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ON NURSING**

Fifth Report

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WHO EXPERT COMMITTEE ON NURSING

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WHO EXPERT COMMITTEE ON NURSING

Fifth Report

A WHO Expert Committee on Nursing met in Geneva from 26 April to 2 May, 1966. Dr P. Dorolle, Deputy Director-General, opened the meeting on behalf of the Director-General and welcomed the participants. He pointed out that it was twelve years since a WHO expert committee had considered general aspects of nursing and that during the intervening years many changes had occurred that necessarily influenced the development of nursing services within health and medical care programmes. Such changes included developments in science, and in medical science in particular; an increase in the world population, bringing about increased demands for health care; and improved methods of communication between widely separated areas of the world. He referred also to the rapid upgrading and expansion of nursing that had taken place in all countries, resulting in increased recognition of nursing as an essential part of the health care programme and one that could not be considered in isolation from the other aspects of health care.

Miss J. V. Sotejo was elected Chairman, Mrs J. Izycka Vice-Chairman, and Miss H. M. Simpson Rapporteur.

INTRODUCTION

One of the major problems facing health administrators and nurses is how to provide nursing service¹ in the quantity demanded and in the quality that they know is needed and possible. The present meeting was convened to consider the provision of such nursing services; the education of sufficient nursing personnel to meet the demand; and the encouragement of research aimed at the improvement of patient care.¹ These issues have to be considered in relation to the problems facing different countries of the world and with awareness of the need for nursing to adapt to the changes that are bound to occur within the next decade.

¹ See Annex.

1. CONTEXT IN WHICH NURSING MUST BE CONSIDERED FOR THE FUTURE

The present age is one of social, industrial, and scientific revolution, of rapidly increasing populations and of widespread poverty. It is also an age that is seeing a revolution in medicine and nursing, with attendant hazards for the individual. Advances in science and technology imply increasing specialization, whereas changes in social philosophy are leading to expectations of a health service of greater breadth and improved quality.

Any complete health service will make provision for operations within five broad categories—namely :

(1) *The health maintenance or health attainment stage*, in which the principles of healthy living (physical and mental) and the fundamentals of good hygiene and good nutrition are taught and practised.

(2) *The increased risk stage*, in which specific preventive measures are taken to protect those who are exposed to any sort of increased health risk.

(3) *The early detection stage*, in which, by detecting illness in a person who presents the first symptoms of a disease, it is possible to give treatment at an early stage, thus preventing needless suffering and cost and perhaps even untimely death.

(4) *The clinical stage*, which at present requires the greatest concentration of professional nursing skills and care, devoted to patients whose health problems are acute and whose diseases were neither prevented nor detected at an early stage.

(5) *The rehabilitation stage*, in which disability is prevented or, if this is not possible, the patient is helped to use his entire remaining potential. If there is no hope of rehabilitation and death is inevitable, this fifth stage provides the opportunity to prevent unnecessary deterioration and, finally, to assist the patient in those activities that contribute to a peaceful death.

The relative emphasis on the different aspects of the health service will vary according to national needs and resources ; additionally, the service must make provision for research and teaching.

Of the public health services, Grundy & Mackintosh¹ have written that in Europe these services developed in the pre-bacteriological era through a pattern that emphasized the " medical police " functions, with the main

¹ Grundy, F. & Mackintosh, J. M. (1957) *The teaching of hygiene and public health in Europe*, Geneva (World Health Organization : Monograph Series, No. 34).

interest in chemistry ; when the infectious agents of disease were identified in the late nineteenth and early twentieth century, the emphasis shifted dramatically.

Where infectious diseases and deficiency diseases have been largely controlled, emphasis had tended to shift to degenerative diseases and the problems presented by a growing population with a greater life expectancy.

In order to cope with the problems presented by systemic diseases or diseases whose etiological agents are still unidentified, emphasis is now being placed on the need to deal with organisms from the ecological point of view. Organic survival in relation to environment is the concern of ecology ; from the ecological point of view, disease may be described very simply as that alteration of living tissues that jeopardizes their survival in their environment.¹

The complex group of forces—social, cultural, economic and political—that affect progress in many other aspects of life have also been brought to bear on nursing. Changes in the status of women ; population increases and the increased numbers in some age-groups, particularly the older ones, as certain diseases come under control ; rapid transportation ; educational opportunities ; economic and social mobility ; increased public demands for health services ; automation—all are having an impact on nursing in most countries of the world.

In the light of such changes, all concerned with health services must ask themselves if they are focusing their efforts on current and future health needs and problems rather than on those of the past. Consider, for example, the changing status of women and its implications for nursing. In some regions of the world this may mean that, for the first time, girls and women are able to leave their homes and thus become available for education or employment. On the other hand, the significance of the fact that, in other parts of the world, over half of the married female population is already employed outside the home is sometimes overlooked. In these two situations, the implications for recruitment and for satisfying employment in nursing are enormous. In order to cope with this and other challenges, nursing must break with some of its traditions as well as alter existing stereotypes.

In the next decade nursing will probably be faced with some of its greatest and most exciting challenges. With the trend toward mass medical care and the changing patterns of health services, the nurse of tomorrow will have to accept unprecedented responsibilities. Minor modifications of existing nursing systems will be inadequate to meet new situations and demands in a rapidly changing society. Fundamental rethinking will be

¹ May, J. M. (1958) *The ecology of human disease : studies in medical geography*, New York, MD Publications, Inc., vol. 1, p. 1.

necessary. For example, one might question the appropriateness of training physicians and nurses in hospitals dealing solely with acutely ill patients, or of following a curriculum of nursing education dictated by tradition and containing set experiences of fixed lengths, with almost exclusive orientation to a biological rather than a social approach to nursing.

Nurses in all countries, economically developed and developing alike, are currently facing the need to make changes. These will not be the same everywhere; each country will have problems that depend on the stage of development of medical and nursing practice, the cultural pattern of the people and the social structure of the society. Increasingly, recognition is being given to the role that nursing plays in patient care as a complement to the physician's role in taking medical decisions. Emphasis on the preventive, curative, and rehabilitative aspects of health care has broadened the roles of both nurse and physician.

Specific nursing tasks are changing too, but this is nothing new. Doctors assign tasks to nurses for a variety of reasons—temporarily when there is a shortage of doctors or permanently when the activity ceases to be new or experimental or when nursing education has warranted the delegation of work requiring greater skill. Administrators also may wish the nurse to deal with work that previously fell within their orbit. In turn, nurses are delegating some of their responsibilities to other health workers as well as to the patients, their families and others. The increasing complexity of the nurse's role has demanded that education for the nurse be upgraded; at the same time it has seemed proper to pass to others some of the simpler tasks that at one time were, and indeed in some circumstances still are, properly the province of the nurse. On the other hand, the growing complexity of certain treatments has necessitated the inclusion in the health team of technicians trained in the use of specialized equipment, although the nurse still needs to understand how these devices work.

Nurses should, from the start of their nursing education, be given a broad preparation in preventive, curative, and rehabilitative services. Sometimes a country's resources may not allow a full range of services to be provided, and priorities may have to be decided. Paramount among the problems produced by increasing technical and scientific knowledge is the danger of progressive depersonalization of patients and, concomitantly, of nurses as well. It is therefore important that the nurse should understand the patient as an individual, perhaps puzzled and anxious in the impersonal atmosphere of diagnosis and treatment. Which tasks should be hers and which she should delegate has to be determined by what is best for the patient; what tips the scales in the patient's favour must determine the allocation of work.

2. DEFINITION OF A NURSE

The Committee noted with favour the definition of a nurse that had resulted from a study carried out by the International Council of Nurses (ICN):

“The nurse is a person who has completed a programme of basic nursing education¹ and is qualified and authorized in her country to supply the most responsible service of a nursing nature for the promotion of health, the prevention of illness and the care of the sick.”²

The Committee members were appreciative of the process of investigation and discussion through which agreement on the definition had been reached and did not wish to formulate their own definition. Apart from the difficulties likely to be encountered by any group trying to reach agreement on a definition adaptable to the needs of a wide variety of countries, it was felt to be appropriate that the body determining who should be recognized as a nurse should be the professional association consisting of national nurses' associations.

The Committee thought the definition flexible enough to allow countries to develop nursing services to meet their national needs and this definition of a nurse is used in the present report.

3. PROVISION OF QUALITY AND QUANTITY IN NURSING SERVICE

The Committee recognized that public pressure for the massive expansion of nursing care¹ is creating a demand that can be met only by the reorientation of nursing services. At the same time, nurses are becoming increasingly aware that meeting legitimate demands for greater quantity while continuing to improve quality is a major problem.

3.1 Quality in nursing

What is quality in nursing care and how may it be assessed? In the first place, it is important to consider what will help the patient, for, with rapid technological changes in medicine and in nursing, the patient's situation has changed markedly in the last few decades. A widening range of professional and technical people are concerned with the patient, but

¹ See Annex.

² International Council of Nurses (1965) *Special and Committee reports* presented to the ICN Board of Directors and Grand Council meetings in Frankfurt, June 1965, p. 6.

their services are helpful only to the extent that they are co-ordinated and that the patient and, if possible, his family participate in the planning. This implies that all health workers, but particularly physicians and nurses, should observe and listen to the patient and communicate with each other in assessing his health problems. Although the nurse must rely on the physician for information about medical diagnoses and the plan of medical care, she is responsible for making her own assessment of the patient's problems.

When a plan is made, the patient and his family should be helped to understand the rationale behind it, the measures that are being taken and what their execution will involve. In the absence of such co-ordination, it is possible that some aspects of patient care will be done very well, whereas the over-all result will be unsatisfactory, as, for example, where carefully performed diagnostic procedures and the prescription of expensive medication fail to help because the patient or his family do not comprehend the directions or schedule. Moreover, it is possible for the total effect to be helpful but at the cost of placing too great a burden on the patient or his family by forcing them to co-ordinate the many aspects of care.

The nurse is responsible for much more than specific treatment procedures. In a broad sense, "quality nursing care" is concerned with helping the patient with his daily pattern of living or with those activities that he normally performs without assistance, that is, breathing, eating and drinking, eliminating, resting, sleeping and moving, cleaning the body, and keeping it warm and properly clothed. Nursing also helps to provide for those activities that make life more than a vegetative process—namely, social intercourse and recreational and productive occupations. In other words, the nurse helps the patient to maintain or to create a health regimen that, if he were fit and well, he would carry out unaided.

It goes without saying, however, that nurses will always have to use their judgement in assessing which patients have the greatest and most immediate need for the most skilled nursing care. It is important to remember that the outcome of high-quality nursing should be that patients and their families are better able to cope with problems of health and disease and to turn their attention to cure and recovery—or to adjust to regression if necessary. It was realized by the Committee that such criteria might seem to lack precision as measures of quality. Nevertheless, they suggest a beginning which future research may describe more fully and, hopefully, validate.

3.2 Conditions conducive to achievement of quality

There are certain factors that are influential for, if not, indeed, essential to, the achievement of high quality in the nursing care of patients. Perhaps the most important of these is contact with nurses whose work exemplifies good patient care (nurse-role models). Moreover, it is important that,

as rapidly as possible, more such role models be available in the hospital and in the community as nurses specialized in clinical nursing care as well as in the more familiar positions of supervisors and instructors. Lack of practising nurses whose work exemplifies a high standard may delay the recruitment of better-educated young people.

An earlier WHO publication,¹ in describing a survey of nursing needs within a community, included the question, "To what extent do nurses who are recognized as qualified (graduate, registered, certified) give personal care to patients and to what extent do they teach, administer, and supervise care given by other nursing workers or by families?" While there seems to be agreement among nurses that the qualified nurse carries some responsibility for teaching and supervising other nursing personnel, there is also a growing feeling that she must continue to nurse if she is to retain and improve her own skills. Social recognition and economic reward should therefore be given to the nurse who chooses to remain in patient care services.

Another factor influencing the quality of nursing is the conditions of work—not only the environment itself, including adequate supplies and equipment, but also favourable "hierarchical" patterns and communication systems. Maintenance of a high standard of medical practice also has a beneficial influence. A third factor is the opportunity for developing a career—the chance for the nurse to grow professionally, to develop her skills, and to move to increasingly responsible positions with adequate remuneration. A well-organized plan of in-service education under the leadership of skilled nurses can be vital in helping nurses to maintain a high standard of patient care.

3.3 A system of nursing personnel²

The Committee was convinced of the value of developing a rational system within which nursing personnel could be employed in each country. Such a system should assure nursing leadership to give guidance to the development of nursing as a whole, while permitting the delegation of appropriate functions to less expensively trained personnel; it should minimize fragmentation of service and uncertainty in the chain of control; it should enable not so highly trained personnel to progress, through ability and additional training, as far as their individual talents permit.

It was suggested that the elements of nursing work in each country can be classified in terms of the complexity or level of decision required, so as to permit a systematic estimate of the types of nursing personnel needed.

¹ Lyman, K. (1961) *Basic nursing education programmes: a guide to their planning*, Geneva (*Wld Hlth Org. publ. Hlth Pap.*, No. 7), pp. 10-24.

² See Annex.

On this basis it would be possible to develop a nursing personnel system that would serve as a guide for the development and utilization of nursing manpower. For example, in every country nurses should participate in health and nursing planning and in policy setting at both national and local levels. There is need for nursing teachers, administrators and expert practitioners ; preparation for responsibilities in these areas must be based on broad general education as well as on sound nursing practice. This means that, in addition to a knowledge of the indices of health and the management of disease, the nurse must have an understanding of human behaviour and the principles underlying human organization.

There are nursing services or particular patients whose needs are complex, where detailed observations and reasoned decisions, as well the exercise of considerable responsibility, are involved, and where the expertness of the nurse's judgement is crucial. For example, in the care of a young woman facing a debilitating disease, the problem would first have to be investigated, then the probable causes identified, and a complex programme of referral and of emotional and social support, as well as medical surveillance, instituted. There are certain nursing posts that may demand greater than average application of nursing knowledge and skill—in the remote rural health centre, the intensive care unit of a hospital, or the initial screening unit in a psychiatric centre.

At the same time, there will be patients or nursing posts that call for simpler, though no less responsible, action—for example, the patient who has had a stroke and whose regimen has been well established ; the diabetes clinic where the supervision of the patient follows well-established methods ; the public health nursing district where there is a readily available supervisor and a case load primarily concerned with the home care of patients with acute and chronic illness. These situations require a background of generalized nursing knowledge and may not lean heavily on basic sciences or extensive general education.

In most hospitals, there is still another type of work to be done—work that does not require either the ability to manage the general care of the patient or a high level of general expertise. In feeding and comforting a handicapped patient, escorting patients for special tests or treatments, or preparing supplies for the operating theatre, established procedures have to be implemented responsibly but without modification. Such situations necessitate introduction to the specific tasks, with re-training whenever the tasks change. The range of responsibilities is narrow and the judgement required may be negligible.

On the basis of the above considerations it would appear that, in general, a nursing personnel system based on the following categories would prove effective :

(1) Nursing personnel corresponding to the " nurse " as already defined. This nurse should have had a broad general education, as well as nursing

training with a strong physical and social science basis, thus providing a broad and sound foundation for the effective practice of nursing and for advanced nursing education. Those in this category should be able to develop their ability to provide the most skilled nursing care in the hospital or community service and their judgement to make independent decisions based on scientific, clinical, and management principles: that is to say, they should provide service at a professional level.

(2) Nursing personnel able to provide generalized patient care of a simpler nature requiring both technical and interpersonal skills. Those in this category should be able to provide preventive, curative, and rehabilitative care that takes account of the psychological and social needs of the individual patient.

(3) Nursing personnel able to perform specified tasks related to patient care that require considerably less use of judgement. They should be able to relate well to patients and to carry out dependably, under supervision, the tasks for which they have been trained.

When national resources are severely limited, it may not be possible to train sufficient personnel in each category. Lack of general educational facilities and of well-developed and well-staffed schools of nursing may make it impossible for a country to prepare adequate numbers in the first group. In such a case it may be necessary for personnel in the other two groups to accept responsibilities that in more favourable circumstances would be carried by those with more preparation. However, even a small group of leaders can help to make the crucial decisions required to minimize the hazards that would otherwise be faced when the quality and quantity of nursing personnel are inadequate. It is therefore urged that every country develop at least a small nucleus of nurses capable of advancing to positions of responsibility and leadership.

The relative number of personnel in each category will vary greatly from country to country and from time to time within a country, depending on the nature of the demand for nursing, on the general health programme, and on economic and human resources. By varying the "mix", a degree of flexibility is possible. The prescribed training and the designation of workers in each category will also vary with the customs of the country and with its educational resources. Variations between countries may be expected to be greatest among nursing personnel in the second category. This is the category that provides the greatest flexibility, drawing on whatever manpower is available for training at this level.

However, it is to be hoped that the preparation of the nurse will always be such as to train her to the standard implied in the definition (p. 9). This will permit her to benefit from increased professional stimulation and international exchange, with consequent benefit to her country's nursing service.

A nursing personnel system is desirable also to prevent or restrain undue proliferation of categories of nursing personnel. Where such proliferation already exists, consolidation of the system would have to include safeguards for the individuals likely to be affected.

Carefully conceived long-range plans will be needed to clarify the meaning of each category, to develop training methods for new entrants to each group and to upgrade those who can be prepared, through supplementary education, to accept greater responsibilities.

3.4 Auxiliaries in nursing

Several reports published by the World Health Organization have considered the training and utilization of auxiliaries in health services.^{1, 2, 3, 4} Such workers are important not only in developing countries, but also in those more highly developed; they are needed to extend the services for which there is an inadequate number of professionals, as well as to economize in the use of expensive and highly trained manpower. It has sometimes been suggested that auxiliaries are an expedient, a temporary solution or an inadequate substitute for professionals. This is contrary to the concept of this group of workers as important members of the health team. It has also been suggested that nurses have had difficulty in accepting auxiliaries as an integral part of an organized nursing personnel system. There appears to be an unfortunate tendency to underestimate the potential contribution of auxiliary workers and to regard their work as something the nurse could do better if only she had the time.

3.5 The nursing team

It seems clear that both the quality and the quantity of patient care⁵ can be improved by the utilization of a combination of nursing personnel of different categories, provided that certain principles are followed. The most fundamental of these is that the best-prepared nurse available should take major responsibility for planning.

This concept is one of several considerations of the use of a nursing team outlined in the third report of the WHO Expert Committee on

¹ *The use and training of auxiliary personnel in medicine, nursing, midwifery and sanitation (Wld Hlth Org. techn. Rep. Ser., 1961, 212).*

² *Organizational study on measures for providing effective assistance in medical education and training to meet priority needs of the newly independent and emerging countries (Off. Rec. Wld Hlth Org., 127, 182).*

³ *Seminar on the Training and Use of Auxiliary Nursing Personnel (1963) (Report of a conference . . . Escorial, 17-26 October, 1962), Copenhagen, World Health Organization, Regional Office for Europe.*

⁴ *Report on Conference on Auxiliary Nursing (New Delhi, 3-15 November 1958), World Health Organization, Regional Office for South-east Asia.*

⁵ See Annex.

Nursing.¹ It is based upon the philosophy that the individual patient and his problems are the central focus and that nursing functions appropriate to "care" in a given situation can be appropriately distributed among nursing personnel with varying kinds of preparation to the best advantage of the patient.

Ideally the nurse who is such a "team leader" would have a good knowledge of science, a motive of service, ability to work with people and outstanding nursing skills. Nursing personnel of whatever level or title must be helped to give their best to the plan for patient care. Whether the "ideal" team leader is available or not, it is fundamental to the success of any scheme for the use of a nursing team that the nurse responsible for developing the plan is sufficiently prepared to take this responsibility. When the care is either crucial to the patient's recovery or maintenance of health, or is not based on a defined pattern of treatment, the team leader may need to participate more fully in the actual treatment.

One of the most frequent fallacies is that the responsibility of the nursing team leader is largely administrative. Although the importance of administrative skills should not be underestimated, a balance between this aspect and that of the expert nurse practitioner must be maintained. In other words, the ability to assign certain patients to various types of personnel according to the patient's condition at a given time and to maintain excellent relationships with other team members is only part of the job. The questions must be asked—Does the team leader demonstrate expert nursing ability and a positive attitude toward patient care services? Is she able to assess and reassess her patient's nursing-care needs and to encourage her team to contribute their findings? Is she sensitive to the needs of other team members in terms of their possession or lack of skill—of their need for job satisfaction? Does she stimulate and inspire her team to seek more ways to be helpful to patients?

It is being increasingly shown that, where ideal team leaders exist, the quality of patient care is improved because the team personnel learn to be more discriminating about their own actions, share their problems and attempt realistic measures to change undesirable practices. Team nursing is hard but rewarding work that involves not only resourcefulness on the part of the team leader but a real appreciation of the contribution of all those who have carried some responsibility for the nursing care of patients.

If nursing manpower is grossly inadequate, the best-prepared nurse may be able to work with other personnel only in planning the care of *groups* of patients or of individual patients with exceptional needs. The "on-the-spot" team may then be made up entirely of less highly trained personnel who are working under specific directions when carrying out the nursing management of the patient.

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1954, 91, 19.

In connexion with the team concept, it should not be forgotten that in certain assignments, for example in the public health field, in rural areas or in villages, the nurse might be working alone in a nursing sense but would be a member of a multidisciplinary team whose joint aim was to improve the health environment of the community.

3.6 Men in nursing

Each country has to consider its personnel needs for health services in relation to the available manpower. Although nursing has been predominantly a women's profession, the Committee believed that both the amount and the quality of nursing care could be augmented by attracting more men to the profession. There are many countries where the majority of nurses are men; in others nursing is becoming attractive to an increasing number. There are countries where, owing to the physical conditions of work or cultural attitudes, male nurses can better meet some of the nursing service needs. In others, however, men are not encouraged to enter nursing. It was the opinion of the Committee that the employment of a proportion of male nurses might provide greater stability to the service because many female nurses are lost to the profession, at least temporarily, through marriage.

4. BASIC EDUCATION FOR THE NURSE¹

Appropriate preparation is needed for all nursing personnel if the public's increasing demands for health services are to be fulfilled. However, in the first instance the Committee has limited its discussion to education for the *nurse*; this in no sense detracts from the importance of sound educational preparation for other nursing personnel.

4.1 Recruitment

The importance of a high general educational standard in those recruited to nursing cannot be over-emphasized; in the discussion that follows much of what is said applies also to postbasic education for nurses. Nurses should have an educational background comparable with that of other professional groups. In some countries where this is not feasible, provision is made for nursing students to continue their general education whilst preparing for their nursing work. In other countries only a few men or women can be recruited with the desired educational background and the nucleus of highly trained nurses has to be built up gradually. Contrary to fears sometimes expressed, recruits of high calibre can be attracted if high standards are set and interesting, well-paid careers are offered. Indeed,

¹ See Annex.

there is evidence that, where admission standards have been raised, applications for admission to nursing schools have increased rather than decreased. It is also true that the continued admission of applicants with a poor educational background can deter more highly qualified potential recruits to the profession.

The factors that attract people to nursing are similar for both men and women: social and economic rewards, a high level of general and basic nursing education requirements, and a satisfactory career pattern, with opportunities for promotion. In some countries the lack of equal opportunity for promotion has been a deterrent to the recruitment of men.

Grace, style, and pride in excellence should be as identifiable with the nursing profession as responsibility and technical proficiency. The parochialism which has sometimes existed in the past can be overcome to make room for students who do not necessarily fit the stereotype of traditional nursing-school candidates.

4.2 Control of Nursing Education

The Committee recognized that there would necessarily be considerable variation between countries as to the mechanisms that they would adopt to protect and control the education of nurses. Nevertheless, a number of broad recommendations emphasizing certain principles seemed desirable and feasible. In general, the Committee felt that governments should assume the same responsibilities towards nursing as towards any other profession. Nursing education should be developed within a framework of legislation which, among other essentials, authorizes and defines the responsibilities of nursing schools. Many countries have found it valuable to set up a body, the majority of whose members are nurses, to advise the government on nursing. With this arrangement, responsibility for nursing education can be assumed either by the ministry of health or by the ministry of education, or jointly by both.

In looking to the future, the Committee subscribed to the principle that education for nurses should be absorbed into the system of higher education of the country—either in a university or through a pattern similar to that serving other professions. However, during the transition period, when relatively few nurses would be enrolled in the newer programmes, both types of nursing education would need to exist side by side. Thus, while the system of nursing education was changing into one that ultimately would be expected to provide a better quality of patient care, it would be important for nursing leaders to show a responsible concern for maintaining adequate numbers of recruits to the profession.

In the meantime, while most nursing schools are maintained in relation with hospitals, both classroom and clinical instruction should be under the control of qualified nurse-teachers, thus avoiding the distortion, dilution, or

diffusion of student learning that can arise from institutional service demands. Through co-operative planning with the hospital service staff, instructors should plan, provide, and supervise meaningful learning experiences properly related to the students' needs and to theoretical instruction. The Committee reaffirmed the recommendation of the first WHO Expert Committee on Nursing¹ that nursing schools should be headed by a nurse competent both as such and as an educator.

4.3 Curricula

Good basic preparation is a prerequisite to success in nursing practice. The programme should be geared to the needs of the students and of the community to be served. Emphasis should be on the development of the following qualities and abilities: an understanding of human behaviour; an alert, questioning, and critical mind; power of observation; insight and foresight; imagination and creativity; adequate knowledge and skills in nursing; ability to communicate effectively; and, within the ambit of their own competence, ability to make sound judgements and decisions; ability to anticipate health needs and to institute nursing measures; and willingness to grow professionally.

It follows that the curriculum must be rich in learning experiences, both theoretical and practical, that will provide a foundation for the practice of nursing in a rapidly changing world. Fundamental to this goal is the inclusion of a liberal education, not only for its value to the individual but also as an aid in approaching patients, their families and communities with increased understanding and in enabling the nurse to communicate more confidently with other professionals.

In relation to medical education, it has been pointed out² that the importance of the underlying sciences has become so great that the medical faculty comprises increasing numbers of basic scientists who do research in and teach sciences that are relevant to the practice of medicine. This increasing reliance on scientists from other disciplines adds depth to the curriculum but increases the risk of fragmentation of patient care. A similar problem faces nurses.

Realistically, many of nursing's stated goals, e.g., meeting the total health needs of the patient, treating the patient as a total person rather than as a disease entity, preventing sickness and promoting health, teaching basic principles of public health care to the community, imply a preparation in the social sciences in far greater depth than is at present attained in even the "advanced" nursing curricula.

Specifically, in regard to preparation for the "health teaching" function of nursing, lack of grounding in social sciences has tended to limit

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1950, 24, 12.

² *Harv. Eng. Soc. Bull.*, 1964, 45, 6.

the nurse's ability to listen to patients productively and to establish the two-way communication that is fundamental to a "teaching" relationship. The first report of the WHO Expert Committee on Nursing¹ suggested that modern health work would require reorientation in nursing education from the idea that nurses work "for" people to the idea that nurses work "with" people and that the nurse-patient relationship was itself a therapeutic agent. Another WHO Expert Committee has suggested² that group experiences within nursing education might help students develop social confidence and maturity, to the ultimate benefit of the nurse's dealings with patients. Another consideration to be borne in mind is the extent to which the atmosphere of the school and the attitude of the teaching staff demonstrate respect for the individual and awareness of individual differences, as examples that the nurse might emulate in her health teaching work with patients.

Although, increasingly, nursing schools will have to draw on the help of teachers from the physical and social sciences, the problem cannot be solved simply by adding courses to the curriculum. Nursing teachers must deepen their own understanding in these fields and recognize that this type of learning must be continuous if contact is to be maintained with rapid advances in knowledge. Only in this way can they help students assimilate new scientific knowledge in a manner that will increase rather than impair their ability to give total nursing care. Imaginative teachers may be able to evolve new patterns of teaching instead of relying upon a standard syllabus; e.g., by combining in new ways certain parts of the course content from various disciplines, students can be helped to learn more in less time.

If nursing students are to be fully prepared to face a future of change, a problem-solving approach should be adopted from the beginning of their education. Students taught in this way will be challenged to think; they will learn to seek answers for themselves rather than to rely on someone else's experience or on the memorization of facts; they will be able to continue their enquiring attitude and problem-solving approach as they graduate and enter employment.

In connexion with the work situation in which nursing students obtain their practical experience, teaching staffs have increasingly demonstrated that they are capable of defining objectives and providing specific learning experiences to enable students to learn as effectively in the practical situation as in the classroom. In many cases, such opportunities, encompassing the preventive, curative and rehabilitative aspects of patient care, have been developed step by step and teaching staffs have successfully secured

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1950, **24**, 14.

² WHO Expert Committee on Psychiatric Nursing (1956) *First report (Wld Hlth Org. techn. Rep. Ser.*, **105**, 29).

understanding and a close working relationship with nurses who have administrative responsibilities for patient care. Carefully planned in-service training programmes in which both teaching and service staffs participate can help to achieve this end.

4.4 Limiting factors

There are certain limiting factors that impose constraints on the nursing curriculum. They are not permanent and, as situations change, the curriculum must be kept under constant review, so that limitations that had to be accepted in an early developing phase do not come to be regarded as permanent.

First the programme must be geared to realities. In countries where it is likely that the newly qualified nurse will be appointed directly to an administrative post, some preparation for this responsibility should be included in her basic training. While the Committee recognized that this course of action was not ideal, there was agreement that in some countries it would be unavoidable. It was hoped that such a nurse would continue to seek opportunities to demonstrate her nursing ability and that, as she moved to more senior posts, she would not lose the urge to improve the standard of nursing care.

The quality of the practical experience available can present serious problems for the adequate preparation of nursing students. Where education for nurses is a relatively new concept, many posts will be held by people who have provided nursing care based on tradition and on-the-job learning. They may not have had the opportunity to qualify themselves for their nursing work. A slow advance may have to be made in the first instance, developing only one school. The introduction of a new system of training must always be a traumatic experience for people already holding posts. Care should be taken to assure them of the value of the contribution they are making, and in-service training and modified educational programmes should be provided wherever possible to bring them to the new level of service. The presence of the teacher with the student in the working situation can in itself provide learning opportunities for other service personnel.

Although at all times the nurse should be ready to give of her best, it must be recognized that her effectiveness is decreased by inadequate physical conditions, poor or insufficient equipment, or the absence of a library with adequate nursing and related technical literature. There is a great need to build up relevant literature in the language of the country, preferably written specifically for the country, since translated books may relate to an alien culture and thus be confusing to students.

Above all, the quality of the instructors is decisive for the quality of education that students will receive. The problem-solving approach to

teaching is exacting and stimulating for the teacher as well as for the student, but where teachers are lacking in knowledge, confidence or experience, exposition may be used excessively as the most certain way of covering an extensive syllabus in a limited time. In instances where the curriculum of the school has not been developed by the teaching staff but has been copied from outside, the teachers may fail to accept completely either the material or the technique. The Committee recommended that, as rapidly as possible, the teaching staffs of schools of nursing be further trained in modern methods of curriculum planning and construction. With staff so prepared, the building of a sound curriculum incorporating and, where possible, exceeding the required minimum standards should be possible.

4.5 Midwifery and Nursing

The Committee noted that in some countries, and especially in remote areas, in emergencies the nurse may have to deliver babies and be responsible for the work of auxiliary or indigenous midwives. Where this is likely to be the case, the obstetrical training of the nurse should include, in addition to prenatal and postnatal aspects of maternity care, some experience in delivery. The Committee endorsed a recommendation made by a recent WHO Expert Committee on the Midwife in Maternity Care¹ that planning of nursing and midwifery training be co-ordinated at the national level in order to reduce the length of training for nurses who wish to train as midwives and vice-versa. The present Expert Committee on Nursing recommends that consideration be given to the relationship between nursing and midwifery and that the provision of services and the training of personnel be fully explored.

5. POSTBASIC EDUCATION² FOR THE NURSE

5.1 Relationship of basic and postbasic education

The foregoing discussion has established that basic nursing education primarily provides a basis for the effective practice of nursing and at the same time lays a foundation for more advanced nursing preparation. The Committee recognized that in some countries it has been necessary to include some instruction in administration or teaching within the basic nursing curriculum, depending upon the urgency of the country's needs and the nature of the responsibilities that devolved upon the nurse. However, it was recognized also that this in no way lessened the need for postbasic preparation for wider responsibilities in nursing.

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1966, 331.

² See Annex.

It may seem unnecessary to point out that the countries that were the first to develop basic nursing programmes were also, in general, among the first to initiate postbasic nursing education. Such programmes naturally developed according to patterns related to a country's total culture, including concurrent developments in medicine, health, and education, and in response to changing needs.

However, in the past there has been a tendency to take a pattern of nursing education (basic and postbasic) developed to fit one country's needs and transplant it *in toto* in another country without due consideration of such factors as the extent of industrialization, the level of general education, or the stage of development of nursing. Thus, the Committee felt that a discussion on postbasic education for the future must take account of the achievements and errors of the past and build constructively within realistic limitations.

5.2 Need for nursing leaders

The Committee recognized that it was an oversimplification to say that a country looked upon postbasic nursing education as a means of developing and grooming nursing leaders. Yet realistically it was recognized that there is an urgent need for well-prepared nurses to participate in planning at the national level and to improve the quality of nursing care that people are receiving. There was agreement that it was a fallacy to assume that countries in which nursing was the least developed had need only for personnel with a minimum of training. Rather, as noted earlier, the Committee was of the opinion that, however stringent the circumstances, each country should be encouraged to allocate some portion of its resources for the education of at least a few nurses at an advanced level so as to provide future teachers, administrators and expert nursing practitioners. This group should have sufficient grasp of the sciences basic to health care and of the social, economic, and political forces that modify care to be able to integrate nursing plans and services into the health, education, and welfare structure as it develops at all levels. They should also possess a depth of understanding of the field of nursing and mastery of its technical content commensurate with their responsibilities in key posts.

Inevitably there would be varied personal, cultural and human reactions to these proposals on the part of nurses themselves. It takes courage to be the first nurse or nurses to seek a path to higher education in a country. Moreover, reactions to such pioneering efforts from nurses and other professionals may range from complete approval to hostility. However, the Committee doubted whether nursing could seek professional recognition in national planning councils if it continued to condone its lack of depth and breadth of general education. The alternative, to recruit selected

nurses who have the willingness and the ability to climb the educational ladder, seemed worthy of support.

There are several factors in basic nursing education which, it seemed to the Committee, might limit the development needed by nurses to enable them to assume senior posts. One is the demand for conformity, which can stifle the natural creativity with which a young student may have approached nursing. Another is the way in which students are taught—the extent to which they are set to memorize facts rather than challenged to think and to solve problems. A third is the lack of instruction in the behavioural and social sciences, which could affect the student's concept of herself and of her role in patient care and in society.

Postbasic education in nursing has been set an immense task. In addition to the earlier emphasis on the training of teachers and administrators, the urgent need for expert nursing practitioners and, more recently, nurses with some preparation in research methodology, has been expressed. Moreover, the task is complicated by the fact that the education given must be adapted to the background of the nurse. Thus, because of the many variables in basic nursing education, it is difficult to establish a base-line upon which to build postbasic preparation. However, on the basis of past experience certain broad guidelines can be set. These are in two categories, the first relevant to countries that do not yet have a postbasic nursing education programme, the other to those that do.

5.3 Guidelines : Countries without postbasic schools

In countries without postbasic schools, it may be necessary to establish the first school for nurses who lack the normal requirements for admission to an institute of higher education. The programme should emphasize general clinical nursing skills and also give some preparation for management or teaching. Where possible, the establishment of such a school in association with a university or other institute of higher education would be advantageous. Some nurses may satisfy the admission requirements by taking extramural adult education courses; the co-operation of their employers should be sought toward this end.

A country that does not have a postbasic nursing education programme may, however, have a number of nurses who already satisfy the requirements for admission to higher education. Where this is the case, the Committee recommends that postbasic schools for nurses be established *within* institutions of higher education. According to the number of nurses and the quality of resources available for developing this type of education, these schools should offer certificates or degrees, thus qualifying nurses to assume more senior nursing posts. A degree would constitute a qualification for entrance to postgraduate training in nursing.

Another path that the country without a postbasic nursing education programme might follow would be to select nurses who meet the requirements for higher education and send them abroad for postbasic study. In some instances such study might lead to a specialized certificate in a certain field, whereas in others a longer course leading to a first degree might be the goal. An earlier WHO report¹ drew attention to the many adjustments faced by such nurses upon their return home, e.g., in overcoming obstacles to change and discouragement at lack of progress.

Another way used by some nurses has been to enter an institute of higher education in their country and obtain a degree in another field. They may then proceed to postgraduate or advanced nursing education abroad. Such nurses probably would still be deficient in some aspects of nursing and would need a longer period of study in order to qualify for a higher degree in nursing; in general, planning to overcome such deficiencies should be based on the individual's needs.

5.4 Guidelines : Countries with postbasic schools

Countries that have already established postbasic nursing programmes need to consider the adequacy of existing patterns for the future. Can the proliferation of isolated courses be avoided? To what extent is it possible to bring such courses within the system of higher education of the country? To what extent do existing courses deepen the nurse's clinical nursing skills—is she a better nursing practitioner after completing the course?

Because of the complexity of modern nursing and the nature of the nurse's service, the Committee recognized the need to include liberal studies as well as clinical nursing in postbasic education programmes, whether or not the course led to a degree or certificate. These studies would include further instruction in social and physical sciences, the humanities, communications and mathematics. The Committee agreed that such a postbasic programme should be developed in line with the culture of the country, its educational system, and with recognition of its specific problems. Moreover, regional (inter-country) planning is important, particularly for the smaller countries, in order to minimize expense and duplication of teaching staff and physical facilities for a relatively small number of students.

¹ *Postbasic nursing education programmes for foreign students* (1960) (Report of a Conference, Geneva, 5-14 October 1959) *Wld Hlth Org. techn. Rep. Ser.*, 199, p. 30.

6. POSTGRADUATE EDUCATION¹ FOR THE NURSE

Postgraduate education for nurses has been established within existing patterns of higher education in a number of countries. In general, such programmes prepare for specialization within nursing, either as an expert nursing practitioner or for senior management or teaching posts. There has been increased recognition in recent years that postgraduate programmes in nursing, in addition to deepening knowledge in various fields related to nursing, should provide opportunity for the enhancement of practical nursing skills. They should also make the student aware of the principles of research in order to enable her to appreciate the value of research in nursing and to be alert to research opportunities in her daily work.

7. CONTINUING EDUCATION FOR THE NURSE

In countries where postbasic education is just being introduced, many nurses in senior posts will not have had the opportunity to follow such studies. Since the nursing service has to be maintained, it is difficult to release these nurses to pursue further studies. Ready acceptance of differently trained personnel depends to some extent on building up the confidence and security of existing personnel; social justice requires that opportunities for acquiring further knowledge should not be denied to able people who have given good service in the past; the interests of the service can best be fostered if as many of the senior personnel as possible have advanced preparation. Countries have found ingenious ways of meeting the needs of these personnel, giving recognition to the skills they already have and building on their existing knowledge.

In some countries, the continuing-education aspect of in-service education includes specially devised courses that have been adapted to enable nurses to remain in their posts but to have periodic leave of absence for short spells of formal education. Provision has also been made for continued instruction through guided reading, a shortened working week to allow for the completion of course assignments, and postal tuition during the period of study.

It is incumbent on every teacher and administrator to detect and foster talent. Nursing staff will obtain the greatest satisfaction in their work when they are using their talents most appropriately and to the full. In the interests of the service, the importance of making the maximum use of all available talent can hardly be overstressed. Hence it is important

¹ See Annex.

to recognize, in students and staff alike, any special aptitudes or abilities and to encourage their pursuit and development.

8. RESEARCH TO IMPROVE NURSING SERVICE

Nursing care can be considered to be "good" only if it is appropriate to the community served; what is appropriate to one community may require much modification before it can be introduced successfully into another. Moreover, nursing practice can fail to develop in sympathetic association with changes that are occurring in the community. Research is one of the factors that can help to keep nursing practice in tune with community needs. The Committee felt that the wide range of problems with which nursing is confronted throughout the world could be subjected to systematic investigation utilizing a methodology appropriate to the individual problem and setting.

8.1 Framework for developing research

In order that research may influence nursing practice, studies have to be carried out, the results published and the published reports read, understood, and used by practising nurses. Hence it is important to think in terms of providing a framework within which research can be deliberately fostered and its findings distributed.

First of all, funds must be made available for research, and both philanthropic and government bodies may need encouragement to provide money for nursing research.

Research is a slow process of building up knowledge, fragment by fragment, frequently checked and conscientiously verified. If the building up of knowledge is to be progressive, means have to be provided for the exchange of information both about research methodology and about the results of completed work. It is useful, moreover, to have an index of existing projects that can be consulted before a new project is launched. Good library facilities are essential, and publishers are needed who are prepared to publish and abstract reports of nursing research projects. Nurses doing research should have or should create opportunities to meet for the exchange of ideas and information.

In countries where the concept of nursing research is new, the support of colleagues in other professions and of senior members of the nursing profession may have to be carefully cultivated. Such co-operation and support is essential to good research at any time; in the early stages of the development of research programmes within a country it can be crucial.

8.2 Preparation of nurses for research

Brotherston¹ has summarized the position of a profession in relation to research as follows—"whereas the ability and opportunity to carry out research must be limited to a minority in any profession, an urgent and understanding sense of the need for research should be part of the mental equipment of *every* member of any profession worthy of the name." He goes on to speak of the need for a profession to cultivate research-mindedness, which he defines as "readiness to look analytically at the events or working methods with which we are concerned, a willingness to encourage scientific study or experimentation, and an ability to accept the proven conclusions and act accordingly."

Those carrying out research can be divided into two groups—the minority fully engaged in this activity and a larger group doing some research as part of their normal work. Providing opportunities for a minority of the profession to prepare themselves to carry out research presents problems, particularly in a country where it is not possible to graduate in nursing. The prospective nurse research worker has first to acquire an advanced knowledge of the physical or social science she intends to apply to nursing problems, then to learn to use the tools of research peculiar to her chosen field, and finally to gain experience in their use before she is ready to plan, direct, or carry out research projects.

It is to be hoped that there will always be a sizable group of nurses carrying out research as part of their normal work, either individually or, preferably, as members of multidisciplinary or interdisciplinary teams. These nurses need to be able to recognize in their daily work the problems that would be amenable to research and to formulate the questions in appropriate terms.

Studies should be carried out systematically, however small the scale. Nurses pursuing them will require access to literature on research methods, to short training programmes, and to advisers from other disciplines, e.g., statisticians or sociologists, who can help them to organize and interpret their material so that meaningful results can be obtained. Such systematic on-the-spot studies can provide valuable data for further studies by more experienced research workers. This is a way out of the dilemma that those with time for research are often out of touch with the common afflictions of mankind, whereas those in touch with the common afflictions have little time for research!

Interdisciplinary or multidisciplinary team work can provide a most satisfactory learning experience and a most fruitful source of research.

¹ Brotherston, J. H. F. (1960) *Research-mindedness and the health professions*. In: International Council of Nurses, *Learning to investigate nursing problems*, London, p. 24 (report of an International Seminar on Research in Nursing).

Such co-operation is at its best where the doctor or other investigator understands that the nurse can contribute a new outlook to the planning and development of a study and the nurse is able to raise questions relevant to nursing care and interpret them to the doctor or other investigator. It is least successful where the nurse is used simply as a data-collecting tool, or where she has lost interest in practical nursing and is gaining satisfaction simply from being "in research". Between the two extremes lies a situation in which investigator and nurse, though at first unaware of the potential fruitfulness of co-operation, can see and seize the opportunity once made aware of it.

Ideally, research-mindedness should be inculcated as part of basic nursing education, either through learning on a problem-solving basis or through planning, but not necessarily carrying out, small-scale studies. Such education should be continued and extended in postbasic programmes. In both cases, well-prepared teachers are necessary so that the student is guided to good source material and so that, in gaining further orientation to research, the student is not tempted to undertake impertinent or worthless enquiries.

Research-appreciation courses can be of great value to practising nurses, particularly where the concept of research is being newly introduced in a country. All refresher courses and study days for practising nurses should aim to acquaint them with the results of research work so that discussion may demonstrate how changes may be brought about. A research-minded profession needs to ask researchable questions, to be ready to allow its activities to be studied and to be willing to implement findings. Overcoming the lag between the acquisition of new knowledge and its application is primarily the responsibility of the profession as a whole rather than of the research worker.

8.3 Classification of research in nursing

It is considered that research in nursing should become an integral part of the research programme of any health service. It is needed to determine which patterns of practice, service and education are most effective for both developed and developing countries. Nursing research can be classified in three broad categories: nursing practice, nursing service, and nursing education.

It has already been emphasized that practising nurses should study systematically the tasks they undertake, whether in hospitals or other institutions or in the public health field, and that interdisciplinary or multi-disciplinary studies can be particularly valuable. Such studies could relate to the role of the nurse, to attitudes and inter-personal relationships and communications, and to nursing care.

Nursing service studies cover the many aspects of administration and organization within which nursing is practised. Common problems in this area are the shortages of all types of nursing personnel, their wastage, and the proper use of trained personnel. Personnel policies, service costs, planning of the physical environment and the design of non-medical equipment are also relevant.

In nursing education the design of curricula, the evaluation of different educational programmes at the basic and postbasic levels, and the identification of a core of knowledge common to nursing have been subjects of study. So have the ways in which students learn and optimum methods of teaching.

These are examples of the types of study that could be undertaken in attempts to improve nursing service. However, if research is to achieve this aim, it must be set within a framework that provides research funds, education that will prepare nurses for research, and means of collating and disseminating research findings. A research-minded profession can be a powerful instrument for improving nursing service in harmony with the changing needs of society.

9. RECOMMENDATIONS

The WHO Expert Committee on Nursing

RECOMMENDS

1. That countries be supported in their efforts to meet legitimate quantitative demands for nursing services and at the same time develop a nucleus of qualified nurses capable of being prepared for positions of responsibility in nursing practice, teaching or administration.
2. That, in order to permit the optimum utilization of personnel and resources, the nursing personnel system in each country be so designed as to prevent unwarranted proliferation of levels and types of workers in nursing.
3. That organized programmes of in-service education and training for all nursing personnel be provided as a means of improving the quality of patient care.
4. That nursing be developed in relation to the needs of each country; and that each country be urged to designate a nurse or nurses to be responsible at national level for planning and co-ordinating nursing within the health services.
5. That in each country a body, the majority of whose members are nurses, be designated to advise the government on nursing.

6. That emphasis be placed on measures to develop and strengthen the preparation of nurses for key positions as an essential factor for the sound development of a country's nursing programmes.

7. That the education of the nurse, at basic as well as postbasic level, be incorporated into the system of higher education of the country as rapidly as conditions permit.

8. That research into the improvement of nursing care be promoted as an essential part of the planning of health services and that opportunities be provided for nurses to be prepared in research methodology through such means as training grants and fellowship study.

Annex

GLOSSARY OF TERMS

Nursing care

In a broad sense nursing care is derived from what has been called the unique function of the nurse . . . “to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible. *This aspect of her work, this part of her function, she initiates and controls ; of this she is master.*”¹ Some of these activities for certain patients may be assigned by the nurse to less highly trained personnel under appropriate instruction and supervision.

Patient care

The health care services provided to a patient. The nurse is one of the key persons in helping the patient and his family to carry out many aspects of the plan for patient care. A number of other professional and technical personnel may also participate in the plan. The term may include care given to healthy people, i.e., preventive as well as curative and rehabilitative measures.

Nursing practice

The entire range of work of the nurse wherever she is employed, e.g., in a hospital or other institution, in domiciliary care or in other community health services.

Nursing service

The many aspects of administration and organization within which nursing is practised.

¹ Henderson, Virginia (1961) *Basic principles of nursing care*, London, International Council of Nurses, p. 3.

Nursing personnel system

An organized plan for the employment and assignment of nursing personnel. It implies that the elements of nursing work in each country can be classified in terms of the complexity or level of decision required and facilitates the estimation of numbers and types of personnel needed. Under the leadership of the best-prepared nurse, appropriate functions can be delegated to less highly trained and less expensive personnel; fragmentation of service and proliferation of levels of personnel can be prevented.

Basic education for the nurse

A planned educational programme that provides a broad and sound foundation for the effective practice of nursing and a basis for advanced nursing education.¹

Postbasic education for the nurse

A programme for nurses previously prepared in basic nursing that (a) takes place in a university or other institute of higher education, (b) is continued from year to year (i.e., is not a refresher course or seminar), (c) is recognized by an appropriate authority, (d) has specified admission requirements, and (e) has a full-time teaching staff or faculty.

Postgraduate education for the nurse

A programme in nursing that requires the possession of a university degree as a condition of admission and that offers an advanced degree upon completion of the course.²

¹ International Council of Nurses (1965) *Special and committee reports* (presented to the ICN Board of Directors and Grand Council meetings in Frankfurt, June 1965), p. 6.

² *World directory of postbasic and postgraduate schools of nursing* (1965), Geneva, World Health Organization, p. 9.