

## A NEW OBJECTIVE IN NURSING CARE

*Basic health services in many countries are still notoriously deficient, especially in rural areas. It is important both to study the ways in which nursing services can contribute to the health of the community and to define the functions and responsibilities of community nurses, along with their role in the health team and the training they need in relation to local needs. For this purpose, the World Health Organization convoked last year a committee of experts whose conclusions were summed up in an article published in the March issue of the WHO Chronicle. We reprint below passages from the article referring to changes called for in the objectives of nursing training if medical and health care is to be available to everyone.*

The community approach calls for a change in basic attitudes and in long-lasting habits in the provision of care; it requires flexibility and new thinking among health administrators. In particular it demands:

- acceptance of the responsibility of the nursing service for the effective provision of basic health services, including preventive, diagnostic, therapeutic, and rehabilitative care, in all communities and for all populations;
- the adaptation of the health services to the health needs and social systems of the community; a sharing of responsibility between the nursing service, the community, and health educational institutions for the selection, preparation, and utilization of health personnel at all levels; and the active promotion of self-help within the community;
- the enlargement of the pool of personnel available to supplement nursing services by the inclusion of indigenous groups, who should be properly trained and work under the supervision of the nursing service.

### *Strengthening community health nursing*

A community nursing service may be described as one encompassing the whole community with a system of basic health care and so organized as to ensure continuous, comprehensive, co-ordinated, accessible, and appropriate care for all.

To face the crucial problem of providing care for all, the developed countries are training more health professionals and extending their scope. In developing countries, where the scale of the problem is daunting and the resources sparse, indigenous healers, village health workers, birth attendants, and similar groups are looked to for health care. They carry out simple curative functions and "frontline" measures for the protection and promotion of health. Undoubtedly these primary health care workers—members of the community trained within the community—offer a realistic and effective solution, especially in rural and peripheral areas. But their training, guidance, supervision, and efficiency depend on their recognition and integration into the health care system. Because of their special role, their inclusion in the community nursing system is not only logical but essential to the safe and appropriate care of the population served. This means that the community health nurse will have to assume responsibility for their training, guidance, and support, serving as the link between the primary worker and the rest of the health system.

Moreover, if the primary health worker is responsible for giving direct health care in communicable disease control, maternity care, child health, the treatment of common diseases, and home and village sanitation, the role and functions of the community health nurse will also have to change.

In order to attain the goal of community health services for all, major changes in the present roles of all health personnel are essential. As indigenous groups are drawn on increasingly and many services traditionally performed by nurses, physicians, health educators, and others are delegated to them, there will have to be a marked increase in responsibility at all other levels.

Perhaps the most dramatic change for the community health nurse will be the wider range of diagnostic and therapeutic responsibilities. In addition to teaching primary health workers many of the functions traditionally performed by nurses, they will have to carry out tasks more usually assigned to general medical practitioners. These include examining the sick and disabled, determining the source of the problems presented, and treating acute conditions as well as the main prevalent diseases. The role of the community health nurse should thus be that of a generalist, able to work in a team and (if appropriate) provide leadership, to teach and encourage other health workers, to communicate with and motivate population groups, and to interrelate community nursing with other systems.

The nursing education system will need to be reorganized so that learning starts in the community. The emphasis should be on health,

the process of normal growth and development, and those individual, familial, and social forces that promote, or cause deviations from, health.

The unqualified acceptance of community nursing as the foundation of all nursing practice is implicit in the new concepts, and curricula should be revised accordingly. Care of the sick in the home, following the development of skills in health maintenance and disease prevention, will prepare the student for care of the sick in hospitals and other institutions. This logical sequence of learning will help students to understand why the sick behave as they do, why they become sick, and what factors influence their return to health. They will gain knowledge of various styles of home life, of values, behaviours, and environmental influences, and of differences between social strata. Experience of this kind will guide students in nursing hospitalized patients and help to close the gap between hospital care and family and community life.

Curricula must be devised so that basic learning is done in a practical setting. Most difficult perhaps will be the expansion of programmes to train the numbers and types of nurses required in as short a time as possible. This means that every graduate nurse must be prepared to teach other nursing and health personnel. A great many teachers are needed to instruct primary health workers, others to prepare all nurses in community health, and still others to teach specialties such as clinical subjects, hospital care, administration, and research. To invert the pyramid shown in the figure on page 92, so that nursing services truly reflect health care needs, will call for a vast expansion and profound reorientation of education.

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