

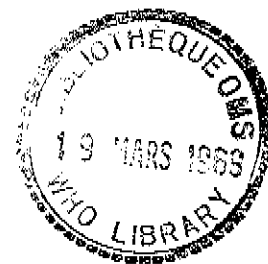


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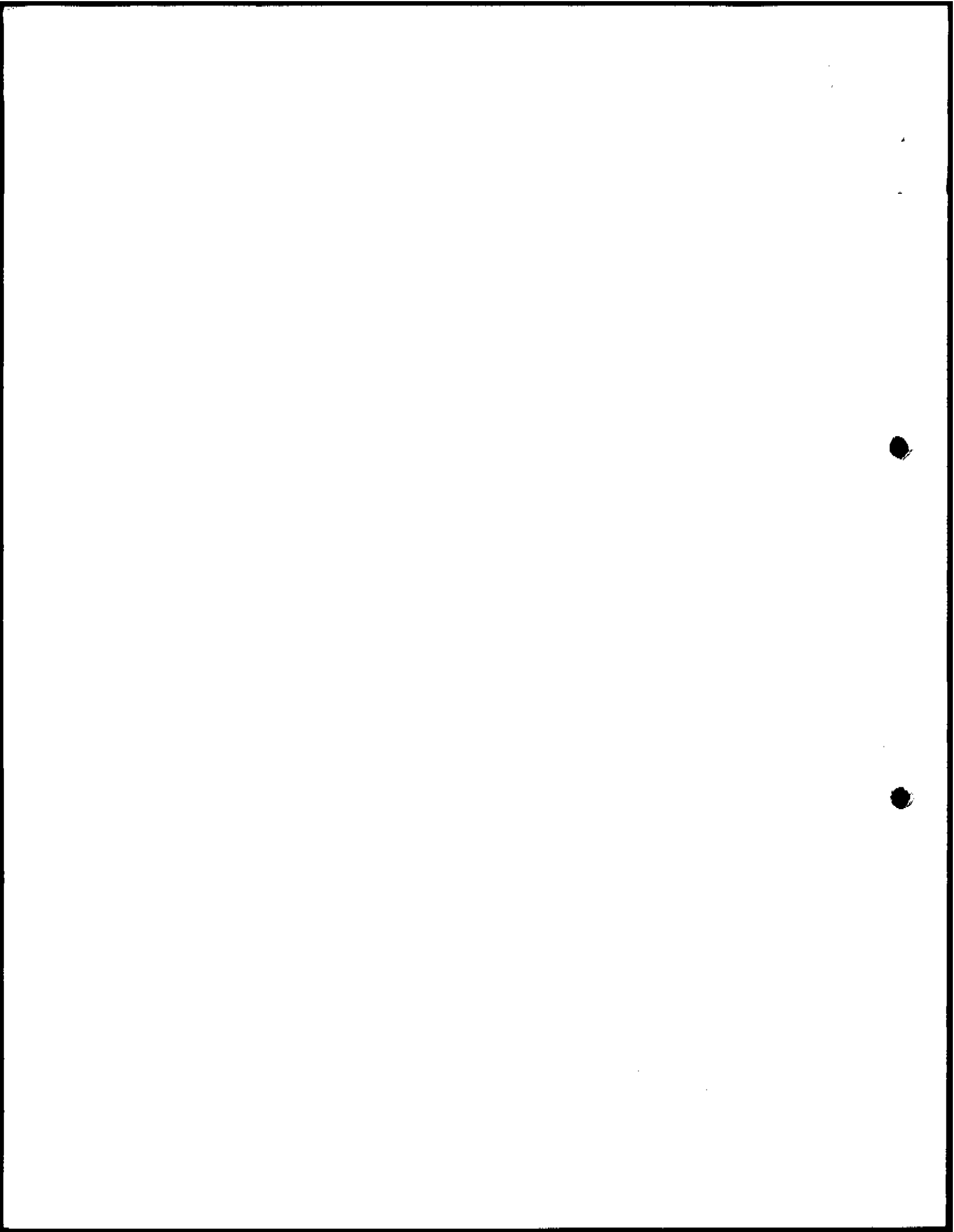
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GUIDE LINES FOR THE DEVELOPMENT OF POST-BASIC
EDUCATION FOR NURSES

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WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

WHO/NURS/TECH.GUIDE/69.4 Corr.1
ENGLISH ONLY

GUIDE LINES FOR THE DEVELOPMENT OF POST-BASIC
EDUCATION FOR NURSES

CORRIGENDUM



Page 1, line 1, should read: . . . a questionnaire was sent . . .

Page 6, line 23: the word to should read too.

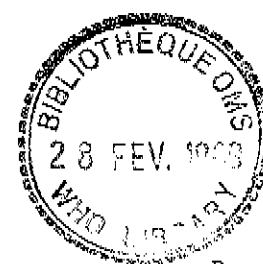
Page 8, line 29 should read: all aspects of basic and auxiliary nursing education and of nursing service.

Page 14, line 1, should begin with iv rather than vi.



GUIDE LINES FOR THE DEVELOPMENT OF POST-BASIC
EDUCATION FOR NURSES

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PREFACE

As a preliminary to these guide lines, questionnaire was sent to 88 selected post-basic schools in 40 countries. This questionnaire asked for detailed information related to various aspects of individual post-basic programmes - their relationship to other educational institutions, budgetary considerations, data on students and faculty, philosophy and objectives, admission requirements, types of courses and clinical experience offered, examinations, etc. Additionally, the questionnaire elicited subjective answers to two other questions: (1) "On the basis of your experience, what criteria should be used to determine the readiness of a country to establish post-basic nursing education?" and (2) "In the country in which you work, what functional positions and/or clinical specialities present the most urgent need for nurses qualified beyond the level of basic nursing education?"

An overview of the answers received from 68 respondents demonstrates the wide variety of programmes being offered in post-basic schools and the equally wide interpretation which nurses place on commonly-used terms. Because of these two factors it was not possible to develop an extensive comparative statistical analysis of information related to the programmes. However, answers were carefully studied and the overall impressions gained thereby are reflected in the body of this document. Perhaps the most evident impression left by the responses is that problems arise to a certain extent from the nature of traditional hospital school programmes and from their unsuitability as regards the preparation of nurses for their work in modern health services.

The guide lines presented in this document derive not only from a study of answers to the questionnaire but from the thoughtful and provocative discussions held by a group of nurses who met at WHO headquarters, Geneva, in June 1968 (see Annex).

It is hoped that the guide lines will be a useful tool for nursing administrators, nursing educators, and others who are planning post-basic nursing education for their countries. It remains for these guide lines to be studied on both a country and regional basis and their application considered.

1. INTRODUCTION

1.1 General statement

The progressive expansion and strengthening of national health services is a frequently expressed aim of most countries of the world. One of the greatest obstacles to the achievement of this aim is the lack of both quantity and quality in health manpower. Among the health workers essential to growth and development of health services is the nurse. Shortages of nursing personnel are discussed in the health reviews of most countries,¹ and plans for overcoming these shortages are being put forward in increasing numbers and variety. Implicit in all these plans is the need for effective patterns of education for nurses beyond the basic level. The preparation of teachers, administrators, and clinical specialists in nursing is an urgent matter, and health authorities throughout the world are seeking guidance as to the most effective methods of identifying and meeting needs in this area.

In 1966, the WHO Expert Committee on Nursing, during its discussion of post-basic education for nurses, recommended to WHO that guide lines be prepared for the progressive development of post-basic education for nurses. Accordingly, this document has been prepared.

¹ World Health Organization (1967) Third report of the world health situation 1961-1964, Off. Rec. Wld Hlth Org., 155, p. 34 (Manpower)

1.2 Purpose of the document:

It is the purpose of this paper to provide guide lines to:

(a) the identification of readiness on the part of a country to establish post-basic programmes for nurses;

(b) the determination of the type(s) of educational programme(s) which will most effectively meet both current and future national needs for nurses qualified beyond the basic level; and

(c) the identification of steps in the progressive development of nursing education beyond the basic level.

1.3 Definitions

The following definitions are used for the purpose of this document:

(a) basic nursing education - "a planned educational programme that provides a broad and sound foundation for the effective practice of nursing and a basis for advanced nursing education";¹

(b) post-basic nursing education - "a programme for nurses previously prepared in basic nursing that (i) takes place in a university or other institute of higher education, (ii) is continued from year to year (i.e., is not a refresher course or seminar), (iii) is recognized by an appropriate authority, (iv) has specified admission requirements, and (v) has a full-time teaching staff or faculty";² it is intended to provide qualified nurses with planned educational programmes that prepare them to function as teachers, administrators, or clinical specialists;

(c) post-graduate nursing education - "a programme in nursing that requires the possession of a university degree as a condition of admission and that offers an advanced degree upon completion of the course";³

(d) advanced nursing education - the highest level of nursing education available (or planned for) within the nursing education system of the country being considered; e.g. in a country where university education for nurses is the accepted pattern, "advanced" could apply to post-Master's studies; in a country where nursing education does not follow the university pattern, the term would apply to educational programmes which are recognized by the country as offering the highest qualification available in nursing;

(e) hospital nursing school - a nursing school operated and controlled by a hospital;

(f) independent school of nursing - a basic school of nursing which, so far as the planning and conduct of the educational programme is concerned, does not come under the control of any other institution and is not associated with an institution of higher education.

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

² World Directory of post-basic and post-graduate schools of nursing (1965) Geneva, World Health Organization, p. 9.

³ World Directory of post-basic and post-graduate schools of nursing (1965) Geneva, World Health Organization, p. 9.

2. BASIC NURSING EDUCATION

Before sound decisions can be made regarding any educational programme it is essential that those concerned know and have an understanding of the needs of the students who will be entering the programme and of the society which they will serve when they leave the school. As far as post-basic nursing education is concerned, an indispensable background to this understanding is a wide knowledge of overall trends in basic nursing education at home and abroad and a detailed knowledge of health needs and resources and of the concepts and practices which underlie basic nursing education in the country in which the post-basic programme is to operate.

2.1 The present position in basic nursing education

Organized education for nurses is, relatively speaking, of recent vintage. It began in the mid-eighteen hundreds and, when compared with education in medicine or midwifery, is still in its infancy. The pattern which emerged during these early years and which has been copied almost universally is that of the hospital nursing school which is financed and controlled by - and usually through - a hospital. In countries where organized midwifery education is also of recent vintage, midwifery schools have tended to follow this pattern.

In most countries the opening of hospital schools has preceded the passage of legislation or the establishment of other types of control related to nursing education. In countries where basic minimum requirements have not been defined and enforced, schools are free to make their own policies regarding the admission of students and the length, content, and conduct of the programme offered by the school. In many countries the controls that have been established are of such recent origin that there are still numbers of nurses in the health services who had qualified before standards were enforced.

Many countries now recognize the need to establish basic minimum requirements for the education of nurses. Where these requirements are in force, they should eventually bring about a standardization of minimum admission requirements, of policies and procedures whereby schools are controlled and administered, of content in basic nursing education, and of policies and procedures underlying the licensing and registration of nurses.

Because most hospitals that operate nursing schools depend on student nurses to provide the bulk of nursing services in the hospital, the educational needs of the student frequently take second place to the service needs of the patient and of the institution. The need to recruit sufficient numbers of students to maintain at least a minimum level of service has at times been detrimental to the implementation of recommendations made by the school in relation to quality in the preparation of students entering the school.

These factors inherent in the traditional hospital school system have led to a wide range in the general and professional education of nurses within a single country and in the world as a whole.

There is also a wide range in types of basic nursing education. In some countries programmes are oriented to the preparation of multipurpose nurse/midwives who are capable of providing first level nursing care in any department of the hospital or in the public health field. In others, specialization is offered at the basic level and workers are prepared to function in one or several well defined areas of nursing service. Such specialized programmes lead to the preparation of "psychiatric nurses", 'paediatric nurses', 'health visitors', sick nurses' and similar groups. Some countries have a combination of patterns whereby both a general multipurpose nurse as described above and a specialized worker are prepared at the basic level.

The failure of countries to identify a rational "system of nursing personnel",¹ which will ensure the effective delivery of the nursing component of health services, and the associated tendency to prepare nursing personnel on an ad hoc basis or as an expediency have led to situations where there is a multiplicity of health workers - all of whom, by national standards, are entitled to call themselves 'nurses'.

In some countries the sex of the student has influenced the educational programme in that, while both men and women are accepted into nursing programmes, they are trained separately and follow different curricula. In countries where educational opportunities for women have lagged behind those for men and where the status of women accepting work outside the home is low, it is not unusual to find training programmes catering especially to women and having standards of admission and units of content that differ from those for men. In many countries male nurses are restricted by custom to giving care to male patients.

Some countries operate programmes in which nursing is combined with general secondary education and the student emerges from the school with a qualification in secondary education as well as in nursing. In such situations it sometimes happens that the curriculum is so overloaded with the subjects required to complete general secondary education that the nursing part of the programme suffers. In other situations, where students having a suitable level of secondary education are not available, programmes have been planned to include a unit of general education which supplements what the student already has but does not necessarily provide a secondary school qualification. In such situations both general and professional education tend to suffer.

Nursing education in most countries of the world has been viewed as a form of on-the-job training. The application of this concept is well demonstrated in the fact that in many countries student nurses are paid. As a result, they are considered to be employees and are subject to regulations governing employee-employer relations. Where this is so, the demands of service usually have priority over those of education. The conflicts which arise as a result of this duality in the role of the student nurse are among the more persistent and perplexing problems which confront nursing today.

Strenuous efforts have been made, over the years, to improve hospital schools. In some, independence of action has been guaranteed in such matters as budget, control of student time in the clinical field, and administration of the educational programme. Well qualified nurse teachers have been placed in charge of schools and employed according to an acceptable teacher/student ratio. Excellent physical facilities, including hostels, have been provided in many centres, and students have become students in fact as well as in name.

It is generally recognized that basic nursing education today is in a state of transition. The ability of the traditional hospital school to prepare nurses to function effectively in modern health services is being questioned in many countries. This questioning has led to the establishment of university and independent schools of nursing, to the association of basic nursing education with educational programmes that prepare workers in other health disciplines, and to a variety of experimental programmes. Some countries appear to have committed themselves firmly to the progressive shifting of basic nursing education from the hospital to institutions of higher learning.

In its Fifth Report, the WHO Expert Committee on Nursing, which met in Geneva in April 1966, recommended "that the education of the nurse, at basic as well as post-basic level, be incorporated into the system of higher education of the country as rapidly as conditions permit".² Efforts must be made to implement this recommendation if nursing is to meet the

¹ World Health Organization, Expert Committee on Nursing (1966) Wld. Hlth Org. techn. Rep. Ser., 347, 11 (item 3.3 A system of nursing personnel).

² World Health Organization, Expert Committee on Nursing (1966) Wld Hlth Org. techn. Rep. Ser., 347, 30 (item 7).

growing demands of health services, for there is little doubt that basic nursing education must provide learning experience which will attract and keep young people who possess the intelligence and the education necessary to provide the kind of leadership which will ensure the growth and development of good nursing care for the patient and the community. In most countries, institutions of higher education are the logical location for the preparation of nurses.

A general overview of the current state of nursing education on a world-wide basis indicates that there is confusion, diversity of opinion and a reluctance on the part of many authorities concerned to come directly to grips with the problems which they know exist.

Nurses are providing leadership in the search for solutions to these problems, but they are hampered by the absence of a universally accepted definition of nursing and by the fact that content in nursing is often poorly documented and suffers from a lack of supportive research. Moreover, many nurses have never had the opportunity to develop an understanding of nursing as a process and consequently continue to regard it as a series of procedures or activities, an attitude which in practice usually results in stereotyped nursing care. Where nursing care is influenced by this attitude, it is difficult to demonstrate conclusively the difference between the care provided by the nurse and that given by the auxiliary in nursing. These and other equally disturbing factors make the role of persons responsible for nursing education an unusually difficult and demanding one.

An additional and associated factor is the general lack of understanding of the mechanisms which make possible the effective control and management of nursing within the overall health services. The balances and counter-balances provided (1) by well developed nursing units within government services, (2) by a sound set of laws controlling the practice of nursing and the education of nursing personnel, and (3) by a representative nursing association are to little appreciated. Many countries have none of these mechanisms of control and, as a result, there is little or no direction to the growth and development of the nursing component of health services.

Medical and other administrators, who in many countries are ultimately responsible for decisions which determine policies related to both nursing service and nursing education, are often uninformed or misinformed about nurses and nursing. In the present-day context of management and labour relations it is a mistake to ignore the fact that nurses have aspirations related to education and employment - aspirations which parallel those of members of other health professions and which require attention if the health services as a whole are to prosper.

Strenuous efforts are being made to find effective solutions to these problems and to others which impede the development of nursing services. It is expected that these efforts will lead to an acceptable definition of nursing, to reliable methods whereby quality in nursing care may be assessed, to the regular documentation and study of the nursing process, and to the further development of content in nursing through research methods.

2.2 Factors which will continue to influence nursing education

If nursing is to keep pace with modern developments in the medical sciences and in other fields which shape and influence health services and if, at the same time, it is to make its own contribution to these services, persons responsible for making decisions about nursing must pay closer attention to factors which influence the planning and conduct of both nursing services and education. Among these factors, the following are of particular importance:

- (a) the growing demand for comprehensive health services in sufficient quantity and spread to reach the majority of people in a country;
- (b) changing patterns of health needs and related health services;
- (c) changing patterns in medical education and practice;

- (d) expanding opportunities for more young men and women to continue in general education to the level required for their admission to institutions of higher learning;
- (e) the growing influence of groups of nurses who have joined together for the purpose of improving the practice of nursing and the conditions which govern the education and employment of nurses;
- (f) changing concepts related to the role of the nurse in both preventive and curative health services and to her relationship with other members of the health team, particularly with the physician;
- (g) changing concepts in the field of general education and the resulting better understanding of the teaching-learning process;
- (h) the increase in knowledge relating to the social sciences and the reflection of this knowledge in the work of those in the health disciplines;
- (i) the growing understanding of the mechanisms which control the planning and implementation of health services as a whole and of the nursing component as part of these services.

3. GUIDE LINES

3.1 General statement

Because of the diversity which marks the general and professional education of the 'nurse' on both a national and world-wide basis, the establishment of sound education beyond the basic level presents a number of problems peculiar to nursing. These problems relate particularly to the determination of concepts which will govern the planning of nursing education and to decisions related to the establishment of a system of nursing education which provides for rational progression from basic education up to and including advanced preparation. Post-basic education is a segment of this over-all system of nursing education. For countries that have a long tradition of hospital and/or independent nursing schools, the establishment of post-basic programmes poses distinct problems. Experience has shown that there are guide lines which can be helpful to countries in their development of a sound and adequately financed post-basic nursing education programme as part of an overall nursing education system. These guide lines fall conveniently into three fairly distinct areas - the identification of readiness to establish post-basic programmes, the determination of types of programmes which will most effectively meet needs, and the identification of steps in the progressive development of nursing education beyond the basic level.

3.2 The identification of readiness

The following are guide lines to an assessment of the readiness of a country (region, institution, etc.), to establish, with a reasonable expectation of success, a post-basic programme of education for nurses. The guide lines relate to: the general situation, human resources, and material resources.

3.2.1 The general situation

- (a) If post-basic nursing education is to prosper, it is essential that key personnel recognize the need for selected nurses to have education beyond the basic level. This

recognition should be coupled with a readiness to give active assistance and support to such a programme. Key personnel include nurses, legislators, administrators, educators, physicians and prospective employers of the products of the programme. These persons must have a clearly defined concept of what post-basic education for nurses is and what the starting of a programme involves.

Some key personnel who will be concerned with making decisions related to the programme may have had little or no opportunity to acquire an understanding or a knowledge of nursing. It is important that they be provided with reference materials and with opportunities to discuss objectively all the issues involved. Nurses concerned with the establishment of a programme have a particular responsibility in this area.

(b) Accurate information on the following should be available and made use of:

social and economic conditions in the country;
patterns of health care;
extent and location of health services;
numbers of nurses, midwives, and nursing auxiliaries in the country and their age, sex, marital status, and general and professional education;
types, numbers and location of non-nursing health personnel;
patterns of and facilities for general and professional education;
patterns of employment within the health services and those closely related to them;
health needs of the country;
planning which has been done in preparation for the meeting of health needs;
numbers of young people who annually enter, leave or complete secondary school education;
employment and opportunities for further education for those who leave or complete secondary school education;
numbers of persons likely to be available annually for admission to nursing schools and the educational background of the majority of these potential candidates;
all aspects of basic and auxiliary nursing, education and of nursing service; and
institutions for medical education and the numbers and types of students in these institutions.

(c) Authorities controlling the system of higher education in the country should be willing to consider the immediate or phased admission of the nursing education programme into the system and to accept the responsibilities involved in this admission. In countries where preparation for the professions within institutions of higher education is the accepted pattern, authorities should be approached as to the admission of nursing education. In countries where this is not the pattern, the programme should either be started in or have a reasonable assurance of moving into an educational institution which parallels those institutions that prepare workers at a similar level for the other health professions.

(d) There should be an established system of nursing personnel and schools that prepare nurses as defined by that system (see section 3.3.1, p.10).

(e) There should be an established network of health services, both preventive and curative.

(f) In schools and health services there should be posts and budgetary provision for the employment of the required number of nurses prepared at the post-basic level.

3.2.2 Human resources

- (a) The country should have at least a nucleus of nurses with the qualifications and experience in nursing essential to effective teaching and administration in a programme at this level. These nurses should be available for work in the post-basic programme, and there should be reasonable assurance of their capacity and willingness to undertake advanced studies in nursing either at home or abroad. Within this group there should be at least one nurse who has the personal qualities and professional qualifications to make an effective director for the programme. If such a nurse is not immediately available, the position of director can be temporarily filled by a suitable nurse from another country or by a national nurse who, after further study, will qualify for the position. The programme, from the beginning, should be assured that both administrative and financial support will be forthcoming for a planned fellowship programme to prepare nurse teachers.
- (b) The availability of a qualified librarian, at least on an advisory basis, is essential to the sound operation of the programme.
- (c) Clerical, domestic and maintenance staff should be available in sufficient numbers to contribute to the effective operation of the programme. Where it is the rule that vehicles may not be driven except by persons employed as 'drivers', the lack of such staff can be a serious hindrance to the programme.
- (d) There should be assurance of the availability of students who have a suitable level of general and professional education and who speak a common language or one similar to that in which the programme is to be taught. The number of students available should be adequate to justify the operation of the programme.

3.2.3 Material resources

- (a) Classroom, library, office, laboratory, sanitary and domestic facilities must be available. Minimum criteria for physical facilities should be established in the planning phase, and a programme should not be started unless these can be met.

Library facilities are of such importance and are so frequently neglected in nursing programmes that they require special mention. No educational programme can claim to be adequate unless it has a library which is readily accessible to staff and students alike, which contains books, periodicals and other reference materials in a language that the majority of readers can understand, and which offers material of sufficient variety and relevance to make their use worthwhile.

- (b) There must be practice fields which provide a level of health care that justifies their use by teachers and students in a post-basic programme.¹
- (c) Transport must be available for both staff and students. This is particularly important in situations where practice fields are at a considerable distance from the school and where local transport services are poor or non-existent.
- (d) It is essential to have the assurance of a budget sufficient to meet the initial and recurrent expenses of the programme and to allow a planned element of growth. Estimates of the approximate cost of starting and operating an education programme of the size and type envisaged should be available. Persons concerned with the financing of such a programme should have a clear understanding of the cost involved and should recognize the implications for future budgeting. Where initial expenses are beyond the capacities of the country concerned and the need for the programme is urgent, information regarding external aid might be procured.

¹ Lyman, K. (1961) Basic Nursing Education Programmes, A guide to their staffing, Wld Hlth Org. Publ. Hlth Pap. 7, 66-68.

3.3 Determination of types of programmes

3.3.1 The systems of nursing personnel and of nursing education

A system of nursing personnel outlines the levels and kinds of workers in nursing which the country needs and can afford. For every level of worker in the system there should be a title which pertains exclusively to workers at that level and which is not used to designate any other group of workers in the health services. These titles should be protected by law, and persons using them should satisfy a recognized licensing authority that they are qualified to practise at that level.

In situations where there has been no such system and where, consequently, a multiplicity of workers - all of whom are considered to be 'nurses' - have been prepared, the operation of sound post-basic programmes may be a costly and difficult procedure.

The need for a system of nursing education which prepares nursing personnel as defined by the system of nursing personnel of the country is obvious. In countries that have a well defined system of nursing education which has two levels (intermediate and advanced) beyond basic nursing education, the first post-basic programme is usually geared to the preparation of nurses for their effective functioning in intermediate level posts such as ward sister (head nurse), tutor (instructor), assistant matron (assistant director of nurses), health visitor supervisor (public health nursing supervisor), etc. Those who complete the intermediate level programme should be qualified to take advanced level studies which will help to prepare them for the more senior positions in nursing.

There has been a tendency in some countries to copy systems which have been developed to meet the nursing needs of another country. The WHO Expert Committee on Nursing, in its fifth report, comments on this trend in the following words: 'In the past there has been a tendency to take a pattern of nursing education (basic and post-basic) developed to fit one country's needs and transplant it in toto in another country without due consideration of such factors as the extent of industrialization, the level of general education, or the stage of development of nursing'.¹

Without a national system of nursing personnel, based on sound studies of the nursing needs and resources of the country and without patterns of nursing education for the preparation of those types and levels of workers designated by this system, programmes in nursing, however extensive and well supported they may be, may fail to bring about the desired expansion and improvement of nursing services.

3.3.2 Planning for types of programmes

To be useful, planning for post-basic nursing education must provide a continuum from basic nursing education and must demonstrate that the programme(s) will make an effective contribution to the over-all system of nursing education. If there is to be any assurance that the programme(s) will meet these criteria and will, at the same time, be in harmony with needs and resources of the country, sound planning will require the systematic collection and analysis of relevant data. Any approach to such planning should include:

- (a) a study of information regarding national health needs, current and future;
- (b) a study of the systems of nursing personnel and nursing education operating in the country;
- (c) a review of information related to nursing manpower available in the country;

¹ World Health Organization, Expert Committee on Nursing (1966) Wld Hlth Org. techn. Rep. Ser., 347, 22.

- (d) an estimation of nursing manpower needed to meet current and future requirements;
- (e) an estimation of the need for nurses - in terms of kinds and number - who have preparation beyond the basic level;
- (f) the setting of priorities in relation to the need outlined in item (e) above;
- (g) the over-all plan for post-basic nursing education in order that the needs indicated may be met;
- (h) a study to determine the feasibility of the programme in relation to costs and to the availability of teaching staff and of other resources necessary for the successful implementation of the programme;
- (i) the making of decisions related to the starting of the programme as planned or to recommendations concerning alternative plans, such as the sending of students abroad for study - these recommendations being based on the results of the study referred to in h) above;
- (j) planning for the implementation of decisions or recommendations; and
- (k) planning for the evaluation of results, including assessment of the performance of nurses qualified in the programme(s).

In any study of national health needs, particular consideration should be given to the major health problems and to the changing patterns of disease, of family life, and of society, all of which have implications for nursing. For example, an 'aging population' presents the need for the preparation of nurses in geriatric nursing, while increasing industrialization coupled with the development of social concepts and knowledge related to the field of industrial health necessitates the preparation of nurses for work in this area.

The study of public health problems in developing countries indicates the need for new and imaginative approaches to the public health nursing component of health services. Because of the low ratio of nurses to population in many of these countries, the traditional emphasis on home visiting as the core of public health nursing services is often unrealistic. Nurses in every country must receive the kind of preparation that will enable them to teach groups of people, to plan and work effectively with them, and to understand and apply health education principles that will result in the active participation of the community in the improvement of health.

When needs for nursing personnel are being forecast, the formulae of nurses to beds or nurses to population, which have been widely used in the past, are not valid methods of determining staffing needs. It is important that modern concepts and practices related to the accurate estimation of these needs be applied.¹

In reply to the question 'In the country in which you work, what functional and/or clinical specialities present the most urgent need for nurses qualified beyond the basic level nursing education?', nurse teachers from 57 schools offering post-basic courses in 30 countries answered that the most urgent needs were for nurse teachers, administrators, and specialists in public health and in maternal and child health. These needs were reflected in the types of programmes which were reported by 48 of the same teachers as being given in their schools. Twenty-two of the 48 schools offered public health nursing, 36 nursing education, and 35 nursing administration, while four reported teaching and supervision in clinical areas. From these answers it is fair to conclude that the majority of countries start post-basic nursing education with courses designed to prepare nurse teachers and administrators.

¹ Paetznick, M. (1966) A guide for staffing a hospital nursing service, Wld Hlth Org. Publ. Hlth Pap. 31, and Roberts, D. (1963) The staffing of public health and out-patient nursing services, Wld Hlth Org. Publ. Hlth Pap., 21.

Regardless of the area selected for the initial programme(s), it is important that consideration be given to the following:

(a) A post-basic programme soundly planned and operated can effectively offer within one school a variety of functional and clinical specialities. When programmes are being planned, consideration should be given to the possibility of a reasonable growth of the programme in the centre chosen for it. Steps in the development of the programme should be laid down in accordance with the priorities outlined in the study of national needs for nurses prepared beyond the basic level. It is costly - in terms of both money and the quality of education which can be provided - to offer a number of functional and/or clinical specialities, each isolated from the other. It should be recognized that there are core courses in nursing which pertain to all specialities and that the programmes, the faculty, and the student body are strengthened by the exchange of ideas made possible by a programme which offers a number of nursing specialities within one school. The same can be said for nursing schools that are a part of an institution which offers programmes in many disciplines and in which students from one discipline study together with those from another and have access to library facilities which contain reference materials from many fields of study. In the past, nursing education suffered from the physical and intellectual isolation of schools of nursing.

(b) Beyond a basic minimum level, decisions related to content in curricula and the organization of this content should be the responsibility of the institution and the faculty who operate the programme. Each curriculum should be based on a written philosophy which directs the life of the programme. Objectives for every type of course should be developed and those learning experiences should be provided which will result in the student's meeting these objectives.

The role of the nurse as a member of a highly skilled health team whose primary function is the joint delivery and development of effective patient and community health care should be kept in mind in the planning and implementation of curricula. Programmes should aim at the preparation of nurses who are sound practitioners of nursing and who, as a part of nursing practice, participate in, initiate and conduct research in nursing and in associated fields of health care. Moreover, the roles of the nurse as the leader of a nursing care team, as a teacher and as an administrator should influence the planning of every post-basic programme.

(c) The academic foundation of post-basic programmes should be sound enough to enable nurses to obtain the necessary requirements for admission to more advanced programmes in nursing. The tendency, frequently prevalent in the past, to provide a number of relatively short courses - one academic or calendar year - all offering qualifications at the same level and all being devoted to the preparation of the nurse for work in different segments of nursing, should be avoided. Nursing should join with other health professions that ensure progression in post-basic studies and that have clearly defined schemes for the preparation of personnel beyond the basic level. Such programmes would allow the nurse to select a clinical and/or functional area of interest to her and to progress through well-defined levels of preparation in that area.

(d) In all programmes, emphasis should be placed on the preparation of expert practitioners in nursing. The ability to give nursing care of a high level should be required of all nurses who wish to teach nursing. Content in education and administration is essential for the nurse who wishes to become a teacher and/or administrator, but this should never be provided at the expense of content in the speciality under study.

(e) Where hospital schools of nursing train the majority of nurses, it is likely, particularly in the early years of the programme, that most of the students will be older nurses who have had several years of experience in nursing. Many of them will come from senior positions in nursing services and/or education. They will bring to the school the

attitudes, the knowledge, and the skills they acquired during their employment in the nursing services of the country. They will also bring with them the outlooks and philosophies which they acquired while living and working as responsible adults in the community. They will therefore be a very different group from the one made up of nurses who are newly qualified and have had little or no experience as professional workers or as independent wage earners. As do all students, they will require learning experiences that will meet their particular needs. Since the age-levels and nursing experience of the majority of students coming into post-basic programmes can be expected to change, it must constantly be borne in mind that curricula suitable to meeting the needs of an older, more experienced group are unlikely to be equally suitable for a student body made up largely of younger nurses who recently completed the basic programme.

3.4 Identification of steps in the progressive development of nursing education beyond the basic level

Like any activity which involves progression, the identification of steps in the development of post-basic nursing education is largely dependent on planners' knowing at the outset where they want to go. If it is accepted that nursing education, both basic and post-basic, should be in institutions of higher education, and if the tradition in the country has been otherwise, the transition from one type of institution to the other can very effectively begin with post-basic nursing education. In countries where all nurses or a majority of them have been prepared in hospital and/or independent schools of nursing that were developed in the manner described under item 2.1, it is unlikely that, in the early stages of a post-basic programme, many of the nurses seeking admission to the programme will have complete secondary education or professional preparation of a standard minimum level. These facts present problems which must be dealt with in an objective and realistic manner - one whereby the priority needs of the country and of the nursing profession alike are met. In planning the progressive development of post-basic nursing education in countries that have a basic nursing education pattern as described above, authorities may find it useful to appoint a small committee of responsible and concerned persons, among whom nurses are a majority, and:

- A. Invest this committee with the authority necessary to reach decisions relating to the concepts which will act as starting points for reasoning in the planning and conduct of post-basic nursing education; the following are examples of concepts which such a committee might set down:
- (i) that nursing education is most effectively given in institutions of higher education and that the gradual and planned transfer of basic nursing education programmes to institutions of higher education would be desirable;
 - (ii) that the transfer from the traditional pattern should begin with the preparation of nurses at the post-basic level;
 - (iii) that changes in the traditional pattern should be planned so that there is no undue disruption of health and education services;
- B. Entrust the committee with the following:
- (i) a study of the system of nursing personnel in the country;
 - (ii) a study of the system of nursing education, as it has been defined, up to and including basic nursing education and any post-basic courses which may exist; such a study would pre-suppose an understanding of the patterns of general secondary education;
 - (iii) a study of the policies and procedures whereby institutions of higher education are controlled and operated;

(vi) the preparation of a plan for the post-basic segment of the system of nursing education, such a plan being related to the system as it currently operates and containing, among other items, an identification of the levels which will exist in post-basic nursing education and recommendations for the implementation of the plan; these recommendations should include suggestions as to how the following questions may be answered:

(a) If post-basic nursing education is to be given in an institution of higher education, what pattern should be followed in the establishment of the programme? When answering this question it should be kept in mind that, if nursing education is to keep pace with education in the other health professions and is to provide nurses who can deliver and develop nursing care, requirements for the admission of nurses to institutions of higher education should be equal to those of students in comparable health disciplines. It is a mistake to request that 'special' standards, which in effect amount to concessions, be laid down for nurses. This same principle applies to content in the programme.

(b) If the majority of prospective students for post-basic programmes are unlikely to have the general education necessary for admission to institutions of higher education, what steps should be taken to rectify this situation and to ensure that this pattern will not continue? Such students may be helped through:

the provision of 'night school' or adult education classes which allow nurses to complete secondary school without having to attend school full-time;

the provision of a pre-professional period of study offered by the post-basic school but to be successfully completed before the nurse can enrol in the professional programme. The best way to ensure that admission requirements are met is to raise the standard for admission to basic nursing programmes to the same level required by the post-basic programme.

(c) If the majority of prospective students for post-basic programmes are likely to be deficient in theory and practice in certain clinical areas, e.g., paediatric nursing, mental health nursing, etc., are there any pre-admission nursing requirements which should be established? If it is decided that there are, what facilities are available or should be made available to help nurses reach required levels in professional education? Supplementary courses can usually be arranged and nurses should be told of the availability of these courses.

(d) If the establishment of the post-basic programme within an institution(s) of higher education is not immediately possible, what interim arrangements can be made? Where such arrangements are necessary, everything possible should be done to ensure that the programme offered will result in the award of a certificate, diploma, etc. which has meaning in terms of the educational system of the country and which will represent an educational experience on which the nurse can build. A phased programme should be planned which defines a time limit to the conduct of this type of programme. This time limit should correspond to the time when basic nursing education programmes of the country are admitting and preparing nurses who in every way meet the requirements for admission to institutions of higher education.

(e) What constitutes sound phasing in the development of post-basic programmes? This would involve the starting of advanced programmes which would admit selected graduates from the first-level post-basic course. The beginning of any advanced-level course would mean that a sufficient number of nurses had completed the first-level post-basic programme and that from among these a number would be available for advanced studies.

(f) When a reasonable number of nurses have qualified in the post-basic programmes offered in institutions of higher education and have returned to practise nursing in the clinical and public health fields used by the post-basic programmes, should steps be taken

to begin the transfer of basic nursing education to institutions of higher education? If there is a decision to do so, it must be kept in mind that, in the course of time, the post-basic programme will need to change in order to meet the needs of nurses from a different type of basic programme. The effective phasing of an overall programme such as the one outlined above depends on the needs and resources of the country concerned. Therefore, no fixed time limits suitable to all countries can be advocated. One of the main criteria for the starting of a basic programme in an institution of higher education should be the availability, in the teaching and practice fields to be used by the basic programme, of nurse practitioners who have qualified in the post-basic programme and who are practising nursing of a type suitable to the education of nurses in a programme associated with an institution of higher education. Quality in the teaching of theory in nursing must in every way be balanced by quality in the teaching of the application of this theory to the care of the patient and of the community. Unless the student of nursing sees quality care being given and participates in such care, it is unlikely that she will be able to provide it when she qualifies.

3.5 Need for a phased plan for the development of schools of nursing associated with institutions of higher education

When a country reaches a stage where hospital and/or independent schools are regularly being replaced by basic nursing education programmes in institutions of higher education, a slow and careful phasing out of post-basic programmes to meet the specific needs of nurses from hospital and independent schools of nursing should be planned. At each level in the post-basic system, programmes that meet the needs of nurses coming from the basic schools associated with institutions of higher education should gradually be developed.

While this is being done, the requirements for admission to hospital schools and/or independent schools,¹ for the minimum syllabus to be followed in these schools, and for the licensing and registration of 'nurses' should also be undergoing changes, eventually reaching a point where it will no longer be possible for students from hospital or independent schools to qualify as a 'nurse'. Where service institutions continue to insist on operating a programme, they should be limited to the preparation of nursing personnel who fit into the system of nursing personnel at a level below that of the nurse. However, in reaching decisions related to the continuation of hospital-controlled schools that prepare nursing personnel, authorities should question the wisdom of perpetuating a pattern in which an educational programme is placed under the control of an institution whose primary function is the provision of a service.

The development of a phased long-range plan such as the one outlined above is one of the best ways to ensure, economically and harmoniously, the improvement and expansion of nursing services. A failure to provide such a plan often leads to the development of costly ad hoc nursing education programmes, to disputes among groups of nurses and between nurses and members of other health disciplines, to the fostering of programmes that unnecessarily and uneconomically prepare a multiplicity of nursing personnel, and generally to a failure in efforts to increase quality and quantity in nursing services.

In countries where the pattern of hospital and/or independent schools has not been widely developed or where there is, as yet, no tradition related to the preparation of nurses, consideration should be given to the starting of programmes of basic nursing education in schools associated with institutions of higher education. Such action would obviate the laborious transition experienced in countries where nurses have been traditionally prepared outside the general pattern of education that serves in the preparation of workers for the other health professions.

¹ See definitions, p. 2.

In countries where nursing, as yet, does not attract young people who have completed admission requirements to institutions of higher education, authorities, by using the system of nursing personnel which they have identified, may initially provide personnel for nursing services through the preparation of that level for which students are available and which the country can immediately prepare and absorb. However, from the onset it should be recognized that these workers will not be able to deliver the quality of care which can be expected from the 'nurse'; nor will they be able to design or conduct the kind of research essential to the development of the nursing component of health services. Countries where nursing services must be started with workers at the auxiliary level should begin educational programmes for the preparation of 'nurses' as soon as it is possible to do so. They should make certain that the nursing personnel who were prepared and employed before the category of 'nurse' came into existence fully understand the system of nursing personnel as it has been identified and recognize where they fit into this system. The possibility that selected workers from the auxiliary level may qualify for admission to basic nursing programmes should be assured and an educational plan developed for this purpose.

3.6 Concluding statement

The guide lines as they have been presented are intended to act as indicators to the starting of nursing education programmes which meet the needs of countries and to the phased development of these programmes. It is only through sound planning and the effective implementation of this planning that the nursing component of health services can be improved. Until nursing services and education are studied and planned as a whole and until the nurse can move from basic through advanced studies in clearly defined areas of nursing, it will not be possible to provide the range or quality of nursing services which are essential to the development of comprehensive health services.

ANNEX

WORLD HEALTH ORGANIZATION
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PREPARATION OF GUIDE LINES FOR
POST-BASIC NURSING EDUCATION

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