The Future of Nursing

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AT the Alma Ata Conference in 1978, delegates from over 100 sovereign states and many members of international health organizations/agencies committed themselves to work toward the objective of "Health for All by the Year 2000" through global strategies which give priority to primary health care offered by a variety of health workers and through the means of traditional and scientific practices. This perception of health care envisages a social order in which community development is based on the spirit of self-reliance and self-determination,

Yet, sadly, five years later the animating spirit of Alma Ata has to face disparaging situations. We find in the developing world continuing growth of populations, drought, rises in the cost of oil, the vicious cycle of food and fuel wood depletion, environmental deterioration, internal strife, continuing wars have separated millions of people from the prospects of a decent existence. And, in the developed world, a depressed economy and a growing diversion of resources to military purposes resulting in a retreat from social concerns. With just 5% of the world military expenditures, now approaching one million dollars per minute or 500 billion dollars per year:

— all of the children in developing countries could be vaccinated against the most common diseases.
— 200 million undernourished children and 60 million pregnant women could get extra food.
— everyone could have pure water.
— preventive health care could be given in developing countries (Mac Pherson).

Viewed from this perspective, the foremost challenge for the international Nursing community is to keep alive the vision of a better tomorrow for mankind. We must develop a framework in which the pursuit of health for all can be nourished and sustained and design the future of Nursing within this context. Unless we accept that challenge "we will have made an unpardonable contribution to world chaos" (Mahler).

With this background, let us consider the realities of Nursing today and the issues which need to be faced if Nursing is to make an impact on the health of the people and be a dynamic force now and at the turn of the century. I shall restrict my comments to two broad features of contemporary nursing:

(1) the focus and scope of Nursing Services; and
(2) the role of professional associations in advancing the interest of the Nursing profession.

New Frontiers

The majority of practising nurses today are ill-prepared for a future in which health for all is the operating rationale. Cultural and structural factors in many countries have favoured retention of a model of Nursing education and practice which is firmly tied to hospitals and curative medicine. The adaptation of health care services to primary care principles requires a different technology and a different orientation. Nursing's record of accomplishments may serve as a spring-board for constructing a plan aimed at making nursing a dynamic force in bringing health care to all by the 21st century. Many of the ideas nursing is now using—promoting healthy family life, educating people about health matters, prevention of illness and instruction in self-help—are critical to making primary health care for all an effective reality. Further, there is an extensive body of evidence to support the success of nursing approaches to primary care, much of it emanating from studies of nurse practitioners.

The first formal educational programme for nurse practitioners started in 1965 at the University of Colorado. In the region, the training of public health nurse practitioners was started in 1977 to provide integrated health services to the rural population in Thailand.

Primary care is the door through which the patient enters the health system. In the next phase of development, primary care will move out of exclusive concentration on the first contact, urgent vist, triage and screening functions and into the arenas of comprehensive, family-oriented, continuous care.

In this new system, as I visualize it, nurses are the first line of care givers. The second line would, for the most part, be nurse clinicians. On the third line would be paediatricians, internists, etc., on the fourth, medical specialists, and on the fifth, medical sub-specialists.

In this ideal primary care system, every patient will have a case manager, i.e., one person who knows everything that is going on with the patient and coordinates the activities. Functioning as a case manager is a proper role for Nursing, because only nursing is involved in all phases of a health care system.

Primary care and nursing have come a long way since 196[illegible]. We now know that putting nurses into primary care does not make them half-fledged doctors or medical assistants. Volumes of research show that primary care given by nurses is simply different from care provided by doctors.

A New Role for Professional Associations

Professional associations, because of their natural attachment to tradition and the maintenance of the "status quo" are inherently rigid, slow-moving organizations. If Nursing is to be a dynamic force in helping to bring primary health care to all people, professional associations must take on a different character and form than they presently possess.

I believe that recent developments in the evolution

of Nursing in politics demonstrate that influencing the decision making aspects of policy-making can be the instrument of a profession's growth and protection. The term politics is used here as the art of exercising influence in order to achieve specific ends. The real issue is how to ensure that sufficient power exists to exercise effective influence.

Government policies and decisions with far-reaching implications for Nursing services and education are still being made without the input of nurses. The potential collective political power to influence the public policy making system that Nursing has is based on its numbers as the largest group of health care workers. Our failure to use our potential political power is at least partially due to the sense of separatism among different Nursing groups and associations. Regrettably, when one united voice for Nursing is called for it is seldom available. Not only is unity often lacking, nurses have also been known to present divided fronts or opposite viewpoints in the presence of policymakers. To have a united political voice, however, requires individual and group commitment

Based on the problems identified above, future activities of professional associations will include:

(1) spear-heading socio-economic nursing development through collective bargaining;

(2) development of a widespread network of nurses with varying degrees of political commitment, whose response to existing or potential health care policies can be mobilized efficiently;

(3) a conscious effort to change the characteristics of the typical nurse of today who is submissive, conforming, and mild mannered with minimal political awareness. The typical nurse of tomorrow will be a sophisticated change agent with well developed political awareness and creative imagination (Kalisch);

(4) formal and informal continuing education programmes including distant learning and study tours.

The above activities suggest a new and vital role for professional associations in fostering political action and policymaking involvement, and the development of effective grassroot Nursing committees to facilitate the achievement of the associations' goal(s).

Conclusion

To make health for all a reality is a challenge that confronts nurses, both regional and international. It is a challenge which we ignore at great cost to the future peace and prosperity of the human family as well as to the vitality of the Nursing professions.

The matter in question is whether Nursing will accept the challenge and become a dynamic force in the achievement of HFA 2000.

References

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