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Geneva, 3–10 July 1995

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1. Introduction

A WHO Expert Committee on Nursing Practice met in Geneva from 3 to 10 July 1995. Dr Hu Ching-Li, Assistant Director-General, opened the meeting on behalf of the Director-General. He pointed out that nursing has to meet the challenges of the changing profile of world health. The role of nursing personnel, who form the largest part of the health care workforce, has evolved to meet changing health needs. The particular challenges of the current situation, he suggested, are threefold:

- People are increasingly demanding high-quality, accessible and affordable health care. There is also growing recognition that lifestyle affects health and that health is everyone's concern – not the business only of health professionals. Increasingly, people who are sick, disabled or elderly are looked after by informal carers. These carers must be taught appropriate skills and knowledge by health care professionals. For these reasons, the need to form partnerships with individuals and communities is imperative.
- Responses to growing demands for health care may be constrained by lack of resources for health. For services to offer the best value for money, the efficient use of resources is essential. Nursing has to be considered alongside the work of other health care professionals and the cost-effectiveness of nursing interventions must be taken into account.
- In its *World health report* for 1995 (*1*), WHO offers a pertinent overview of the state of world health. The difference in life expectancy between the most developed and the least developed countries is more than 30 years. This correlates with the amount of per capita health expenditure. Differences in causes of death reflect differences in socioeconomic status both within and between countries.

Referring to these factors, Dr Hu said it was evident that a range of nursing services would be required to respond appropriately to the health needs of all countries.

2. Terms of reference

The terms of reference of the Expert Committee required it to describe and consider the nature and scope of nursing practice as it responds to the needs of individuals, families and communities. The Expert Committee focused on primary health care delivered by nurses in countries at different stages of socioeconomic development. It reflected on the place of nursing in providing the essential health care services of the primary health care approach identified by the International Conference on

Primary Health Care in Alma-Ata, USSR, 6-12 September 1978.[1] The goal of the Expert Committee was to define strategies for change to ensure that nursing practice, consistent with the principles of primary health care, is developed with the genuine participation of the community and is:

- responsive to changing health care needs;
- scientifically sound;
- socially acceptable;
- universally accessible, particularly to those in greatest need;
- accessible at the home and family level and not limited to health facilities;
- affordable and of high quality (*2*).

To achieve this, the Expert Committee set out to:

- describe the core elements of nursing practice;
- specify the nature and scope of nursing practice in countries at different stages of socioeconomic development;
- identify the implications for, and action needed with regard to, basic nursing education, continuing nursing education, management of health services, legislation and regulation, working conditions, and research;
- consider the implications for, and action needed with regard to, the development of health services and human resources.

3. Background

Health is influenced by an array of demographic, socioeconomic, political and environmental factors that are constantly changing. Countries are faced with deteriorating economic conditions and poverty continues to be a major obstacle to health. Urbanization, long-term unemployment, aging populations, and environmental, social and political crises result in greater demands on health services. Despite improvements in health care coverage, access to services and health status worldwide, the disparity in health status between industrialized countries and least developed countries and between rich and poor populations within countries at all stages of economic development is growing.

[1] Primary health care should include:
- universal coverage of the population, with care provided according to need;
- services that are promotive, preventive, curative and rehabilitative;
- services that are effective, culturally acceptable, affordable and manageable;
- community involvement in the development of services so as to promote self-reliance and reduce dependence;
- approaches to health that relate to other sectors of development (*2*).

For these reasons, most countries are currently seeking to adopt health structures and policies that will use resources more efficiently and encourage behaviour that promotes health (*1*). Reformed health systems will need health care personnel who can provide the essential elements of primary health care effectively within cost constraints, so that the whole population has access to basic health care. This requires the effective use of human resources, intersectoral cooperation and partnership between individuals and communities.

Nursing practice is a valuable resource for health. There are more nursing personnel than other health professionals worldwide and nursing practice has consistently shown flexibility in its response to demographic, economic and social changes (*3*). As a result of some of these changes, nursing practice is now a key component of health care in every setting. It ranges from carrying out high-technology investigations in the most industrialized countries to providing the whole range of primary health care services in remote regions in developing countries (*4*). However, in most countries the development of such diverse nursing roles has not taken place in a planned or systematic way. Rather, it has been an ad hoc development aimed at meeting varying population needs and, in some countries, at containing rising health care costs. This means that it has become more difficult for policy-makers and planners to describe the nature and scope of nursing practice and, at times, to differentiate it from the practice of other health workers. It may, therefore, sometimes be difficult to match the skills and knowledge used in nursing practice with the health care needs of the population without duplication or omission of service provision.

Effective and efficient planning and delivery of health services depend on clarification of the core elements and the scope of nursing practice. A clear description of nursing will contribute to improving nursing as a resource for health, by ensuring high standards of practice through appropriate education, management, research and regulation. It will also help to identify the processes and outcomes of nursing care.

4. The core elements of nursing practice

Although nursing practice is complex, it is also dynamic, responding to changing health needs and to the demands of changing health care systems. It is, therefore, not always easy for nurses to define and describe what nursing is. Among the many definitions of nursing, perhaps the most widely known and used originates from Virginia Henderson:

> The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a 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 regain independence as soon as possible (*5*).

Henderson's definition offers a sound foundation for describing nursing as it relates to individuals in a wide range of health care situations. It does not, however, address issues arising from the changing orientations of health systems and policies or from the new roles and responsibilities that have evolved for nursing personnel.[1] Roles have changed in response to many factors, including technological advances, the transfer of tasks from medicine to nursing, the expansion of health care coverage through community nursing, the absence of physicians in some areas and the reorientation of health care systems to primary health care. Nursing personnel seek to work with families and communities, as well as with individuals, offering health promotion and preventive care and undertaking a wide range of clinical tasks. The broad scope of nursing practice calls for an understanding of the determinants of health and the causation and treatment of illness, as well as of the environmental, social and political context of health care and of the health care system.

In this context, a functional description of nursing is as follows:

> Nursing helps individuals, families and groups to determine and achieve their physical, mental and social potential, and to do so within the challenging context of the environment in which they live and work. The nurse requires competence to develop and perform functions that promote and maintain health as well as prevent ill-health. Nursing also includes the planning and giving of care during illness and rehabilitation, and encompasses the physical, mental and social aspects of life as they affect health, illness, disability and dying.
>
> Nursing promotes the active involvement of the individual and his or her family, friends, social group and community, as appropriate, in all aspects of health care, thus encouraging self-reliance and self-determination while promoting a healthy environment.
>
> Nursing is both an art and a science. It requires the understanding and application of specific knowledge and skills, and it draws on knowledge and techniques derived from the humanities and the physical, social, medical and biological sciences.[2]

The activities of nursing as it is described here may be summarized according to the categories below.[3]

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[1] The focus on the individual also reflects the (United States) cultural context of this definition. While community and public health nursing dates back to the New York Henry Street project and the work of Lillian Wald at the beginning of the century, western nursing definitions nevertheless tend to focus on the individual.

[2] Modified from (*6*).

[3] These categories are adapted from those developed by P. Benner (*7*), and later tested with nurse practitioners in community care settings by K. Brykczynski (*8*). The Expert Committee acknowledges its substantial reference to these studies.

4.1 Managing physical and mental health and illness

This activity includes assessing, monitoring, coordinating and managing health status over time in collaboration with individuals, families and communities, and with other members of the health care team. Nurses assess the health of individuals, families and communities, detect acute and chronic disease, instigate and interpret investigations, select and monitor appropriate therapeutic interventions, and do this within a supportive and caring relationship in which the nurse and the patient jointly face the experience of illness.

Nursing personnel must decide when to manage a health problem alone, when to seek advice, and when to refer the patient.

> In many of the states of the former Soviet Union there is little domiciliary nursing, but nurses and feldschers (medical assistants) work in rural clinics providing all health care, often without medical supervision.
>
> In many small island countries, such as Kiribati, registered nurses and medical assistants are the only health workers on the remote outer islands. In these situations, nurses are multipurpose health workers, providing the full range of primary health care services. Nurses diagnose and treat patients on a regular basis, dispense medications, manage emergencies as well as chronic conditions, provide all maternal and child health care including deliveries, provide some dental care, perform minor surgical procedures, keep statistics (in Fiji nurses even gather data for the census) and provide community outreach services.

4.2 Monitoring and ensuring the quality of health care practices

Within this reponsibility fall the activities associated with professional practice, such as self-monitoring, monitoring the effects of medical interventions, supervising the work of less skilled personnel and seeking consultation with others as appropriate. The scope and complexity of nursing practice require skills in problem-solving and critical thinking to

> In most countries of WHO's Eastern Mediterranean Region, the evaluation of the effectiveness of nursing care is carried out at the first management level (head nurse). This includes both formal and informal evaluation using several different approaches, such as:
>
> - checklists of achievement of tasks;
> - review of patients' charts;
> - monitoring of infection control;
> - investigation of problems and complaints made by patients or physicians.
>
> There are, of course, variations within the Region. Some countries, for instance, have well-established audit systems while others rely on centralized review by inspectors.

ensure that high-quality services are provided. Nurses have a code of ethics which ensures they are accountable for their practice and for providing a nondiscriminatory service (*9*).

4.3 Organizing and managing the health care system

Nurses participate in shaping and managing the health care system. This includes ensuring that the needs of individuals, families and communities are met in a timely fashion, coping with staff shortages, dealing with bureaucracies, building and maintaining a therapeutic team, and obtaining specialist care for patients. Nursing promotes intersectoral work in a range of settings, including community clinics, hospitals, schools and workplaces. The nursing profession must influence health policies strategically – whether at local, regional or national levels – through the setting of priorities, active involvement in health programme planning and resource allocation, and gathering, analysing and supplying information at all levels.

> Guinea-Bissau has a programme for management development of health services at district level in which almost all national facilitators are nurse-midwives. One national facilitator has been appointed Director of Human Resources Development in the programme and another is coordinator of the training component of the World Bank's Social Sector Project. A similar approach is being developed in Sierra Leone.
>
> In 1993, Croatia introduced a new system of nursing stations, with visiting nurses providing home care. The directors of the new stations are nurses who are responsible for the management of a multidisciplinary team that includes physiotherapists, occupational therapists, social workers and physicians. Slovenia has a similar system.
>
> Growing numbers of nursing stations in Japan provide comprehensive health care to the elderly.

4.4 Caring and helping

Caring is an important part of nursing practice. The nurse carries out tasks in the context of a relationship with an individual, family or community. Helping includes creating a climate for healing: providing comfort, establishing a relationship, whether with an individual, family or community, and committing oneself to this relationship through nursing care. The helping role should ensure fullest participation of the individual, family and community in planning the health care, in prevention, in treatment and in care-giving.

On an individual level, symptom management is important, with the nurse helping the patient and family to interpret symptoms and select appropriate strategies for management. For instance, nurses often help patients to anticipate and alleviate pain, discomfort and distress.

In working with families and groups, the nurse can facilitate the development of a healthy family or community by teaching, helping to set appropriate goals, and providing both emotional support and information. Information is especially important in helping patients and those caring for them to understand disease processes, symptoms and the effects and side-effects of treatments.

> In 1994, the Pan American Health Organization offered an award to persons responsible for the success of the immunization programme in the Region of the Americas. Two nurses, one from Guyana and one from Peru, were honoured for their commitment to achieving high levels of immunization coverage under extremely difficult conditions and for their tireless efforts on behalf of the populations of their countries.
>
> In the Region of the Americas, and in the European and Western Pacific Regions, alternative ways have been tried of caring for chronically ill and elderly patients in their homes and critically ill patients in hospital special-care units. These new approaches have not only saved money but demonstrated that knowledgeable caring and helping are essential health interventions that result in reduced mortality and improved quality of life (*10, 11*).

4.5 Teaching

Teaching individuals, families and communities about health-related matters is an important function of nursing. To motivate people to achieve their health goals, nurses must take advantage of readiness to learn and must provide information in an appropriate way. The nurse should teach self-care and guide families in giving care to family members. Examples of this are teaching mothers to provide healthy nutrition for their children and teaching and supporting families who are caring for the chronically ill or for dependent elderly. To do this, the nurse needs to be aware of the socioeconomic situation of those being taught and must understand the implications of health and illness in their cultural environment.

> Public health nurses in Bangladesh, India, Myanmar, Nepal, Sri Lanka and Thailand are posted in community settings where they are seen as having a community role. Expansion of the role of these public health nurses to include health promotion in villages or communities is being attempted in some countries although it is still in the early stages. For example, in Myanmar newly posted "township health nurses" are being trained to promote self-care at home and to involve families, communities and nongovernmental organizations.

4.6 Managing rapidly changing situations

Nursing includes managing situations that are changing rapidly. Not only must nurses be skilled in dealing with everyday situations but they must

also know how to deal with emergencies. To do this they must be able to understand the presenting problem and, if necessary, start treatment immediately. They should also be able to anticipate crises and allocate resources appropriately to meet rapidly changing needs. War, civil strife or natural disasters may cause changes that require response on a large scale. An example would be the sudden need to organize health care services for refugees. In epidemic situations there is a need for emergency planning and reallocation of nursing resources. Nurses must be a resource to help individuals and families to cope with changes in health, with disability and with death.

> Conflict and war in the African Region have diverted funds from health and social concerns to arms and defence. Countries have also been restructuring their economies to repay foreign debts. This has had severe effects on the social and health care sectors, has affected cash flow and food security at household level, and has shifted attention from health to such basics as food gathering and income-generating activities. The impact on national health care systems and nursing practice cannot be measured accurately but it cannot be ignored. These changes have wide-ranging implications for the social context of nursing practice and for the interpersonal relationships on which nursing depends.

4.7 Specialist and advanced nursing practice

The areas of activity described in sections 4.1-4.6 above provide a range of nursing practice which can be applied to a number of settings. The uniqueness of nursing lies in the ability of the nurse to combine all the activities of nursing practice in response to the needs of individuals, families and groups within differing situations and environments. Thus in each situation nursing practice has both similarities and differences, which is one reason why the scope of nursing practice is so broad.

A second reason for variation is that nurses' competence differs according to the educational preparation they are given for nursing practice. Several countries have 15 or more categories of nursing personnel with a range of training to prepare them for their work. Advanced educational preparation, coupled with practical experience, enables a nurse to practise at an advanced level. There are specialists in various fields of advanced nursing. Advanced practice is generally characterized as:

- specialized in scope;
- enhanced in knowledge and skills;
- supported by higher education and research;
- more independent in practice and autonomous in decision-making.

Some examples of nursing speciality areas are maternal and paediatric nursing, mental health and psychiatric nursing, nursing care of the elderly, community or public health nursing, anaesthesia, emergency and critical care nursing and rehabilitation nursing.

The roles for specialist nurses in advanced practice include nurse practitioner, clinical specialist, health visitor and nurse consultant.

Because specialist nurses usually remain in direct practice, they make substantial contributions to the quality of care in primary, secondary and tertiary settings. Moreover, these nurses are highly autonomous, they are able to function as independent and cost-effective practitioners, and they improve coverage to underserved populations in many countries. Because of their in-depth knowledge and experience, they have much to offer in the areas of health care assessment and policy development. The range of nursing specializations, the number of specialist nurses and the educational preparation they receive are determined by country needs and educational resources. Similarly, the scope of nursing practice reflects a country's need for services, the resources that are available and political policy on health care delivery.

4.8 Complementary and traditional approaches to care

In 1983, the then WHO Director-General Dr Halfdan Mahler wrote that "to succeed in attaining this goal [health for all by the year 2000], all useful methods will have to be employed and all possible resources mobilized" (*12*). Nurses all over the world have become increasingly aware that large groups of the population in every country are using traditional and complementary approaches to maintain or regain their health. In many places, nurses have been innovators or participants in this movement.

In industrialized countries, it is estimated that up to half the population use complementary health care approaches regularly. In countries in transition and in developing countries the proportion is even larger. Some of these complementary approaches can form part of therapeutic work with patients if they are appropriate and acceptable. Therapeutic touch, use of herbal infusions and medicines, massage, meditation and other complementary approaches may enhance nursing care.

Nursing personnel must be prepared to guide clients in choosing between the different complementary and traditional approaches to health care. Education for nursing practice should therefore enable nurses to understand these different approaches, their compatibility with other forms of treatment and their acceptability within the traditions of a given culture. Nurses should also seek open communication and collaboration with traditional healers.

For many people, spiritual or religious leaders are an important source of comfort in times of illness. The health care team should seek a dialogue with these leaders. Nurses share a responsibility to be open and knowledgeable about all matters that pertain to health care in the country where they work.

4.9 The boundaries of professional practice

The broad range of functions within nursing practice provides for both flexibility and diversity. Nursing personnel are thus found in every area of health care.

However, although flexibility and diversity are strengths of nursing practice, they may also be a source of conflict between nursing personnel and other health workers, and sometimes between nurses themselves, since the lack of a clear definition of the nurse's role may lead to overlap with the roles of others.

It may be argued that adequate coverage with health care services and access to them by the population are more important than who provides the services. Nevertheless, to deploy nursing services efficiently and effectively, managers must have a clear description of the training and skills of all nursing personnel. The skills of the entire workforce must be taken into account when planning health care delivery. Rigidly enforced boundaries between professions, and even within the same profession, also cause conflict and may restrict practice. There is little doubt that the roles of all health professionals, including medical roles, will have to be more flexible in order to be more effective. Professional divisions in knowledge and skills that exist today will certainly change, and may disappear.

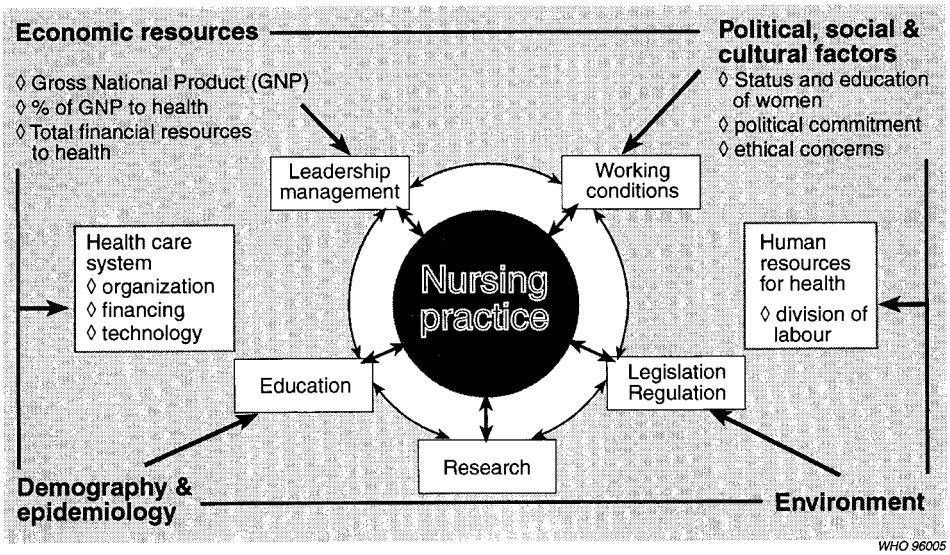
5. The context of nursing practice

Health care does not take place in isolation from political, economic and cultural realities. Similarly, nursing practice is influenced by the context in which it takes place. Fig. 1 shows the forces that shape and influence nursing practice, and which nursing can influence in return.

The economic, social and cultural environment in each country is unique, but the problems facing the development of nursing practice appear to be shared. These problems appear in different combinations in different contexts.

There appears to be no direct correlation between a country's level of socioeconomic development and the scope of its nursing practice. In some low-income developing countries, for example, nursing is highly developed and nurses provide all primary health care services. In some of the poorest countries nurses direct and manage most of the health care system, yet in others nursing is poorly utilized. Similarly, among the high-income industrialized countries there are those where nursing has a limited role and nurses have poor education, while in others nursing is highly developed. Nursing personnel often work with the poorest and most vulnerable groups in society, regardless of the overall level of socioeconomic development (*3*).

Figure 1
The forcefield for nursing practice



The forcefield for nursing practice consists of all elements that influence nursing practice in whatever situation it is carried out. Economic resources, demography and epidemiology, environment, and political, social and cultural factors have an overall impact on nursing practice, not least through the health care system itself (its organization, financing and technology) and through human resources for health (particularly the division of labour). In addition, nursing practice is specifically influenced by education, leadership and management, working conditions, legislation and regulation, and research. The double arrows indicate where, through the comprehensive approach to the development of nursing practice proposed by the Expert Committee, nursing practice can – and should – have its own input into the elements that affect it.

There also seems to be no relationship between the socioeconomic level of a country and the ratio of physicians to nurses. There are, however, several ways in which the number of physicians and the scope of medical practice influence the scope of nursing practice. In both Africa and the USA, for example, there are instances, within the context of primary health care and in the absence of physicians, of nurse practitioner roles developing in order to improve access to health care for rural and inner-city populations (*13*). On the other hand, the role of nursing personnel may be restricted where there is an oversupply of physicians (*14*). The method by which physicians are paid is also influential in determining the scope of nursing practice: where physicians receive a fee for each procedure they carry out or each service they provide, they may wish to undertake the procedures or services themselves. Where there is no such payment, these procedures and services may be more likely to become part of nursing practice (e.g. giving injections, inserting intrauterine devices, providing health counselling).

Nevertheless, a country's economic resources will affect the development of nursing practice in a number of direct and indirect ways. In some

countries, nursing personnel have not been paid for more than a year and some schools of nursing are in serious disrepair. In such a situation, nursing is not likely to be an attractive career to opt for, or to stay in, and the development of nursing practice will be impeded.

Health care is a costly business – almost US$ 2000 billion annually is spent on health care worldwide. Per capita expenditure in high-income countries reaches more than US$ 2000 per year while in the poorest countries it may be no higher than US$ 3-5 per year. Although nurses make up the largest part of the health care workforce, decisions about budget allocations for the recruitment, education and retention of nursing personnel are rarely influenced by nurses. While it is vital that strategies for the development of nursing practice should be integrated into the overall health policy of a country (especially when reforms are under way), nurses remain poorly represented at all levels of planning and decision-making.

As health systems reform and change, and as nursing practice develops, the challenge for nursing education is to respond to the changes, often with limited human and financial resources. The quality of nursing practice can be maintained only with monitoring and regulation of practice, programmes for continuing education, a career structure and appropriate legislation. Further, nursing practice should be supported by research into the processes and outcomes of nursing care.

Change will depend on leaders in nursing practice, at all levels of the health care system, who can articulate the value of nursing practice and are proactive in seeking opportunities for the development of nursing. Their efforts must be backed by political commitment for progress in nursing and by broad support from other professions.

WHO's *Ninth General Programme of Work* (*15*) identifies 10 goals, with measurable targets (Annex 1), for achieving improvements in health status in the period 1996-2001. These goals will be achieved in many countries only with the significant contribution of nursing personnel. The World Bank (*16*) has already suggested that most essential care can be delivered by nurses. To answer these challenges, there is a pressing need to strengthen the contribution of nursing practice at all levels of the health care system.

5.1 Strengthening the contribution of nursing to policy-making

The presence of a nursing directorate or unit, or at least a chief nurse, at central government level is important in that it enables nursing and midwifery to influence national health policy and health reform. It is especially necessary for the development and implementation of a national action plan for nursing and midwifery. Where such a directorate or unit does not exist, one should be created. Even then, however, conditions must facilitate effective functioning and influence. In some countries the dissemination of information to nurses, even at government

level, is inadequate and this may mean that the nurse in the Ministry of Health is insufficiently informed to be able to contribute effectively to the formulation of policy. Nurses in positions of leadership must be able to influence the decision-making mechanisms that set priorities and allocate resources for health care. Such nurses should be respected and accepted as valued contributors to health care planning. They should be present in high-level meetings on health care reform and in consultations with donors. Although few health professionals receive management training as part of their professional education, the acquisition of management skills should be part of the professional development of all who are involved in health policy formulation, resource allocation and decision-making.

It is essential to integrate strategies for the development of nursing practice into all decision-making processes that relate to the formulation and planning of health policy so that the effectiveness of the entire nursing workforce in meeting health needs can be ensured. This requires up-to-date and comprehensive information not only about the health needs of the population, but also about the nursing workforce, so that sustainable strategic planning decisions can be made and implemented. Information systems for nursing should be developed for the collection, aggregation and retrieval of data on the numbers, educational level and posts of nursing personnel as a necessary first step to human resource planning for nursing. While this information should be collected and used locally, nurses at all levels of management must have access to it. Such data should be an integral part of a country's overall health and human resources information system and can be linked to information on payroll, working environments, workload and resources.

5.2 Legislation

Such matters as the scope of nursing practice, nursing education and the functioning of the health care system are governed by the law. Legislation can, therefore, assist or hinder the development of nursing practice and its effective contribution to a system of health care. Since legislation implements policy, the formulation of legislation should be both informed by and linked to an overall policy for the development of human resources for health.

Because legislation is so important to the development and regulation of nursing practice, the Expert Committee considered that nurses should be involved in the formulation of all legislation related to nursing. Consultation should be sought with nursing associations, nurse educators and nurses in practice at all levels to ensure that legislation provides realistic and integrated goals and strategies for the implementation of nursing policy. The same applies to legislation relating to health care resources and priorities, to hospitals and institutions, and to organization of the health care system. Consultation with nurses will help ensure that nursing makes a full and specific contribution within the health care

system, and that the resource implications for education, personnel, research and development are assessed and clearly stated.

It is advisable for a nursing regulatory body, whether council or board, to be legally designated as the authority to regulate education and practice for all nurses and support personnel in the public sector, the private sector (profit and non-profit) and nongovernmental organizations (NGOs). In countries with multiple categories of nurses and mid-level personnel, it is urgent to review the number and type of these categories, their roles, responsibilities and educational preparation. There is also a need to reconsider the title "nurse" because of the changing scope of practice and the changing needs of health care systems. Public safety and high standards of care cannot be assured unless only those who have completed a recognized educational preparation, with defined minimum levels of knowledge and skills, are recognized as professional nurses. Achieving this should be one of the first tasks of any nursing regulatory body.

5.3 Nurses in management

Nursing personnel have been managing the planning and delivery of health care for many years. Throughout the world, at all levels of the health care system, nurses have demonstrated their effectiveness as managers, sometimes despite having no educational preparation for the role. The management function within nursing, or as assigned to nursing personnel, often goes unrecognized and financially unrewarded. Despite undertaking management responsibilities, nursing personnel may have no influence in planning, allocating budgets and decision-making.

In some cultures, female nursing personnel in particular may find it difficult to assert themselves sufficiently to be included in decision-making forums because their socialization encourages subordination and passivity. It is easy, therefore, for nurses to be kept out of decision-making, particularly if their management role is not acknowledged, and this renders them less effective. Strengthening education in this area for nurses and other health workers will go some way to addressing the problem. Programmes that promote the skills needed for policy analysis, decision-making and leadership can be included at both basic and post-basic educational levels. This is an area where countries can cooperate by sharing knowledge, experience and learning materials.

The appointment of managers in nursing must be accompanied by support both for them and for their decisions. A system of mentoring may be useful, whereby a new manager is given close professional support by an experienced manager as he or she develops skills and knowledge in the new role.

5.4 Recruitment and retention of a nursing workforce

A major area of concern in many countries is the recruitment of nurses and their retention in the nursing workforce. If this is not addressed as

part of a country's overall health policy, the number of nurses will continue to fall (*16*), with serious consequences for health care coverage and quality.

The factors which affect the recruitment and retention of nursing personnel are complex and interrelated. A range of demographic, educational and environmental information would be required for a full assessment of cause and effect. Two main concerns predominate, however, in all discussions about choosing nursing as a career and staying in it: working conditions and the image of nursing.

Good working conditions will have a positive effect on both the recruitment and the retention of nursing personnel, as well as on the quality of nursing practice. Working conditions include not only the facilities in the place of work (clinic, health centre or hospital) but also hours of work, workload and the situation in which nursing personnel and their families have to live their everyday lives. Conditions are particularly likely to be poor in rural areas where, paradoxically, there is greatest need for health providers (*16*).

It is vital that nursing personnel have adequate housing, transport and schools for their children. These are minimum requirements; without them, the recruitment and retention of staff will remain a problem. In addition, nursing personnel require a safe and adequately equipped environment in which to work. It is important for managers to review periodically the maintenance of buildings and equipment, the availability of clean water and sanitation, the adequacy of supplies and drugs for clinical work, the safe storage and use of drugs and chemicals, and supplies for safe handling of blood and excreta (cross-infection remains a major problem in many health facilities).

Also of significance for nursing personnel is the professional isolation which may be experienced in rural postings. The presence of other health personnel with a team-based approach to work can greatly enhance both the quality of care and the motivation of team members. Such a team may include not only government-employed health workers but also those working for NGOs. In addition to contributing actively to the planning, delivery and evaluation of local health care services, the local community needs to be encouraged and empowered to increase social support for nursing personnel.

Remuneration is a key factor in the recruitment and retention of nursing personnel. Nursing is a poorly paid occupation in most countries; many nurses receive salaries that are lower than those of comparable professional groups. Poor remuneration may also be accompanied by few incentives or benefits and lack of a career structure. At the same time, nursing personnel are often versatile, knowledgeable and flexible, and are employable in many jobs other than nursing. When other areas of work have better pay and working conditions it is little wonder that nurses are attracted elsewhere.

The appropriate bodies in each country (e.g. the public services commission), in collaboration with the nursing unit/directorate at government level, should review both the pay and benefit structures and the working conditions of nursing. All postings can be classified, with the living and working environment clearly described in each case. Factors to be considered include isolation, extreme poverty, poor infrastructure and danger of any sort. The personal safety of nursing personnel should be a consideration in areas with high crime rates.

Some countries purchase nursing services on a contractual basis. Where this is done, it is important to guard against employment practices that exploit the practitioner and do not allow for the delivery of high-quality care (*17*). In those countries where nurses are in long-term government service, their continued employment should be contingent on the standard of their work.

Good working conditions also include a work situation in which nurses can devote their time to nursing. If nurses have to spend much of their time making up for deficiencies in housekeeping, food provision, clerical work and pharmacy services in hospitals and health centres, the quality of nursing practice suffers and its cost increases.

Pay, conditions of work and the level of autonomy all contribute to the image of nursing. Another, no less important, factor is the cultural and social value placed on women's work and on work which necessitates close contact with blood, excreta and human bodies. Nursing has a poor image in many countries because little respect is given to women in society: most nurses are women, and nursing is seen as low-level women's work. A negative image has long-term effects on the quality of the workforce if able students who have a choice of career are deterred from choosing nursing. A change of image must be brought about – not simply through the nursing profession but also through the development of a new social consciousness that puts greater value on care and care-giving.

At times, nurses may themselves seem comfortable in a subordinate role and content to carry out menial duties. Physicians are often seen as dominant in health services while nurses are seen as those who carry out orders, so the nursing role is perceived by other professionals as lacking autonomy and self-direction. This perception may be enhanced if nurses with advanced education take on physicians' roles; it may seem that becoming a better nurse means taking on a medical role.

The nursing profession can achieve a better image through a range of strategies, including development of leadership skills at all levels. This will enable nurses to be more articulate about the value of nursing practice, both to other health professionals and to the public. More positive publicity for nursing can also help to promote both the profession and the contribution that nursing practice makes to health care. This can be achieved by challenging the negative images of nursing

which appear in the media, by reporting the successes of nursing, by addressing issues of education and remuneration, and by implementing an educationally based career structure. Many nurses love their work and are proud to be part of a profession which is meaningful and vital to people's well-being. When nursing is a positive career choice for women and men, this in itself raises the image of nursing to reflect the intrinsic rewards the profession can give to its practitioners.

In addressing problems of recruitment and retention of nursing personnel, the Expert Committee also recognized two significant trends: the privatization of the health care system and widespread migration of nurses.

Privatization

Health care systems throughout the world are currently engaged in initiatives for reform. One strategy that has been adopted in many countries is greater private sector involvement. The private sector has traditionally been involved in the delivery of secondary and tertiary health care, with very little interest in primary health care and preventive services. Increased privatization therefore reinforces the need for governments to continue reallocating resources to primary health care and preventive services.

As the private sectors grows, governments have an increasing responsibility to develop regulatory, quality assurance and monitoring mechanisms which:

- provide for standards of performance in the delivery of services by the private sector;
- provide for acceptable working conditions for nursing and other personnel;
- protect vulnerable groups (e.g. the aged, the urban and rural poor, the mentally ill) and allow for greater equity and accessibility in the use of health services by these groups.

Nurse migration

In all six WHO regions, nurses migrate from poorer to wealthier countries seeking better employment opportunities. There is a similar trend in migration from rural to urban areas and from the public to the private sector. Migration of nurses poses serious challenges. Poor countries may gain from money sent home by those who work abroad but the loss of qualified nursing staff causes a serious shortage in many countries. It is often the best qualified nurses who migrate, leaving senior positions in educational institutions and government health care services. The countries that employ foreign nurses face the challenge of preparing them to provide health care that is culturally appropriate to the population. There is a need for fair agreements between governments to reimburse poorer countries for the loss of nurses whose education was

paid for out of scarce public funds, and regulatory mechanisms to avoid the exploitation of foreign nurses and ensure the quality of care.

5.5 Education for nursing

Education is key to the development of excellence in nursing practice. Education faces tremendous challenges in keeping pace with the rate of change in nursing practice, especially in countries where financial resources for education are restricted, learning materials are few and there is chronic underinvestment in training of teachers.

Some of the systems of basic nursing education in developing countries are a legacy of colonial rule. The states of the former Soviet Union and the countries of central and eastern Europe have nursing education which reflects a political structure that no longer exists. In general, the curricula of these systems of nursing education do not prepare nurses to respond adequately to the health needs of the countries concerned. Many countries need to monitor and evaluate the quality of nursing education, especially with regard to its appropriateness for nursing practice.

Innovative approaches to curriculum planning and teaching/learning methods should be supported at the highest levels, so that nursing education programmes are:

- based on the most recent assessment and forecasts of a country's health needs and of the nursing services required to meet them;
- problem-based so as to promote the skills of critical thinking and problem-solving;
- rooted in the philosophy of primary health care;
- founded on current research in nursing practice;
- culturally appropriate;
- multidisciplinary, where appropriate, to encourage shared learning and greater understanding between professions.

Entrance requirements should be considered in reviewing programmes for nursing education. Nursing is a profession which calls for commitment, maturity and an ability to assess and synthesize a great deal of information quickly and accurately. It is therefore important that nursing candidates have a good general education before starting their professional education. Opportunities should be improved for mature candidates who can demonstrate that they have achieved an educational standard equivalent to the course entry requirements, or who can improve their general education through preparatory courses. Candidates from rural areas and minority cultures should be actively sought; they have their own special understanding of the problems faced by people in their communities.

It is widely recognized that, to maintain high quality in their nursing practice, nurses must be lifelong learners and should be given opportunities for continuing education. Flexible employment strategies

will allow nursing personnel to undertake courses relevant to their own learning needs and practice. Learning takes place through many different means, including short courses, conferences and distance learning programmes. Systems of accreditation can link continuing education to reaccreditation for practice at set intervals and can also provide a measure for career advancement, thus offering further motivation.

Nurses are increasingly seeking higher education and in general this is a trend to be encouraged. Several studies show that nurses with more education deliver more cost-effective care (*17*). However, it is not always easy for nurses with higher education to remain in clinical and public health nursing where their increased knowledge and skills can do much to raise standards of care. One reason for this is that they may not be accepted by others who have not had the same educational opportunities, and their motivation for assessing or changing nursing practice may be viewed with suspicion by other nursing personnel. Another more important reason is that there are often no senior positions available within the system, so that nurses with higher education do not reach a position where they can implement change and are not rewarded for their additional education by appropriate remuneration or promotion.

When nursing development is a planned process, nurses with higher education usually first take positions in teaching and management where higher education is a prerequisite and their influence can be initially greater. Once there is a critical mass of well educated nurses, they will not only fill the teaching and management positions but will also move into nursing practice. Deployment of nurses with higher education in nursing practice requires a career structure for nurses within the health care system. Without such a career structure (which must include conditions for autonomy in practice and adequate remuneration), the potential contribution of well educated nurses as leaders in the development of nursing practice and improved health care services may be lost.

It is also important, however, that nurses with a high standard of education should be available to teach, and consideration should be given to new ways of integrating teaching and practice. This is one area where medicine has successful models. Integrating teaching and practice has two effects: it ensures that education is relevant to practice, and it brings high-quality nursing practice to the health care system.

In addition, there is a great need to ensure that nurse teachers are adequately prepared not only in theory but also in clinical practice and in the practice of primary health care, as well as in teaching and learning methodologies.

Reviewing the relevance of the curricula and structure of basic, specialist and continuing nursing education in the light of a country's need for health care and human resources is key to realizing the full potential of nursing practice and should be urgently encouraged.

5.6 Research and nursing

Research needs to address all the factors that make up the forcefield for nursing practice (see Fig. 1). Nursing research involves the study of all aspects of nursing practice in all contexts. Individual, family and community health problems, the impact of health systems on nursing care and nursing interventions, as well as management and policy are all valid areas for nursing research. The view of the Expert Committee was that developments in the nature and scope of nursing practice must be supported by research so that the effectiveness of nursing can be evaluated and practice can be supported by research findings.[1]

Research is an activity appropriate to all levels of nursing personnel in that all contribute to the identification of problems, which is the first step in the research process. Every nurse must also be able to use research findings and modify practice in the light of new results.

To facilitate this process, opportunities should be provided for nurses at all levels of the health care system to examine critically the environment in which they work. At the local level, nurses can work with other health care providers and with communities, collecting data by existing methods, to identify changes in health and social needs and to devise problem-solving strategies.

At the district level, local data on health and nursing can be aggregated and analysed to produce comparative data across the district. Such data are useful in developing health services and in monitoring change. Research need not be expensive; simple, small-scale projects can be carried out by individual nurses or by small groups, even multidisciplinary ones. High-quality care in communities, hospitals and long-term care institutions depends on knowledge being acquired systematically in this way.

An appreciation of research methodologies and procedures, as well as of the need to base practice on research results should be included in the curricula of basic, advanced and continuing education programmes for nurses. Systems of mentorships can also be established whereby experienced researchers act as mentors for the less experienced. In this way, a member of a research institute or university might act as mentor for a district-level nurse, or a district-level nurse might act as mentor for nurses at local level. Similarly a clinical specialist could be mentor for staff nurses in a hospital or long-term care institution.

Research findings are of little use if they are not disseminated widely. Publication of results in a nursing journal is one way of making them better known. Where there is no access to a journal, specially organized seminars and discussions can be used to present research results as part of a continuing education programme for nurses.

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[1] Despite a growing research basis for nursing practice, and the applicability of nursing research to effective resource allocation across a range of care settings, research is still viewed in some countries as an elite, and sometimes inappropriate, activity for nursing personnel.

Health systems research institutes should be encouraged to take an interdisciplinary approach by including nursing issues in their research agendas. This would improve the relevance of their research to health systems and improve the quality of nursing research. Another way to encourage the development of nursing research is to establish a government-level position for a nurse with research training and experience who would encourage and facilitate nursing research at national, district and local levels, and would be responsible for the aggregation and dissemination of results. A person in this position would also facilitate links with donor agencies and collaboration with other disciplines, while ensuring that nursing research is relevant to a country's health needs and the needs of its nursing practice. Joint appointments with a university nursing faculty should be considered.

In some countries nursing practice development units have been successfully established in hospital and community settings. These units offer opportunities to evaluate the processes and outcomes of nursing practice, the application of new skills and knowledge, the implementation of care based on research results, and innovation in nursing. In general, these units are cost-effective (*18*).

The Expert Committee considered that countries should explore the possibility of establishing one or more nursing development units. A wealth of literature is available on how to set up such units. This is another prime area for fruitful technical cooperation beween countries (*19, 20*).

There is much that countries can do to demonstrate, at a policy-making level, the importance and significance of nursing research. When projects for health care reform identify overall research priorities they should include priorities for nursing research; nurses should be encouraged to undertake research into the ways that policies affect the delivery of nursing care; and nurses should be represented on all health policy research bodies and on all ethics committees that consider research proposals.

A strategy on nursing research will help the development of the infrastructure and knowledge base for a more forward-looking approach to nursing education and practice.

5.7 Cooperation and coordination

Nursing practice is at different stages of development around the world. Although there are many common problems, solutions have to suit the particular needs of each country and must be sought with the active participation of nurses, nurse educators and nursing managers, together with other health care workers and representatives of the communities with whom nurses work in partnership. However, there are several areas where resources can be shared across countries and can be adapted for use in different settings.

The Expert Committee considered that sharing resources and expertise is often an efficient way of increasing scarce nursing resources. However, the theory and practice of nursing must be culturally appropriate. To date, most approaches to nursing have been developed in North America and western Europe. In addition, many of the nurse leaders in countries around the world received their higher education in Canada, the United Kingdom and the United States. There is now an urgent need to develop theories and models of nursing that influence nursing education and practice from the standpoints of a *range* of belief systems, cultures, values and social contexts.

One example of success in cooperation is the project on "Learning Materials on Nursing" (LEMON) in the European Region. This project has aimed to develop, adapt and distribute learning materials to all nurses in the states of the former Soviet Union and the countries of central and eastern Europe. After three years, 16 countries were involved by 1995. Structures have been set up within the countries for reviewing, publishing, disseminating and evaluating the materials.

Twinning of universities, cities or countries has also been successful in some places. This process provides for close cooperation between institutions, which need not be restricted either to nursing or to the health service, and may provide opportunities for intersectoral collaboration. The WHO Collaborating Centres for Nursing/Midwifery Development show many successful examples of such collaboration.[1]

Knowledge can also be shared successfully through visits of experts and by sending nurses abroad to study. However, some words of caution are necessary. Firstly, it is vital that consultants are adequately briefed so that they understand the needs of the country they are visiting. Secondly, it is equally important that, before nurses are sent abroad to study, the nature, content and applicability of the course they are to attend should be fully scrutinized by the prospective student, the relevant manager and the funding body.

The responsibility for coordination in health matters cannot lie solely with the nursing profession. Commitment to improving health status, through better health systems and the effective use of human and fiscal resources, is the business of politicians, policy-makers, communities, individuals and all health care workers. Support for developments in nursing practice is a key element in improving health care systems; it too is everyone's business.

[1] For information, contact: The Secretariat, Global Network of WHO Collaborating Centres for Nursing/Midwifery Development, College of Nursing, Yonsei University, CPO Box 8044, Seoul 120-752, Republic of Korea.

6. A comprehensive approach to the development of nursing practice

At all stages of socioeconomic and health care system development there is a need for a comprehensive approach to evaluate and further develop nursing practice. There is a real danger that a disjointed approach will waste scarce resources and be unable to effect the desired change. Such an approach often addresses only training needs or the upgrading of education without giving due attention to other prerequisites for good nursing practice, such as the number of available positions, working conditions, and the appropriateness of nursing in relation to changes in health care needs and the work of other professional groups.

The comprehensive approach to the development of nursing practice must be country-specific and should involve the recipients of health care, nurses from all sectors and at all levels, policy-makers, NGOs, representatives of nursing and medical associations, and all who have responsibility for social and economic development. The approach must include the following steps:

- assessment of changing needs for promotive, preventive, curative, rehabilitative and long-term-care nursing services at all levels of the health care system;
- assessment of available human resources for health and the division of labour among all health care personnel;
- development of a policy for nursing (as an integral part of human resource development) identifying strategies in relation to legislation, management, working conditions, education (basic, continuing and specialist) and research.

Each of these areas needs attention if a country is to provide high-quality nursing services to its population.

7. Recommendations

The recommendations of the Expert Committee on Nursing Practice are intended to ensure an integrated and comprehensive approach to the provision of high-quality nursing care which takes into account:

- changing demography and changing health care needs;
- available resources;
- political, social and cultural factors;
- overall human resource development;
- interdisciplinary collaboration;
- all levels and sectors of the health care system, including public, private and NGOs;
- environmental concerns;
- ethical concerns;

– the five principal components of primary health care, namely

(a) universal coverage of the population, with care provided according to need
(b) promotive, preventive, curative and rehabilitative services
(c) effective, culturally acceptable, affordable and manageable services
(d) involvement of the community in the development of services so as to promote self-reliance and reduce dependence
(e) approaches to health that relate to other sectors that contribute to development.

The Expert Committee endorsed the recommendations of the WHO Study Group on Nursing beyond the Year 2000 (see Annex 2).

7.1 Recommendations to WHO

1. WHO should develop strategies and methods for supporting the delivery of comprehensive nursing care in countries at different stages of socioeconomic development, and of demographic and epidemiological transition, and to populations in different cultural and political contexts.
2. WHO should support Member States in implementing the comprehensive approach to nursing development described in the recommendations to Member States.
3. WHO should collaborate with Member States in developing a plan for streamlining financial aid from internal and external donors to projects with nursing components and to specific nursing projects. This should be done within the context of national health priorities and needs.
4. WHO should critically review how the Organization's knowledge, training materials, training strategies, protocols and guidelines can be utilized at the point of delivery in support of integrated nursing practice.

7.2 Recommendations to Member States

1. Member States should make a thorough assessment of the need for nursing services (promotive, preventive, curative, rehabilitative) at all levels of the health care system and in all settings (e.g. homes, community, hospitals, long-term care institutions, schools, industry).
2. Member States should assess current human and financial resources with a view to identifying strengths and deficiencies in addressing present and future health care needs.
3. Member States should develop national policies and national plans of action for nursing/midwifery development as an integral part of their human resources development and health systems reform.

4. Member States should develop a strategy, based on their overall policy for health resources development and their national plan of action for nursing/midwifery development, that will enable nursing personnel to provide comprehensive and integrated primary, secondary and tertiary health care.

   The strategy should include four elements:

- It should overcome existing imbalances in human resources (e.g. in the ratio of nurses to physicians, the ratio of nurses to population and the distribution of nurses) and should enable adequate numbers of nurses and midwives to be recruited and retained, especially in underserved areas (e.g. rural health centres, long-term or psychiatric care, hospitals serving disadvantaged populations).
- It should provide access to the resources necessary to create the positions that are needed and should ensure adequate and equitable working conditions (e.g. remuneration, benefits, housing, transport, basic facilities, equipment, supplies).
- It should facilitate management that supports the delivery of nursing care and that is responsive to changing health care needs and changing population characteristics. This requires attention to:
  - planning and organization of nursing care at all levels, including outreach and referral;
  - integrated, supportive supervision of nurses at the points of health care delivery (e.g. health centre, hospital ward);
  - assessment of information needs for decision-making and monitoring and setting up efficient means of collecting and aggregating this information and utilizing it to improve health care.
- It should establish the necessary legislation and regulatory framework for nursing practice and education.

5. Member States should develop information systems on nursing as part of their information systems on human resources and health, and should define personnel requirements for the provision of nursing and midwifery care at all levels.

6. Member States should develop a system to monitor the quality of nursing care in all settings (community and hospital, preventive, acute and long-term care, public and private).

7. Member States should develop a system of basic and specialist nursing education that incorporates all training, as well as a means of coordinating continuing education for nurses. All nursing education must be responsive to the changing needs of health care and human resources development.

8. On the subject of nursing education the Expert Committee reaffirmed the following recommendations of the WHO Study Group on Nursing beyond the Year 2000:

- Member States should ensure that students entering nursing and midwifery programmes have a good basic education and have reached a level of maturity consistent with the responsibilities of their work.
- In deciding on the appropriateness of basic and postbasic education in nursing at university level, Member States should consider:

  (a) future health care needs and the roles of nurses and midwives;
  (b) the level of general education in the country;
  (c) the educational patterns of other professions in the health care field.

  When appropriate, Member States should move basic nursing education to the university (*3*).

9. Member States should develop and adapt teaching and learning materials which are technically, scientifically and culturally appropriate and in local languages. This also means developing learning resource centres and libraries that are responsive to nursing information needs.

10. Member States should encourage research on nursing practice as an integral part of their health systems research. Nurses at all levels of the health care system should be encouraged to raise questions, should receive the training and support necessary to plan and conduct research, and should use research results to improve nursing services.

11. Member States should continue to promote nurses to leadership positions at all levels of the health care system, thus strengthening their capacity for active involvement in the comprehensive approach to the development of nursing practice described in these recommendations.

12. Member States should monitor the implementation of the above recommendations. Indicators of progress should be defined and, where appropriate, alternative strategies for implementation should be developed.

7.3 Recommendation to WHO and Member States

WHO and Member States should encourage bodies such as the International Council of Nurses (ICN), national groups representing nurses, other relevant NGOs and the WHO Collaborating Centres for Nursing/Midwifery Development to contribute actively to the comprehensive approach to the development of nursing practice (described in the recommendations to Member States) at global, regional, national, district and local levels.

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Annex 1

Goals set in WHO's *Ninth General Programme of Work*[1]

1. To increase the span of healthy life for all people in such a way that health disparities between social groups are reduced.
2. To ensure universal access to an agreed upon set of essential health care and services of acceptable quality, comprising at least the essential elements of primary health care.
3. To ensure survival and healthy development of children.
4. To improve the health and well-being of women.
5. To ensure healthy population development.
6. To eradicate, eliminate or control major diseases constituting global health problems.
7. To reduce avoidable disabilities through appropriate preventive and rehabilitative measures.
8. To ensure continued improvements in nutritional status for all population groups.
9. To enable universal access to safe and healthy environments and living conditions.
10. To enable all people to adopt and maintain healthy lifestyles and healthy behaviour.

[1] *Ninth General Programme of Work covering the period 1996-2001.* Geneva, World Health Organization, 1994 (WHO "Health for All" Series, No. 11).

Annex 2

Recommendations of the WHO Study Group on Nursing beyond the Year 2000[1]

The recommendations of the Study Group on Nursing beyond the Year 2000 should be understood to include the need for continuing assessment and change. The recommendations have three strategic aims:

- a new multisectoral systems approach to health care delivery and full collaboration of health care personnel at all levels;
- a shift in the focus of workforce development in nursing and midwifery to reflect country health needs, with particular emphasis on vulnerable groups;
- revitalization and reorientation of nursing and midwifery education and practice to meet the challenges of the future.

Recommendations to WHO and Member States

1. WHO should encourage Member States to review their current strategies for providing basic health care, especially for vulnerable populations, to identify gaps in services, and to plan an appropriate mix of skills and responsibilities (including those of nurses and midwives) in order to provide the care needed in the future.
2. WHO should encourage governments to obtain the input of nurses and midwives in formulating health care policy at country, district and subdistrict levels. In order to ensure the appropriate involvement of these personnel in policy formulation, WHO and Member States should prepare nurses and midwives to deal with policy issues through leadership development and participation in policy forums.
3. WHO and Member States should explore the gap between approval of recommendations about nursing and midwifery at previous WHO forums and their implementation. For those recommendations that have not been implemented, the reasons should be analysed, alternative strategies developed and a continuous monitoring system created with indicators of progress.
4. WHO and Member States should continue to support the development of innovative, cost-effective programmes for nursing and midwifery education which focus on the development of critical thinking and a caring attitude. In particular, WHO should support management training and the development and use of relevant learning materials.

Recommendations to WHO

1. WHO, the WHO collaborating centres and other institutions should develop collaborative research, facilitate the exchange of relevant

[1] *Nursing beyond the year 2000: report of a WHO Study Group.* Geneva, World Health Organization, 1994 (WHO Technical Report Series, No. 842).

research findings, develop strategies to utilize the findings of research in practice and policy, collect and evaluate models of nursing development, and share successful models across countries.

2. WHO should encourage development of an international multidisciplinary project that:
   (a) identifies the core competencies in health and social sciences that are common to all health professions (e.g. ethics, communication, research, consultation skills, teaching skills);
   (b) identifies the unique competencies for each profession;
   (c) examines the implications of these findings for the education of the different health professions.
3. WHO should make a commitment to include nursing and midwifery care in special initiatives (e.g. safe motherhood, the sick child, urban health, sustainable development) and should monitor progress towards this goal.
4. WHO should act as a catalyst by working with Member States and donors to include nursing and midwifery issues in relevant health systems research and to seek needed funds for such research.

Recommendations to Member States

1. Member States should create a multisectoral forum of relevant partners (e.g. health, education and finance sectors, as well as professional associations, regulatory bodies and consumers) involved in practice, research, education, management and policy development for nursing and midwifery services in order to address the changing needs of nursing and midwifery personnel, their preparation and the development of educational systems that allow personnel to move from one career level to another.
2. Member States should continually assess their needs for health care personnel to provide community-based health care interventions, especially to vulnerable groups. The data obtained should be shared with health professionals, including nurses and midwives, so that they can redirect their practice and prepare personnel to meet future needs.
3. In view of the growing need for informal care-giving, Member States should be encouraged to include self-care and basic care-giving skills at appropriate points in school curricula.
4. Member States should ensure that students entering nursing and midwifery programmes have a good basic education and have reached a level of maturity consistent with the responsibilities of their work.
5. In deciding on the appropriateness of basic and postbasic education in nursing at university level. Member States should consider:
   (a) future health care needs and the roles of nurses and midwives;
   (b) the level of general education in the country;
   (c) the educational patterns of other professions in the health care field.

When appropriate, Member States should move basic nursing education to the university.

6. Member States should ensure that basic and continuing nursing and midwifery education focuses on knowledge and skills that are relevant to, and attitudes that are respectful of, the needs and values of local communities, and that innovations which are introduced through continuing education become part of basic professional education.

7. Member States should develop multidisciplinary programmes for management development within universities and colleges and in agencies at country, district and subdistrict levels.

8. Through flexible and enabling legislation and regulation, Member States should support the development of nursing and midwifery practice to meet changing health care needs. Member States should consider regulatory controls for nursing and midwifery auxiliary personnel.

9. Member States should review their public service regulations to ensure that a variety of educational pathways to nursing and midwifery are recognized, and that requirements are flexible in regard to changing functions, professional practice and career structures.

10. In their health systems research, Member States should include questions related to nursing and midwifery education and care, and should consider these a priority for funding. Member States should also encourage local communities to collaborate in developing research questions and in raising funds to support such research, in order to ensure its relevance to local needs.

11. Member States should develop information systems for the management of nursing and midwifery personnel as an integral part of countrywide health information systems.

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