

to over a thousand million dollars in commodities and services. These voluntary contributions from participating States have enabled more than 525 projects to be supported in 87 countries. Some ten per cent of WFP's resources are at present being devoted to health promotion projects affecting millions of human beings. Impressive though these figures may be, they do not measure up to the needs that remain to be satisfied. Great efforts must be made to enable more people, by their own endeavours, to improve their standard of living.

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### THE QUALIFIED NURSE

*The November 1972 issue of The New Zealand Nursing Journal contains an article by M.E. Burgess, Matron of Kawakawa Hospital, on the role of the qualified nurse in hospital service. In view of the interesting and topical nature of this problem, we reproduce it below for our readers :*

Who is the qualified nurse? How has she qualified? What has she qualified for?

The qualified nurse is a nurse who has been educated in the skills and sciences for the care of the sick. She has been successful by examination to have entered in the register her name and qualifications. She has been tested, and proven herself to be a person who can practise with safety the nursing skills required in the care of the sick.

Let us see the qualified nurse be given the opportunity to apply herself to the function she has studied and qualified for. The care of the sick.

Let her not be the person the patient cannot get to; the relations cannot get past; the person who cannot be confided in; consulted with or circumnavigated.

Let her be a consultant, planner, educator, manager, an exemplar, a member and supporter in the health team. Let her be the

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public relations officer with the confidence of co-workers, patients and relations in her ability to care for the sick. Let her have the respect and the support of the administrators concerned with the hospital's function. The care of the sick.

Let her, by example and guidance, give support and leadership to her subordinates. Let her be effective in the area she has qualified for. Give her the opportunity to extend her qualifications by being accepted as a partner in the health team, sharing her knowledge with others and gaining from them experience in the variety of skills that will be the complement of such a team.

This makes it clear that the nurse entrusted with the care of the sick must have superior intelligence, a fund of knowledge, many well-developed skills, judgment and integrity.

The aim of every nurse should be to contribute to safe therapeutic and effective care of the patient. Many things indicate the necessity for the established qualification to render safe nursing care.

The patient has the right to expect that the nurse who cares for him will support him and help him endure his illness and assist him back to health.

Medical and scientific advances are rapid and complex, resulting in more sophisticated diagnosis and treatment. It is necessary that the nurse working in the patient care situation will be prepared for this and will be expected to participate in health research. She cannot be effective if not qualified in the basic preparations of health care. Her existence is meaningless unless she can contribute to the promotion of new methods and techniques.

The nurse will be the interpreter for the doctor and patient in the treatment area. There is an interdependence by doctor and patient on the nurse. Only the foolish would imagine the nurse has a doctor at her elbow at all times. The nurse must be prepared and qualified to meet the changing demands of health care. No doctor writes a prescription for the various technique skills needed for the satisfactory performance of the tasks pertaining to the care of the sick. It is necessary that the nurse be qualified to undertake with safety and confidence a good measure of responsibility in care, supervision and intelligent observation.

A nurse should be qualified to give a clear and concise account of her observations and have an awareness of the implications of

condition changes. This awareness cannot be left to chance. The ability of the nurse to act in an emergency is often decisive. She must be educated and qualified to act.

Many techniques previously performed by doctors are now being done by nurses. As medicine advances the responsibility of the doctor increases. So will that of the nurse. The creditable observations by the nurse are of paramount importance in the decision to continue or re-think the treatment in progress. She must be qualified to gain acceptance of her ability to contribute.

Planning and policy-making can create harmony or havoc in a hospital. Administrators should be able to look to and acknowledge the ability of the qualified nurse to identify and analyse problems and changes occurring within the unit. Her suggestions for their solution should make beneficial contributions to the hospital's capacity to meet the expectation of the people it serves. Her suggestions about ways and means of providing continuity of safe, meaningful care should be considered reliable and valuable and should be encouraged. This contributes to the extension of the education of the nurse.

It is well to remember that when a hospital admits a patient, the hospital enters into an implied contract to give safe, satisfactory and adequate care. It is not possible to meet this requirement if the nurses are not qualified to a level of safe professional practice.

Should we continue to assume that patient care can be safe and satisfactory in the hands of those not qualified? Is this right for either the patient or the nurse?

Let the nurse having responsibility for the care of the sick not be one under stress of learning the fundamentals of care. Let her be the qualified nurse. Confident that she has been well prepared to practice the skills of this, her chosen career.

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