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WORLD HEALTH ORGANIZATION
TECHNICAL REPORT SERIES

No. 49

EXPERT COMMITTEE
ON NURSING

Second Report

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WORLD HEALTH ORGANIZATION

PALAIS DES NATIONS

GENEVA

JUNE 1952

EXPERT COMMITTEE ON NURSING

Second Session

Geneva, 15-20 October 1951

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The report on the second session of this committee was originally issued in mimeographed form as document WHO/Nurs/16 Rev.1, 20 October 1951.

EXPERT COMMITTEE ON NURSING

Second Report ¹

The Expert Committee on Nursing held its second session in Geneva from 15 to 20 October 1951. The session was opened by the Director-General, Dr. Brock Chisholm. Miss T. K. Adranvala was unanimously elected Chairman, Miss L. Petry, Vice-Chairman, and Miss N. S. MacKenzie, Rapporteur. The agenda submitted by the Director-General was approved and adopted.

Introduction

The committee recognized as its task the consideration of the provision of nursing and the preparation of nursing personnel ² with special reference to those areas of the world where they are scarce or not immediately available. In studying its task the committee recognized that nursing is one element in services provided for the community by a health team, and that the role of nursing in any community depends on the health needs of the people of that community and on the availability of the services of other members of the team.

¹ The Executive Board, at its ninth session, adopted the following resolution :
The Executive Board

1. NOTES the report of the Expert Committee on Nursing on its second session ;
2. THANKS the members of the committee for their work ;
3. AUTHORIZES publication of the report, and
4. REQUESTS the Director-General to take into account the recommendations in the report, in so far as they may be applicable, when implementing the programme for nursing.

(Resolution EB9.R77, *Off. Rec. World Hlth Org.* 40, 28)

² Following the usage in the report on the first session of the Expert Committee on Nursing (*World Hlth Org. techn. Rep. Ser.* 1950, 24, 4), the word "nurses" is applied to "professional nurse", "graduate nurse", "trained nurse", or "registered nurse" and is taken to mean "the workers within any particular country who supply the most exacting, comprehensive, and responsible care of a nursing nature which is available in that country". In addition, "nurses" include "those competent in research, consultation, education, and the planning of health programmes".

"The term 'auxiliary nursing personnel' indicates those who give, in comparison, less exacting care which supplements that given by nurses, or those whose duties are confined to some particular phase of nursing care (e.g., vaccinators)."

The committee points out that although the feminine pronoun is used throughout this report, it should be taken as referring also to male personnel when these are employed.

The committee endeavoured to find answers to the following questions :

- (1) What are the health needs of people and the methods of meeting them ?
- (2) How can nursing help to meet these needs ?
- (3) What principles are involved in planning a programme designed to prepare nursing personnel ?
- (4) How can nursing make its maximum contribution ?

1. Health Needs of People and Methods of Meeting Them

The report on the first session of the Expert Committee on Nursing recommended

“ fundamental research with the assistance of social scientists to determine the real health needs of peoples in two or more different societies and to determine how nursing can best function to meet these needs through health teaching, participation in preventive programmes, care of the sick, and other methods ”,³

The committee reaffirmed the necessity for such fundamental research as a basis for designing realistic health programmes. For purposes of immediate discussion it accepted as universal health needs : food, shelter, clothing, and an environment which sustains health ; information on the use of available natural and social resources ; and care in sickness. Essentials for meeting these needs are stability in human relations and an economic status sufficiently high to permit the attainment of necessities for health.

Means to meet these needs are not yet available to all peoples.

“ Lack of basic public-health programs, of doctor[s] and nurses skilled in modern medical science, and of hospitals and drugs leaves many large sections of the human family prey to preventable or curable diseases . . . These people in recent years have been stirred by a growing awareness of the possibilities of human advancement. They are seeking a fuller life and striving to realize their full capabilities. They aspire toward a higher standard of living and better health and physical well-being.”⁴

Demonstrations combining educational, agricultural, and health activities to meet needs are now being carried on in many parts of the world.

Believing that a brief description of selected demonstrations would be useful to persons confronted with problems of designing and maintaining health programmes,

³ *World Hlth Org. techn. Rep. Ser.* 1950, 24, 6, 21

⁴ US Department of State (1950) *Point four : cooperative program for aid in the development of economically underdeveloped areas*, Washington, D.C. (Publication 3719, Economic Cooperation Series 24), p. 2

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RECOMMENDS that the World Health Organization co-operate with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and other specialized agencies to compile brief reports on a variety of demonstration programmes which aim at meeting fundamental needs, including health needs.

The committee is aware that progress in health is closely related to fundamental education and that experiments in this connexion are being carried out by various specialized agencies of the United Nations and by others. It urges WHO, when taking part in such experiments, to emphasize the education of women, particularly in child health and family hygiene, and to make every effort to improve the general education of women in countries where such education is deficient, in order to raise the status of women and to enable them to make a full contribution to the health needs of their own people.

2. How Nursing can Help to Meet Health Needs

Some methods for meeting the health needs of people are provided when education permits the application of scientific principles to an indigenous culture. The benefits resulting from such development will help to secure (a) the establishment and maintenance of a healthy environment, (b) the promotion of health and the prevention of disease, (c) the care of the sick, and (d) the establishment of social and economic security. The committee is mindful of the fact that nursing as part of a health service will advance as its need is recognized and as the economic and other resources will support it.

2.1 *General functions of nurses : some illustrations*

While endeavouring to meet needs in hospitals, health centres, clinics, and the homes of the people, nurses perform a number of highly important functions. In addition to bed-side care and the many specialized duties falling to them in hospital, they give service in outpatient departments of hospitals and in clinics, and make follow-up visits in the homes. The following list, though by no means exhaustive, gives some indication of the wide range of services which nurses may be called upon to render : home nursing and the teaching of simple home care ; services in health centres and clinics for expectant mothers and young children ; services for the prevention and control of communicable diseases ; school health services, including physical examinations and home visiting.

In discussing the role of nursing in helping to meet health needs, the committee gave examples of actual situations in which nurses have played a part; a few of these examples follow:

In North Borneo a public-health nurse found that many babies of weaning age were dying of gastro-intestinal disturbances. It was learned from mothers, when the nurse visited in the homes, and from the local midwives that the main reason for illness and death of the babies was faulty feeding. The public-health nurse realized that one of her first responsibilities was to work with mothers in their homes in teaching them how to prepare foods. This was done by simple demonstrations in the homes as well as by group teaching and demonstration in the child-health clinics. She carried out similar activities with groups of future mothers in the public school and found the girls were enthusiastic pupils. In addition to the above work, the nurse also gave instruction on food preparation to midwives and through them reached a larger number of mothers. The latest request for similar teaching came from dressers who were working in outlying posts of the country. They, too, wanted to learn how to select and prepare local food for babies so that they, in turn, could teach mothers.

School health clubs have been used in many countries to great advantage in training the younger generation in hygienic habits. In the Amazon Valley, for example, the *visitadoras*⁵ help to organize and teach in these clubs. Good habits of personal hygiene and of nutrition are emphasized. Since vegetables are not a common part of the diet in this area, children have been taught to grow and eat vegetables, while their mothers are taught how best to prepare them. The health service provides the seeds and sets the example by planting a vegetable-garden in its grounds. Similarly successful food production and methods of canning the surplus were taught by a public-health nurse to a rural community in Eastern Canada.

In a rural district of India where malaria was one of the major health hazards, the local health visitors co-operated with a malaria-control demonstration team in bringing relief to the villages. The health visitors penetrated to settlements where they were unknown to the people. At first the women and children would hide in the jungle at their approach, but the health visitors gradually calmed their apprehension and won their confidence by listening to their stories, by giving treatment to malarious patients, and by rendering first-aid in cases of injury and sickness. The influence of the Patel or Headman of each village was obtained to gain the acceptance for a full antimalaria campaign by the team. This had dramatic effects in improved health of the community and opened the door wide to a campaign of health teaching in which local school-teachers, schoolchildren, local dais,⁶ and parents all took part. Village committees were formed, the team assisted in the erection of school latrines, and the health visitors worked with the committees and the schools in the teaching of simple health rules and the treatment of simple ailments. They also worked with the local dais to help them to improve their skill. Although visits could be only occasional, they were planned at regular intervals and were eagerly anticipated.

Another interesting illustration is that of a woman who had reached the stage of recovery from her illness when she could be allowed to bathe herself. This was explained and the patient was willing but asked the nurse to stay with her so that she could talk about something that was worrying her. The nurse stayed and listened sympathetically,

⁵ A *visitadora* is an indigenous auxiliary public-health nurse in Latin America, receiving a short training (six months) from a professional nurse and working under supervision.

⁶ A *dai* is an indigenous midwife in India, with or without training.

and was able to appreciate a deep-seated anxiety on the part of the patient that she was suffering from cancer, although she had been assured that the examination had not revealed cancer. The nurse reported the conversation to the doctor who later stated that the relief afforded to the patient by the opportunity of sharing this anxiety and obtaining reassurance had made her recovery more rapid and complete.

A difficulty which arises when a nurse is endeavouring to meet health needs is the frustration she may experience when she cannot obtain the help she wants for her patients. This may be due, on the one hand, to her own lack of knowledge of available resources and, on the other hand, to unawareness of, or indifference to, the problems on the part of members of the health team—doctors, public-health engineers or sanitarians, social workers, etc.—or of the community. A method of overcoming this is the utilization of staff conferences in which other members of the team participate. The nurse (or it might be another member) states her problem and sketches in its background. Then to make it come alive the group stages a "socio-drama" and acts it, the members taking the parts of the individuals concerned.

One such situation dealt with in this way was adequate treatment of a case of tuberculosis. The patient was the mother of a family—an Indian, barefooted, illiterate, and 41 years of age. She had been diagnosed as tuberculous a year previously, at a municipal health centre, and hospitalization had been recommended. Until a bed could be found she was referred to the outpatient clinic for artificial pneumothorax, but interrupted treatment because she said she had no time to attend. When next seen she was found to be five months pregnant. She already had three living children—a boy of 12 years, a girl of 9 years, and a baby of six months. The father, aged 50, was illiterate, addicted to drink, had been in goal, had lost his job, and had abandoned the family. The family lived in a hut made of cardboard and tin cans, not weatherproof, and situated at the edge of the municipal garbage dump and incinerator, exposed to flies and bad smells, and liable to be swept away in the rains. The hut contained only one room and one bed, and had no lighting, water, or sanitary facilities.

As a result of the vivid presentation of this actual situation, the imagination and sympathy of the group was stimulated. The necessity for consultation with the social worker, for instance, was immediately demonstrated. Recourse was had to various social and health agencies in the area and, as a result, the mother was hospitalized; the family was provided with better living-quarters; the children were taken to the home of their maternal grandmother, so that their aunt could assist in looking after them; the husband, who had been ill, returned home of his own accord; and direct relief was given in the form of food and clothing. Thus the frustrated public-health nurse was able to solve her problem through her increased knowledge of where help was to be found and through the assistance of members of the team and members of the public.

The great systems of curative medicine, based on hospitalization, which in western civilizations have grown out of the historical past, have obscured the fact that nursing is essentially a team activity. Within any team serving human beings there is always need for personnel sufficiently flexible to fill a role which remains fundamentally the same, but changes as the work of the team develops. It is a role of liaison and of interpretation, of acting as friend and counsellor. But it will not be a passive role. The nurse must be aware of what her responsibilities are and carry them out in co-operation with other members of the health team. She must satisfy herself that what she does is necessary and indispensable; and that she is given the authority to carry out her responsibilities. The committee agreed that nursing has

four main aspects (see sections 2.2, 2.3, 2.4, and 2.5) and imposes four main tasks upon nurses.

2.2 *Sociological and psychological aspects of nursing*

In her role of liaison and interpretation, the nurse relates her health education to the habits and understanding of the people. She cares for the hospital patient, who is removed from his own home and familiar surroundings to a strange environment that causes anxiety in addition to the fear of his illness. (Children and elderly people are particularly affected by such an anxiety.) She must know how to meet the emotional needs of patients as well as how to give good physical care and must be aware of their cultural background and habits.

Attention should be called to the responsibilities of the individual nurse to her community as a citizen. Her efforts should be directed towards stimulating community movements of a social, economic, or educational kind by working with lay leaders, clubs, and social groups.

2.3 *Operative aspects of nursing*

The nurse assists in the fulfilment of normal functions, such as childbirth and child-rearing; she carries out treatment necessitated by illness under the orders of, or in co-operation with, the doctor, whether in the home or in the hospital.

As the boundaries of science and medicine extend, with multiplication of diagnostic techniques, the observations, measurements, and tasks performed by the nurses become increasingly important in the effective working of the health team. Social medicine, with its insistence on restoration to health and not merely on cure of symptoms, requires the nurse to play a large part in the rehabilitation of patients.

2.4 *Educational aspects of nursing*

2.4.1 *Health teaching.* The nurse is a teacher of health. She goes into the homes of the people to teach both the prevention of disease and its cure; she teaches the patient in hospital the nature of his illness, in language he can understand, so that he may endure it, co-operate in his own cure, and learn how to avoid becoming ill again. All nursing personnel have a moral obligation to the community to teach the prevention of illness.

2.4.2 *Education of nursing personnel.* Nurses prepare suitable persons to undertake health education and to care for patients. These persons may be nursing students, public-health nurses, voluntary workers, or auxiliary personnel who will undertake the less complex aspects of nursing, or they

may be persons already working in traditional ways—for example, as *visitadoras*⁷ and *mantris*⁸ in public health ; as *dais*,⁹ *bidans*,¹⁰ and *curiosas*¹¹ in obstetrics. In the field of advanced study, the nurse also has a major responsibility in the preparation of nurses as teachers, administrators, and research workers.

2.5 *Administrative and advisory aspects of nursing*

Nursing is the conscious practice of human relationships. It begins with the supervisory attitudes of seniors to juniors and culminates in more onerous and complicated administrative functions, such as the planning and organization of new health services and teaching programmes.

Nurse advisers have a valuable contribution to make in the planning of hospital buildings, teaching units, clinics, etc. ; in selecting and testing equipment ; and in assessing the number and categories of staff which will be required. They can advise against the expenditure of money on buildings which cannot be used owing to lack of funds to equip them or lack of personnel to staff them. They can also help to design home-care programmes to supplement the services of hospitals, and to plan preventive and curative programmes with equal emphasis on both prevention and cure.

3. Principles Involved in Programmes for Preparing Nursing Personnel

The problem of providing personnel for nursing services entails several considerations, including :

- (1) Planning for immediate and for long-term needs.
- (2) Selection of candidates for training.
- (3) Programme of studies for nursing schools.
- (4) Methods of teaching.
- (5) Preparation of nurses going to countries other than their own.
- (6) Advanced study.
- (7) State recognition of nurses.

⁷ See footnote 5, page 6.

⁸ A *mantri* is an indigenous auxiliary public-health worker, male or female, working in Indonesia.

⁹ See footnote 6, page 6.

¹⁰ A *bidan* is an indigenous midwife in Malaya, with or without training.

¹¹ A *curiosa* is an indigenous midwife in Latin America.

3.1 *Planning for immediate and for long-term needs*

In many countries, nursing education has grown up in a haphazard way. Growth may have been organic and soundly based on the needs of the community; on the other hand, methods and techniques have too often been taken from other cultures without much regard for their suitability.

Sound planning begins with an assessment of what is already available and provides steady progress towards wisely chosen goals. Such planning is based on (a) knowledge of the needs for services, (b) knowledge of available personnel and resources for services, (c) economic resources, and (d) the educational level of the people from whom health personnel are to be drawn for training. Balanced planning takes both elements—facilities and personnel—into consideration and calls for concurrent action on both, so that progress on one element will not be held up later while action on the other is initiated.

Poor planning in balancing the provision of health facilities with the provision of health personnel would result in having health centres and hospitals but no personnel to care for the people who come.

3.1.1 *Knowledge of needs for services.* A preliminary inquiry should be undertaken to discover the most urgent needs for nursing services and the major types of service in which nursing personnel should be skilled.

The more primitive the community the more clearly does the sociological structure stand out, based on groups of families whose elementary need is to feed and perpetuate themselves, even when an intricate cultural pattern has been woven into the primitive structure. The function of the inquiry would be to discover the pests which destroy the crops, the parasites which sap the energies of the workers, hinder reproduction, and kill mothers and babies, and the cultural diseases which make the society sick. The hazards may be malnutrition, locusts, malaria, kala-azar, yaws, and other diseases, as well as antisocial customs and practices, or a combination of hazards. Whatever statistics are available should be examined.

3.1.2 *Knowledge of available personnel and resources.* In countries where organized health services have been in existence over a period of time, nursing personnel of various sorts will already be at work. It is essential to take stock of the categories of personnel who have been trained, and to estimate the numbers of each type needed, in order to plan systematic progress towards a goal.

The committee noted that a *Guide for national studies of nursing resources*¹² had been prepared by WHO to assist governments in making (or continuing) a study of their existing supply of different types of nursing personnel, the estimated number of each type required, and the factors

¹² Unpublished working document Nurs/Int/1

interfering with securing candidates for training. Such a study would assist the health administration in making a plan for the development of nursing. The committee recommends the use of the *Guide* in planning a study.

Nurses and auxiliary personnel in the team maintain direct and continuing contact with people, both well and sick. Hence nursing should be provided wherever people live—in rural and in urban areas. When persons are found in an area who are already performing some activities of a nursing nature, the problem may be how to utilize them and what additional training they need so that the health programmes may evolve satisfactorily. When no workers are available, appropriate persons may be chosen, trained, and supervised so that their services will be effective.

The local workers will be trained for duties in the specific health programme, e.g., vaccination, immunization, mother-craft, first-aid, home care of the sick, maternity services, instruction in nutrition, case-finding, and reporting of births and deaths.

Nurses should take part in the selection, training, and supervision of local persons. When rural or urban programmes have been initiated before such nurses are available, their preparation should be undertaken immediately so that within the shortest possible time they will increase the effectiveness of the training and performance of these local workers.

3.1.3 *Economic resources.* In no country is money available for health services in the amount desired. Planning must take into account the economic resources available and expected in the future. The necessity for careful balancing of the various elements of the plan is even more obvious where the money allocated to health services is small. If faced with a choice of building several health centres for which there would be no trained personnel, or fewer centres and the use of some of the funds to train personnel, the latter course would seem the wiser. In regard to nursing schools, financial planning must take into account the need for residences for students as well as for educational facilities. It is important to provide funds for educational purposes and to keep them separate from funds for provision of nursing services, even though in the early phases of development these funds are small. It is the opinion of the committee that nursing schools should be established as independent educational institutions.

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RECOMMENDS to governments that, in the administrative planning for the health services of a country, schools of nursing be granted funds from educational sources in order to ensure them an adequate independent budget and an educational status.¹³

¹³ The Executive Board, at its ninth session, recognized that the provision of such sums would be made in ways appropriate to the educational structure of the government concerned.

3.2 *Selection of candidates for training*

Students admitted to a school of nursing or a school for auxiliaries should be carefully selected. In planning for the preparation of nursing personnel, consideration should be given to the educational level of the possible candidates. In some countries, where the people are pre-literate or the standard of education is low, a beginning has to be made at a level comparable to that of auxiliary nurses in other countries. The hospital, clinic, or health centre may have to be staffed with men and women of the nursing-auxiliary type. From these, persons of the best available education and intelligence should be selected and skills should be taught them as these are needed. From these simply trained persons it may be possible, in time, to select a group capable of further education who might receive full nursing training.

If this is done a high standard of training should eventually be possible. The important points to consider would be :

(1) to select women or men of good intelligence who can proceed to more-advanced training as this becomes possible.

(2) to make each step in preparation a unit in itself which can be added to as the occasion arises. A single year of training, for instance, must be so well planned and efficiently carried out that the nurse becomes a safe practitioner within the limits of her training. It must be envisaged that many women will return to their homes and communities in accordance with tribal and marriage customs without undergoing any further period of training. Such women should be a potent influence for better health practices and also for recruitment.

(3) to organize training so that a promising or exceptional candidate may be able to continue training elsewhere.

(4) to seek opportunity for further training for students of exceptional ability when local facilities are inadequate.

In many areas of Latin America the health centre associated with a small hospital is the starting-place of a nursing service. In order to establish liaison between centre, hospital, and the homes of the people, the nursing and medical personnel of hospitals and public-health agencies have given simple training to local girls to become hospital auxiliaries and home visitors or *visitadoras*. The latter are somewhat comparable to the early domiciliary visitors in England, working women of the neighbourhood, who were the forerunners of the trained health visitor. Along with the training of *visitadoras*, steps have been taken to improve the practice of the *curiosas*.

Where secondary education is developed and teachers and training materials are available, more comprehensive training programmes would

be established. Completion of these programmes would qualify nurses for reciprocity with the registered nurses of other countries. The maintenance of schools of this type would depend upon adequate staffing of the hospitals and other teaching fields with qualified nurses and auxiliary personnel. Other relevant considerations would be :

(a) to ensure that the length and quality of training should be sufficient to prepare a nurse whose professional status would be comparable to that of other professions ;

(b) to secure the support of public opinion in recruiting suitable students ;

(c) to obtain residences which would provide an environment conducive to the way of life to which educated students are accustomed.

Summarizing this section, the committee agreed that planning to meet immediate and future needs for nursing personnel depends on the types of services needed and the available nursing personnel, on economic resources, and on the educational level of the people from whom health personnel are to be drawn for training. Planning begins with the assessment of need, proceeds towards the chosen goals, and provides for careful balance of all elements.

3.3 *Programme of studies for nursing schools*

3.3.1 *Objectives.* The objectives of the school should be directed towards the development of attitudes and behaviour as well as to actual performance of nursing techniques. The school should aim at preparing nursing personnel with a broad vision of community health needs and with the necessary skills to give bed-side care and to teach health.

In countries where most of the nursing is done by auxiliary personnel and where nurses, as soon as qualified, are entrusted with administrative, supervisory, and teaching positions, these objectives should be enlarged. The schools should aim at preparing persons who, besides having acquired the preparation mentioned above, should also be qualified to administer nursing services and to teach and supervise auxiliary personnel.

3.3.2 *Curriculum planning.* A feature of modern nursing education is the emphasis given to the planning of curricula based on the educational principles common to all disciplines. The nurse has to be taught to react to situations which are changeable in themselves (because human beings are dynamic) and which are also affected by advances in medical and general science and by the impact of one culture upon another. The help of educationists, as well as that of persons familiar with the culture, and particularly educated members of the society who have learned to look objectively at their own customs and beliefs, is urgently needed in developing a programme for the school of nursing.

Attention should be given to methods of curriculum planning in areas where nursing is in the early stages of development. It is a temptation to adopt a curriculum which has been prepared for other cultures. It may be a useful standard of reference but, unless it fits the particular circumstances of students and the milieu in which they work, it may be of little use and even a hindrance to acceptance of a more realistic programme.

The content of a curriculum, whether basic or advanced, should be up to date and constantly under revision. Early in her training each student (pre-literate or educated) must be taught the special features of the diseases and hazards she is likely to encounter and the treatments used, even though these may be unfamiliar or "advanced" according to western ideas. The nurse as well as every other member of the team can be taught the basic economic fact that resources expended on medical and nursing care and supplies are resources diverted from some other objective, and that good cause for the expenditure must be shown with corresponding good results.

It should, however, be noted that care should be taken to plan the content of a first year's training because it is the foundation of all subsequent training and experience. The curriculum for this year should be both flexible and comprehensive and should be capable of extension, both in breadth and depth, as the educational grasp of the student improves. It demands teachers who are not only exceptionally well prepared—for simplification of complex material without falsification or misrepresentation is not easy—but who have the power of imaginative insight into the mental processes and culture of their students. The teaching of the art of nursing should be based on scientific principles. The social sciences should be included and should be related to the culture of the group. When students are well educated and intelligent, and a further two years of study and practice can be added to the first year, it should be possible to create a nursing profession whose members could be, in name and fact, colleagues of the other members of the health team. The status they achieve would depend largely upon their own clear conception of their role within the team, mutual understanding between the members of the team, and the assent of the community. Even if students do not continue beyond the first year they would possess sound, if elementary, knowledge and skill useful in their own homes and communities.

To guide those helping to plan new programmes in nursing education or, in some cases, to revise those programmes already established, the committee suggests the use of the booklet entitled *The basic education of the professional nurse*.¹⁴

¹⁴ International Council of Nurses, Committee on Education (1949) *The basic education of the professional nurse*, London

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RECOMMENDS that the World Health Organization request the International Council of Nurses to undertake the revision, as needs dictate, of the booklet entitled *The basic education of the professional nurse*, in order that educational preparation shall keep pace with the changing needs of nursing services.

3.3.3 *Education for supervision.* Education for supervision is one of the most important functions of a school of nursing. The educational programme should, therefore, include preparation for more than the commonly accepted concept of nursing the sick. Methods of training and supervision of local workers should be taught in the nursing schools. These schools should also prepare their students to teach and supervise nurse auxiliaries in hospitals of all types in the region and to administer nursing services in hospitals staffed by auxiliaries. Possibly not more than half the student's time should be devoted to caring for hospitalized patients. Throughout the programme emphasis should be placed on service to individuals and families in their homes and communities, as well as on the responsibility of nurses for teaching health and preparing other workers. The preparation of nurse teachers and administrators for these nursing schools should be carried on in an institution serving an area with several nursing schools, perhaps even combining several countries. The concept of local organization of health activities, the emphasis on preventive programmes, the content and practice of health teaching, skill and supervision of local workers, the supervision of hospital auxiliaries and administration of hospital nursing services, and preparation for citizenship will figure prominently in the nursing schools themselves, as well as in the programmes of institutions preparing nurse teachers and administrators for these schools. It is desirable to train these teachers and administrators in part together with other health workers, doctors, sanitarians, and similar workers for the sake of mutual understanding and co-operation. Nurses prepared in these schools should be able to count upon guidance from the staff of their schools when they begin their work of supervision in rural and urban areas. Midwives do not fit precisely into nursing categories, but it is agreed that all midwives need to know at least the elements of bed-side care as taught to nurses. The competence of midwives also depends considerably on the quality of the teaching and supervision they receive. This should be carried out by experienced midwives who, in most countries, would also be nurses and who should have a knowledge of public health. It may be necessary for nurses who have had experience of obstetrical nursing, but are not midwives, to supervise the work of indigenous unregistered midwives.

3.4 *Methods of teaching*

The education of nursing personnel at all levels has, until recently, been looked upon as a by-product of their employment to maintain hospitals and other institutions. Many students have obtained training under this system because the most important factors of the learning situation—interest and attention—have been present, and these have compensated for drudgery, repetition, and gaps in teaching. But it is now well recognized that, with the great increase in the number and variety of occupations coming under the classification “nursing”, and the widening of the field of recruitment, wastage and frustration of students occur unless they receive a carefully planned education undisturbed by non-educational demands on their time and energy. It is particularly advisable to emphasize this from the very beginning in areas where nursing is in the early stages of development.

An experimental attitude towards teaching methods is in evidence in good modern schools of nursing. The one criterion of success is that the learner does, in fact, learn. Interest and attention are rarely lacking in student nurses owing to the intrinsic interest of the material, but they may be dissipated unless the student's will to learn is utilized and she experiences satisfaction from what she learns.

At an early stage of training the student tends to be vividly impressed by the evidence of her own senses and by the impact of the teacher's personality on her own. The best method of teaching students is the small group, based on demonstration and discussion, with the objective of using the pupil's natural faculties and power of summing up a situation to the full.

3.4.1 *Teaching aids.* More information is needed on the proper use of teaching aids. Participation in the actual care of patients should take place as early as possible, as nothing replaces personal demonstration of skills at the bed-side. To practice on patients, however, is not always feasible. Hence every possible use of visual and tactual material should be made, including the use of films, filmstrips, charts, and dissection. Activities such as modelling in clay or plasticine may be effective teaching devices. Teachers should be supplied with details of new teaching aids. Libraries of the latter—assembled at regional educational centres—which could be distributed on loan would be helpful.

The Expert Committee on Nursing

RECOMMENDS that the World Health Organization suggest to Member Governments that selected teachers from nursing schools be given an opportunity to obtain training in the Visual Aid Production and Training Centres now being established by UNESCO.

3.4.2 *Textbooks.* The committee discussed the lack of suitable textbooks for nursing personnel of all grades and suggested to WHO that funds should be made available to provide fellowships or grants for nurses to write textbooks and manuals and compile bibliographies. The committee considered that similar provision should be made for the translation and publication of textbooks of proved value, when it can be demonstrated that these are suitable. For example, in the 18 Spanish-speaking countries of Latin America, textbooks in English are already in use and much time and effort is wasted in attempts by teachers to make translations for their own schools.

3.5 *Preparation of nurses going to other countries than their own*

Nurses going to other countries than their own to undertake advisory and teaching functions, in association with the nurses or nursing personnel of those countries, should be qualified accordingly. They are selected because they are considered to be experts in their subject, but they have to be prepared for the impact of a different culture. It is not realistic to assume that they would be able to function effectively within a foreign culture merely because they have done a fine job at home. Nurses selected should have the capacity to appreciate cultures other than their own and an ability to adapt to local customs. They need a sensitive and imaginative approach to human relationships.

In order to perform their work with sympathetic understanding and to relate their whole scheme of teaching and development of services to the sociological pattern of the country, it is suggested that nurses should have a period of orientation before arrival in the countries to which they are assigned. Orientation is a continuous process, and plans should be made within the country for further development after the initial period. The nurses themselves should assume responsibility for the continuous deepening of their appreciation and knowledge. The government of the country should co-operate in planning the introduction and orientation of new personnel. Orientation should include :

- (a) knowledge of the cultural background of the country (history, religion, social structure, general and nursing education, political organization, and economy) ;
- (b) specific information as to the programme and policies of the health agency of the country in which they are going to work, and an appreciation of the accomplishments of health and nursing in that country ;
- (c) specific knowledge of the policy and programme of the agency, if any, under whose auspices they will work ;
- (d) if possible, instruction in the language of the locality to which they are assigned.

3.6 *Advanced study*

The committee is aware that many countries are in need of educational facilities for the further preparation of nursing personnel within their own cultural pattern and with regard to their specific health problems and conditions.

The committee suggests that countries already having educational institutions that could be used for the preparation of health personnel from adjoining countries should receive help to undertake this work. An example of this is the All-India Institute of Hygiene and Public Health, Calcutta, which is willing to provide preparation for members of health teams, doctors, nurses, sanitary engineers, and laboratory personnel. Such institutions could sponsor the organization of group-study methods, such as workshops, for the discussion of common problems both for nurses and for other workers within the area. In addition to preparing health workers from neighbouring countries, the institution may also serve as an orientation centre for international teams assigned to the region.

The Expert Committee on Nursing

RECOMMENDS that the World Health Organization provide assistance to approved educational institutions interested in expanding their programmes in order to offer advanced studies to members of health teams (including nurses), both national and international.

3.7 *State recognition of nurses*

The public recognition and registration of nurses and midwives and, more recently, of auxiliary nursing personnel, has often been slow and ineffective. In order to assist countries to design their own legislation, it would be helpful to have examples of legal regulations for the registration or enrolment of trained nursing personnel, which could be adapted by a government and modified, as the service grows, in accordance with the special needs of the area. It would, however be necessary to embody in any legislation some flexible device for frequent revision; otherwise the growth of the service might be impeded. Legislation of this kind would make the community aware from the beginning that the registered persons possess a legal qualification for the protection of the public and for the maintenance of good standards of work and training. It would at once raise the status of those who practise, and would benefit recruitment.

At the same time, nurses themselves should organize their own professional associations, whose advice the government should seek in any legislative matter involving nursing.

The Expert Committee on Nursing

RECOMMENDS that the World Health Organization study different methods used in legislating for nursing and publish samples of laws that have been found successful in operation.

4. Maximum Contribution of Nursing

It is the desire of this committee that nursing should make a competent contribution to the activities of the health team. The aim of the team as a whole is to bring peoples everywhere to a high level of health and well-being, and its activities include: the spread of health information and its confident use by people in everyday living; the restoration of the sick to social usefulness; the prevention of disease; and the maintenance of a physical and psychological environment which promotes healthful living.

For effective action, many kinds of knowledge and skill are necessary—for example: ability to utilize new knowledge of medicine and public health, to understand the cultures of peoples so that new and old knowledge can be accepted by them, and to recognize the organic nature of society and realize that what affects one element in society affects many others as well. This calls for wisely balanced planning so that the most urgent problems will receive prompt attention and the steps taken will be logical first steps in long-term progress.

The doctor usually leads the team. His responsibility may be clinical or administrative, but ideally it always includes prevention, diagnosis, treatment, and rehabilitation. The fulfilment of these functions depends upon the direct services of many other personnel.

Nursing personnel make the most effective contribution when they are:

- (1) trained in relation to the functions they are to perform, e.g., bedside nursing (by nurses or auxiliaries), administration, teaching, and other special functions;
- (2) placed strategically at all levels in the health services, that is from assisting in making policies to direct service to patients;
- (3) incorporated in the team with the full understanding of their potential contribution;
- (4) fully aware of the goals and objectives of the team and of their own part in achieving them.

Nurses make a two-way contribution. On the one hand they contribute to policy making and to the understanding of people and their needs. On the other hand they interpret policy to the people, bringing to them the benefits of the health services and showing them how to use these services independently and wisely. Since nursing is based on human understanding,

the spirit of nurses is the essence of their contribution : aliveness, generosity, integrity in accepting and living up to responsibility, and the desire always to refine their work with spiritual and intellectual understanding—these attributes make them capable of collaboration and give vitality to their contribution.

Summary of Recommendations

Health needs of people and methods of meeting them (section 1)

The committee recommended that WHO should co-operate with UNESCO and other specialized agencies to compile brief reports on a variety of demonstration programmes which aim at meeting fundamental needs, including health needs.

Economic resources (section 3.1.3)

The committee recommended that governments should, in the administrative planning for the health services of a country, grant schools of nursing funds from educational sources in order to ensure for these schools an adequate independent budget and an educational status.¹⁵

Curriculum planning (section 3.3.2)

The committee recommended that WHO should request the International Council of Nurses to undertake the revision, as needs dictate, of the booklet entitled *The basic education of the professional nurse*, in order that educational preparation should keep pace with the changing needs of nursing services.

Teaching aids (section 3.4.1)

The committee recommended that WHO should suggest to Member Governments that selected teachers from nursing schools be given an opportunity to obtain training in the Visual Aid Production and Training Centres now being established by UNESCO.

Advanced study (section 3.6)

The committee recommended that WHO should provide assistance to approved educational institutions interested in expanding their programmes in order to offer advanced studies to members of health teams (including nurses), both national and international.

State recognition of nurses (section 3.7)

The committee recommended that WHO should study different methods used in legislating for nursing and should publish samples of laws that have been found successful in operation.

¹⁵ See footnote 13, page 11.