the number of maternal deaths, or earlier reporting for medical treatment as a result of instruction programmes. At other times, it is harder to define—for example, change in dietary habits, or the increased acceptance of preventive care, on the part of a family after contacts with the public health nurse. Whatever the measure is to be, it must be considered before the programme begins rather than at the end, so that the facts which will be useful in evaluation are collected as the work goes on, so that base lines may be established from which measurement of progress can be made, and so that the attention of those doing the job may be focused on the purpose for which the work exists.

3.3.2 *The service should be measured against clearly and specifically defined programme objectives.*

Programme objectives form the background and boundaries within which the purposes of the evaluation are determined, the standards for programme and performance are adopted, and the actual appraisal is made.

3.3.3 *Standards of service should be clearly defined as a basis for evaluation.*

Standards of nursing must be relative, depending on the type of nursing personnel available, other professional services provided, and the general socio-cultural-economic situation. Textbook standards, the results of demonstration projects, the accomplishment of other agencies, and the levels of performance and achievement developed by the staff during an in-service education programme, are some of the resources from which standards can be adapted to fit a local situation. When possible, standards should be written down (as in manuals, or a procedure file); when too intangible for written statements, they should be clarified by discussion.

3.3.4 *The system of field observation, records and reports should be adequate to provide data for planning and indices of accomplishment.*

A system of direct observation, periodic evaluation of the work and its outcomes, and recording should be established to collect and maintain adequate information about the nursing programme. For example, accurate records of infant morbidity and mortality, of the month in which expectant mothers first come to pre-natal clinic, of the incidence of umbilical infections, and of the percentage of children immunized against certain communicable diseases, will give some of the factual data necessary to measure the effectiveness of a maternal and child health programme.

In addition, field or clinical supervision is necessary to clarify and assure desirable standards of nursing care. Only by such on-the-job observation and appraisal can the quality of nursing be seen as a whole, with the interaction between nurse and patient, the facial and bodily expressions that may say more than words, and the physical and emotional environmental factors that may have a profound effect on what is needed and on the success of the methods employed.

3.3.5 *The findings of the evaluation should become the basis for staff study and action to re-direct, re-plan and improve the service.*

In interpreting evaluation data, it is important to take into account the effect of other health programmes as well as the general trends which may be influencing health behaviour, quite apart from the influence of the nurse. It is necessary to look for relationships—for cause and effect. For example, the pre-natal clinic attendance may be high because of the free layettes or free milk which are given out rather than because of the quality of the health counselling.

When the reasons for success or failure have been identified, then final conclusions and recommendations can be made. Each person concerned with the programme should have a part in the co-operative planning for improvement that results from the evaluation.

Before concluding its consideration of public health nursing administration, the Committee wishes to concur in the recommendation made at the first session of the Expert Committee on Nursing, namely: "that the World Health Organization urge national health-administrations to include among their administrative officers highly competent nurses with authority to assist in planning health services, to define the role of nursing in these services, and to determine the nursing personnel requirements."¹

Within national health programmes, nursing permeates the various bureaux, programmes and activities. For this reason, the Committee feels that when more than one nurse is engaged for different aspects of nursing—as

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1950, **24**, 8

when there is a nurse for nursing education, one for public health nursing, and one for hospital nursing—that one nurse should be designated as chief nursing administrator, and be responsible for co-ordinating all phases of the nursing work. The Committee is of the opinion that this principle should extend to local and regional or governmental units as well as in the national structure.

4. EDUCATION FOR PUBLIC HEALTH NURSING

The field of nursing, like all professional service fields, is constantly expanding and deepening. Furthermore, in the practice of nursing (which is essentially a clinical field), there is a constant expansion of the depth of professional service as experience and learning add to the understanding, skill and judgement of the practitioner. For these reasons nursing personnel, from the vaccinator or aide to the chief nursing administrator, need continuing education in their technical or professional field.

In public health nursing, education and training must take account of pre-employment education of nurses and auxiliaries, special programmes for public health training, programmes of study for those about to assume special types of responsibility, including preparation for teaching, supervision and administration, and continuing education programmes for all levels.

The Committee is of the opinion that action should be taken to provide financial and administrative support to nursing education at all levels. Such support should assure that needed and qualified applicants would not be barred from training because of lack of funds, and that schools and other training institutions would not be prevented from initiating or expanding programmes necessary to meet the needs of society.

4.1 Sound general nursing education: a requirement

Preparation for public health nursing, whether it is a part of the basic nursing curriculum or a post-basic course, must be built on a sound general nursing education which includes preventive and social as well as curative nursing content. An understanding of people as individuals and as family members, knowledge of growth and development patterns and of the bases of human behaviour, the ability to analyse the social, physical and environmental indices of health or safety, skill in health teaching, and ways of finding and using community facilities for health are important in every kind of nursing and should be incorporated in the education of all nurses. This content, while of basic importance in public health work, does not by itself constitute preparation for the practice of public health nursing. Specific public health content also is needed.

In general, preventive and social nursing aspects are most effectively learned when they are taught as part of all nursing practice. In some schools early planned observations in a public agency, home calls on patients in the hospital or clinic, and the assignment of a family which the

student attends throughout her nursing course have been found helpful in relating these concepts to the practical understanding of family nursing care.

If true integration is to be achieved, the total nursing school faculty and nursing service staff must understand and apply preventive and social approaches in nursing. There is need also to interpret the broad approach to administrators and medical staff, so as to ensure the administrative arrangements necessary to make such care possible, and to encourage the reflection of this approach in the total medical-care plans. Only thus is the student assured of an opportunity to practice comprehensive nursing care in all her experiences.¹

4.2 Preparation for public health nursing practice

4.2.1 In the basic nursing education programme

It is desirable to include the preparation for public health nursing practice in the basic nursing education programme. In those schools which have developed a sound general nursing programme, have an interest in public health practice, and have the required faculty and freedom to arrange student experience, the community elements of public health nursing practice, as well as the social and preventive aspects of health, should be included in the basic nursing programme. This would include, as a minimum, instruction in epidemiology, vital statistics, community health organization, and public health nursing management. In addition, depending on the situations in which the graduates will work, instruction may be needed in school or occupational health, social and health legislation, group work, or other particular fields of public health work.

An integral part of preparation for public health nursing is clinical experience in a public health setting. This experience should be of sufficient length to permit the student to develop skill in health counselling of well families, to gain a sense of the sequential nature of family care, and to have the experience of working with other members of the public health team and with community agencies. Field experience is usually provided in a public health agency. It may be possible to develop public health experience through the out-patient department of the hospital. This would be a valuable supplement to other community public health experience. If it is sufficiently inclusive, and suitable public health agency experience is not available, the out-patient department may serve as a substitute.

Essential to any clinical field selected for this purpose is the presence of nurse practitioners who are providing comprehensive family care of high

¹ At its first session, the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel (*Wld Hlth Org. techn. Rep. Ser.*, 23, 9), in considering the training of medical students in preventive and social medicine, stressed this same principle of integration throughout the whole period of theoretical and practical training.

quality and who are working effectively with related professional personnel and with community agencies. There should be adequate staff to enable the field nurse to allocate adequate time for guidance of students; she should have an interest in students and teaching ability.

When preparation for public health nursing is included in the basic nursing programme, the school staff should include a designated instructor with suitable preparation who is responsible for developing and co-ordinating the public health phases of the programme.

Experience in working with allied professional workers is valuable as preparation for public health work, and opportunities for such experience should be utilized. For example, it is highly desirable to use the public health physician or engineer for some aspects of teaching, and to arrange for joint classes for nurses with students in related fields such as medicine, social work, nutrition or health education, and for interdiscipline case discussions. In this way the student learns during her basic course how to work with other disciplines.

4.2.2 *Through post-basic-nursing courses*

Post-basic-nursing courses may be required when the basic nursing course does not include preparation for public health nursing or for related fields of importance in public health nursing. When it is necessary to prepare public health nurses in courses outside the basic nursing school, these courses should be properly related to the status of the students' present knowledge, and to the desirable preparation as outlined for the basic student. However, since the student in such courses is apt to be more mature, adaptations of the course content may be necessary to allow for more meaningful application. Such post-basic courses should aim for the same integration of public health and nursing content as characterizes the sound basic programme.

In some instances part-time study may make it possible for larger numbers of nurses to secure the desired preparation. When part-time study is undertaken, the educational agency should provide for an appropriate sequence of learning experiences for inclusion of all the necessary areas of study, including field practice, and for adequate counselling of students by qualified faculty members.

Post-basic courses in other special fields, such as midwifery, mental health, or occupational health, may provide for clinical enrichment. Nurses may desire specialized post-basic courses either to strengthen their general public health nursing programme or to enable them to function in special fields. Such post-basic work serves a highly useful purpose in deepening clinical nursing practice. For example, the nurse who is required to supervise indigenous midwives may require midwifery training; or a course in occupational health may strengthen her capacity to help the families of miners or industrial workers.

4.3 Advanced education in administration, supervision, and teaching

Nurses who are expected to assume leadership responsibilities as supervisors, consultants, administrators or teachers will require education beyond that reached in the basic curriculum. This education will vary widely with the availability of resources for advanced training, and the level of preparation of those already employed in leadership positions.

4.3.1 *Preparation for supervision, consultation, administration or teaching should be built upon a satisfactory period of clinical experience.*

The length of work experience required before advanced study will vary depending upon the general pattern of advancement within the profession. It will depend also on the degree of responsibility which is to be assumed after advanced study. It is generally desirable to have the preparation for a leadership position come fairly close to the time when the nurse expects to have leadership responsibilities. Taken too early, the material loses its pertinence. Required work experience should be long enough to provide for crystallization of professional skills, but not so long as to discourage the nurse who is able and wishes to assume greater responsibilities.

4.3.2 *Preparation in any one of the leadership fields should combine work in the functional field (supervision, education, etc.) and in the clinical field (public health, obstetrics, etc.).*

Preparation for teaching, administration, supervision, or consultation requires competence in the techniques of the function—that is, in teaching, or supervision or consultation—and also expertness in the clinical field of practice—that is, public health, maternity care, mental health, etc. It is important to balance these two aspects of the programme, lest good methodology be used to teach poor practice, or good practice fail to be transmitted to others because of poor methodology.

Carefully planned field experience is one of the methods of relating these two kinds of competence, and should be a part of any advanced educational programme. This field experience should be on a full-time basis, even though it may be necessary (but less desirable) for some other parts of the programme to be taken on a part-time basis.

4.3.3 *Formal education for leadership positions should be under the aegis of a university or similar institution of high studies, and courses should be of graduate education calibre.*

The scope and intensity of content required for preparation for leadership positions makes it mandatory to have a variety of instructional personnel present. For this reason the Committee is of the opinion that such courses should be offered within the structure of an educational institution prepared to offer graduate level instruction.¹

¹ In the USSR such graduate advanced programmes are directed towards securing a progression from nursing to medicine.

4.3.4 *Interdisciplinary training is desirable as a basis for true interdisciplinary collaboration.*

Nurses being prepared for teaching positions might well choose an advanced programme where there are opportunities for studying with teachers and nursing administrators and instructors. Those preparing for administration in public health would undoubtedly profit from mutual courses with epidemiologists, sanitarians, medical officers and other public health workers.

In such interdisciplinary student bodies, it is essential to have some courses for nurses only. In these it is possible to explore nursing content and problems independently and with greater depth than in a multi-discipline group.

Interdisciplinary training should involve more than sharing the same lecture rooms and laboratory. There should be opportunities for students to become mutually involved in problems which require joint efforts for solution.

4.3.5 *The plan for advanced education for leadership training should be reconciled with the preparation of those already in leadership positions.*

In planning for the education of nurses who will be assigned to leadership positions, it is important to recognize the impact such training may have on the present staff. If those already in leadership positions have not had such training they may feel insecure and threatened by this new group, or may be resistant to new ideas. If the level of general education of the total nursing is low, and that of the newly selected leader is high, there may be a problem of social distance that makes communication difficult and that may make the new leader's work unacceptable. In-service training programmes for the total staff will help to facilitate communication and will promote understanding and acceptance.

4.3.6 *Nurses should participate in selection of candidates for advanced education.*

One of the very important problems in providing for leadership training is the difficulty of recognizing potential leaders. There is need for further study of the present methods of selection and their validity. Although references, interviews, professional records and performance ratings all appear to have some defects, they are the best selective devices we have at this time and should be used to identify potential nurse leaders. It is important that nurses participate in this selection process.

4.3.7 *Financial assistance should be provided for advanced education.*

Because advanced training in administration and supervision is expensive, it is highly desirable that provision be made for financial assistance to students. This may be done in different ways in different countries. There

may also be need of subsidy for the institution offering the course. Voluntary funds may be used, from nursing associations, private foundations, and special contributions, as well as from governmental funds.

4.3.8 *Regional planning for advanced education is necessary.*

For economy of operation, schools offering advanced programmes of study need a sufficiently large student body to permit the employment of an adequate and well prepared teaching staff, and to afford a stimulating learning situation. Nursing organizations and governmental and international organizations, including the World Health Organization, should take leadership in promoting country-wide and regional planning for co-operative development and support of appropriate advanced courses in public health nursing fields.

4.3.9 *When the exigencies of the situation demand it, preparation for supervision and administration should be incorporated into the basic curriculum.*

In some countries where nurses are in very short supply, virtually every nurse will go directly from the school of nursing to a position involving supervisory, administrative or teaching responsibility. Furthermore, there may be no available post-basic courses, so that there is no opportunity for supplementing the basic education with advanced training in supervision, administration or teaching. In these cases, it is necessary to incorporate into the basic curriculum some content in supervision, administration or education. This preparation would have to exceed the introduction to administrative and supervisory procedures that is needed by all basic students. The limitations imposed by this pattern of education are obvious, and it should be resorted to only when it is not possible to achieve the more substantive type of preparation that is offered in post-basic or advanced programmes.

In addition to formal training programmes, in-service education, short courses, or informal opportunities for working with a more experienced person may help to meet the deficiencies of a staff for whom regular academic preparation is not available.

4.4 Training of auxiliary workers

There is considerable evidence that there is an important and continuing place for auxiliary workers in public health, to perform the many duties which require less independent judgement than is expected of professional nurses.

The training of auxiliary workers will of necessity vary widely from country to country, depending on the proportion of auxiliary to professional nursing personnel and on the duties required of the auxiliary staff member. The length of courses may vary all the way from a few weeks of incidental on-the-job training to a highly organized course of two years' duration. This

variation should not be discouraged, and the principles that follow are designed to promote sound development in auxiliary training without suggesting uniformity.

4.4.1 *Training programmes for auxiliary nursing personnel should be based upon the needs of the country and the functions the auxiliary worker will be expected to perform.*

Merely adding time to the period of training to "raise the standard of training" is not wise unless there is a relationship between the time established and the requirements of the job.

4.4.2 *Whatever the length or scope of the training programme, there should be a planned scheme of instruction.*

Even for brief on-the-job training, it is necessary to establish the objectives of the programme, and to arrange for a sequence of teaching activities and for evaluation of the student's learning.

4.4.3 *Plans for training programmes should include provision for supervisory as well as auxiliary personnel.*

Basic to auxiliary training is the realization of the limits imposed by the training itself, and by the lower educational level from which auxiliary workers are usually recruited. This implies that the auxiliary will be prepared to work *under supervision*. For this reason auxiliary training programmes should be co-ordinated with programmes for the preparation of supervisors who will work with these auxiliary personnel.

4.4.4 *The length of the preparation should be related to the degree of generality of the work, and the amount of judgement it will require.*

The more limited the scope of the work, the shorter the programme can be. Should the responsibilities of the group be broadened, and the work become more general, the training period would have to be lengthened proportionately.

4.4.5 *Pre-employment education should be supplemented by continuing study.*

As with all other public health workers, the training programme for auxiliaries should allow for continuing education, and for periodic refresher courses. In this way the skills of the worker are maintained.

4.4.6 *Training for auxiliaries should be clearly distinguished from education of professional nurses.*

In duration and level of instruction, auxiliary training should be clearly distinguished from the programme for professional nurses. The title of nurse should be protected by appropriate legislation. However, it is highly desirable that provision be made for qualified auxiliaries to progress to further preparation if they meet the academic and personal requirements necessary for admission to schools of nursing.

5. RESEARCH IN PUBLIC HEALTH NURSING

As nursing achieves greater professional status, research and the advancement of professional practice assumes greater importance. Nurses will turn more frequently to research as a means of defining and analysing nursing problems and of evaluating nursing services. Among nurse practitioners there will be more concern with the development of practice to higher levels, through analysis and experimentation as a normal part of practice itself, or through more painstaking consideration of the subtleties of nursing practice. There is need to develop a group of nurses who are capable of planning and carrying out the necessary research and of working with other researchers on team studies. Equally urgent is the need to develop among nursing practitioners a number of experts who will constantly explore the potentials and the nature of the art of nursing.

Strong efforts should be made to develop a corps of senior nurse practitioners who are recognized as nurse-teacher-researchers. The tendency to consider the channel of advancement as going from practice to administration or teaching has caused many expert field nurses to leave the practice of nursing for full-time teaching or administration. This situation does not prevail in medicine, where teaching and research are considered as an integral part of practice. It is the opinion of the Committee that the advancement in nursing could be greatly accelerated by adapting this approach. It is important:

- (1) to give recognition to the value of clinical practice by including field nurses in the decisional, teaching and research activities of public health;
- (2) to provide for salary and status adjustments that will encourage nurses with special interest in nursing practice to remain in the field;
- (3) to provide training opportunities that will make it possible for the expert nurse to participate more fully in teaching and research programmes, without diverting her from the major responsibility of developing the arts of the practice of nursing.

Education for research should be based on a thorough training in science. Because of the great variations in nursing education it is possible for nurse students to reach graduate status with quite inadequate science training. When this is the case, the nurse who wants to prepare for research will need supplemental training in these science areas.

Research training should be conducted in a university or comparable setting where there is access to research personnel in nursing and also in related fields. In most instances, research in nursing will require the techniques of study in a related field such as social sciences, epidemiology, or physiology.

The preparation for research is long, and the requirements such that relatively few nurses would be expected to enter upon such training. However,

the many questions in nursing that require research before an answer can be found make it important to select nurses carefully for such preparation and to assure the high quality of the programme of study.

6. RECOMMENDATIONS

(1) In view of the fact of rapid scientific advances and social change, there is particular need at this time for careful evaluation of public health nursing services and outcomes. There is urgent need to refine and sharpen the methods and techniques of evaluation in this field.

The Committee recommends:

(a) that because the problem is universal and many of the techniques of evaluation are interchangeable in different environments, WHO should undertake or sponsor inter-country research and studies of methods of evaluation of public health nursing services;

(b) that studies in this area should be encouraged within countries wherever facilities for such study exist;

(c) that full use should be made of related disciplines in the medical and social sciences; however, the nursing profession should provide the leadership that determines the direction such studies should take.

(2) The Committee recognizes that the auxiliary worker has an important and almost certainly permanent place in public health nursing. The potentials and limits of auxiliary functions and the relation of auxiliary to professional workers are immediate and urgent problems.

The Committee recommends that, after studies of actual practice have been carried out, WHO should consider the convening of an expert committee to discuss:

(a) the role of the auxiliary worker in the health team, and its relation to the role of the professional worker;

(b) the preparation of auxiliary workers.

(3) Recognizing the need for further opportunities for post-basic and advanced education for public health nursing, the Committee recommends that national and regional planning be promoted to develop appropriate educational facilities to meet the needs of countries with similar problems, and that financial and other support be provided, both to students and to the educational institution.

(4) The dynamic nature of public health nursing, the use of a great variety of workers, and the complexity of inter-professional relationships in public health nursing, places great responsibility on those in positions of leadership—the supervisors, consultants, administrators and teachers. The identification, selection and training of such leaders is a crucial problem.

The methods for identifying potential leaders have not been well developed. This problem is particularly significant in international work.

Therefore, the Committee recommends:

(a) that WHO should sponsor inter-country research in the identification of leadership potential;

(b) that, pending the outcomes of such research, WHO should encourage critical consideration of the effectiveness of methods currently in use, and should promote interchange of information in this matter.

(5) It has come to the attention of the Committee that there is considerable interest in studies of the synthesis of curative and preventive medicine. It is recommended that the nursing profession be encouraged to offer to participate in such studies where they are being developed, both to incorporate the nursing phases of such a study and to use the experience nursing has accumulated in methodology of function studies.

(6) The Committee recommends the convening of regional and national seminars or conferences to consider the findings of this report with particular reference to their local application.

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