

Abstracts and Reports

ROLE OF THE NURSE IN PRIMARY HEALTH CARE¹

One of the principal goals to which the Ministers of Health of the Americas have committed their peoples through the Ten-Year Health Plan adopted at Santiago in 1972 is the extension of health services in some form to every man, woman, and child in the Hemisphere by the end of the decade. The nurse is in a unique position to contribute to the attainment of this objective. Recognizing the need to redefine the nurse's role in regard to the delivery of primary health care, PAHO/WHO, in collaboration with the Government of Costa Rica and the College of Nurses in that country, recently sponsored a Seminar on New Dimensions of the Nurse's Role in the Delivery of Primary Health Care. Held in San José From 27 October to 3 November 1976, this meeting brought together 19 professional nurses and 17 physicians from a total of 13 countries. The final report is transcribed below.

Introduction

The III Special Meeting of Ministers of Health (Santiago, 1972) set as one of its primary goals for the 1971-1980 decade the extension of health service coverage to the population as yet unserved.

Efforts to achieve this aim have generated fundamental changes in the concept of coverage. The previous theoretical and statistical focus, which looked at such considerations as services granted, geographic accessibility, and available manpower, was shifted to a new one of primary health care designed to meet the basic needs of the population.

At a time when Man is making impressive strides in science and technology, it is serious to think that the countries of Latin America have not yet succeeded in delivering even minimum health services to all their inhabitants. And the coverage problem becomes an even greater cause for concern when rising costs and the low produc-

tivity of health services are taken into account, along with the fact that the services offered are not geared to the cultural, economic, or social characteristics of the population.

It is pointed out in the Ten-Year Health Plan that 40 per cent of the population in Latin America is without access to health services. At the same time, 68 per cent of the hospitalizations are for diseases that could be prevented or treated on an outpatient basis. Such facts emphasize the inefficient utilization of resources in the face of shortages.

Biomedical studies have shown that throughout the world hundreds of people are dying from diseases that are preventable or curable—or surviving with physical or mental sequelae that developed for lack of elementary health care. Moreover, the population's level of health is imperiled by the prevalence of malnutrition.

Thus it becomes clear that the traditional approaches to the delivery of health services must be abandoned and new ones sought that will lead to the attainment, within as short a time as possible, of the

¹Also appearing in Spanish in *Bol Of Sanit Panam* 82(5):446-455, 1977.

goals for coverage that have been set by the Ministers of Health of the Americas.

Health professionals are being called upon to draw up new models for the delivery of services to the community. The current crisis caused by the shortage of human resources can only be solved if the professionals in the sector, working together, plan for the way in which coverage is to be extended to the marginal population. In this undertaking the social, economic, and political forces at work in the context already described make it necessary that the role of the nurse be reviewed and that thought be given to entrusting this health worker, as the agent of primary care, with new tasks.²

²Although the nurse may be referred to in the present report in the feminine gender, the term refers to both sexes.

Primary Care

Understood as the set of actions that are placed within the reach of the individual, the family, and the community in order to meet their basic needs in regard both to the promotion and preservation of health and to the prevention and cure of disease, primary care functions as a part of the overall health services and generally serves as the user's portal of access to the more costly and complex levels of care.

In order for it to be effective, the other levels of care that tie in with its activities, especially those related to technical supervision, patient reference, support measures, and training, must be upgraded and appropriately adapted. It requires intersectoral coordination at all levels, health service activities being articulated with those of the other sectors of society.



Today's nurse is called upon to make increasingly direct and effective contributions to primary health care. This places her in an excellent position to confront the challenge which extension of health service coverage poses for all health team members. (Photo: Ministry of National Health and Welfare, Canada)

"The set of services that results should come to constitute a true primary service network, whose characteristics in each local situation need to be properly identified and developed."³

Content and Focus

Although primary care varies from country to country and in urban, periurban, and rural areas within a single country, it has certain characteristics that are common to all situations:

- It responds to the basic health needs of human beings, including the prevention and cure of disease and the promotion and conservation of health, and it does so within a context of development of the individual and of the community, bearing in mind the participation of both. The felt needs of a community not only reflect local problems and priorities but also, at the same time, serve as a basis for the promotion and implementation of other activities which are geared to the attainment of health and development.

- It is dispensed in accordance with the norms that govern the life of the population and is based not only on scientific knowledge and appropriate health technology but also on practices that are traditionally accepted and have been found to be effective in each particular community.

- It is readily accessible to the population and its techniques are appropriate, acceptable, and easily used by health personnel who work at the local level.

- It should involve the active participation of the community in the formulation, development, and implementation of health activities, which will thus perceive the result as its own effort.

- It should be flexible, allow room for innovation, and respond to the changing health needs, together with the socioeco-

nomie and cultural characteristics, of the community.

- It makes maximum utilization of the resources available to the community and serves, in turn, as a means of strengthening the community's development, using the resources of official agencies to complement its programs.

Human Resources

The human resources for the delivery of primary health care vary—and should do so—in terms of their availability and of the particular characteristics of the community.

The primary care team can comprise several different kinds of health personnel—physicians, nurses, and nursing auxiliaries, and also traditional birth attendants and healers when they have been properly trained. Actually, primary care does not call for "the preparation of a new kind of health worker. What is needed is positive and different action toward the new approach, together with a redefinition of roles, duties, and responsibilities along the lines that have been set for this new approach to health problems."⁴

A New Look at the Nurse's Duties and Responsibilities in Primary Care

The following trends have come together to change the dimensions of the nurse's role:

- A new concept of integrated health care which recognizes that the health of the individual and that of the population depend not only on the action of the health sector but also on the efforts of the other sectors of society.

- Acceptance of the fact that participation of the individual and the community in the process of their own development is a

³J. Castellanos, Situaciones de cobertura, niveles de atención y atención primaria, *Bol Of Sanit Panam* 82(6), 1977.

⁴*Ibid.*

right, and that it is a decisive factor in the pursuit and maintenance of health.

- The notable shortage of physicians at the community level, which is aggravated by the tendency toward specialization in clinical areas (where complex and costly equipment reflecting technological and scientific advances is necessary).

- The rising cost of health care.

- Recognition of the fact that the nurse is underutilized and has the potential to assume more direct responsibilities in the delivery of primary care which had heretofore been considered to fall within the purview of the physician.

Thus, the nurse is being called upon to contribute more directly and more effectively in health care—to take over the following primary care activities:

- Diagnosis of the level of health of the individual and of the community as a whole.

- Decision-making in situations that call for discernment and the application of pertinent solutions.

- Preparation of the individual and the community as a whole so that needs can be identified and met.

- Evaluation, jointly with the users, of the effect of primary care actions on the health of the individual, the group, and the community.

The Nurse's Work

The primary care nurse is a generalist⁵ whose services and participation in integrated health care are felt directly by the individual, the family, and the community as a whole. This health worker has sufficient competence to take decisions and

share responsibilities with the other members as they join efforts to raise the level of health of the population for which they are responsible. The polyvalent nature of the primary care nurse makes it possible for this professional to be used rationally and optimally in achieving effective coverage at low cost without increasing the time needed for basic training.

The work of the primary care nurse is carried out according to the norms contained in official health programs, which are geared to such priority areas as nutrition, maternal and child health, communicable disease control, and environmental sanitation.

Effective fulfillment of these tasks requires that the nurse be able to:

- Assess the overall health of the individual, the family, and the community and understand those mores, beliefs, and ways of life that bear on problems of health, involving the users in the diagnostic process and in discussions of how the problems should be approached.

- Give direct integrated health care to the individual, the family, other groups in the community, and the community itself.

- Initiate treatment or other measures within the nurse's sphere of competence or refer the patients to another level, make decisions in emergencies, and carry out health actions in accordance with program standards.

- Follow the health-disease process in persons with stabilized or long-standing conditions and implement an appropriate plan of care.

- Maintain epidemiologic surveillance in the community, take the necessary related measures, and report to the health system and to the community.

- Provide for and carry out appropriate primary care measures with a view to improving the nutritional status of the population.

- Educate and foster incorporation of

⁵The term *generalist* is used in some parts of Latin America to mean the opposite of *specialist*. This latter concept, in turn, is used increasingly among nurses to refer to the colleague who has greater knowledge and more complex skills in a *clinical specialty* than the generalist, acquired through formal study.

the individual, the family nucleus, and the community so that they can identify and meet their own specific health needs.

- Train cadres of traditional health attendants and volunteers for their participation in community health programs.

- Work toward improving the environment and the health status of the population, of the community in general, and of the family nucleus in particular with the participation of the beneficiaries, coordinating this undertaking with the activities of workers in other development sectors at the local level.

- Incorporate the members of the community in the decision-making process in regard to the delivery and evaluation of primary health care services.

- Evaluate the results of primary care on a continuing basis with a view to generating informative feedback.

Measures for Validating the Nurse's Role in Primary Health Care

Any health worker's role is the product of a complex interrelationship of prescriptions and expectations on the part of the professional associations, the employing agency, and the users, together with the worker's own conception of his task.

The performance of a given function is affected by such factors as the amount of resources allocated, the remuneration, the training required, and, as a consequence of this last, the corresponding position occupied by the health worker in society.

It is not unusual for a health worker to adopt, in the course of his or her career, values that are different from those of the community and divergent from its interests. This can serve to create a distance between him and the users, whose demands and needs he fails to understand. A communication barrier of this kind between the provider and the user of health services impedes the active participation of the community and prevents the development of

new expectations on the part of the user in regard to the role of the professional.

These considerations help to explain why the introduction of any desired change in a role is by nature a slow process that requires the support of all the groups or sectors involved.

Acceptance of the nurse's new role in primary care by the health authorities must necessarily be the first step if the components of this role are to be incorporated into daily practice.

By the same token, it is important that nurses consider whether they will accept or reject this new responsibility, and also that other health professionals be given the option of agreeing or disagreeing with the nurse's assumption of these tasks.

If the goals of coverage for the unserved population are to be attained, it is essential that the process of sanctioning the nurse's new role be speeded up. Accordingly, it will be necessary to:

- Foster awareness of this need in the professional associations.

- Encourage official agencies to: adapt both the overall health system and the nursing subsystem to the nurse's new role and redefine the duties and responsibilities of the nurse in regard to primary care; decide on the amount and rational distribution, on the basis of current availabilities, of the needed human, economic, and material resources; provide the necessary administrative support, including the establishment of a reference system, the publication of manuals for supervisors, etc.; and offer special incentives for the nurse working in primary care, especially when assigned to places far from major cities.

- Promote with the pertinent authorities and the institutions of health education the importance of close coordination between the educational subsystems and nursing services in the search for new approaches to teaching and professional practice, as well as the revision of programs and curricula so that the student will gain a full understand-

ing of the new role and acquire knowledge about primary care that can be applied to the economic, social, and cultural context of the communities to be served.

Preparation of the Nurse for the New Role

Since the nurse's confirmation in the new role will be facilitated by mastery of the related knowledge, skills, and attitudes, it is important to implement the point above in regard to training for primary care.

Given the fact that to date very few nurses in Latin America have introduced primary health care activities in their professional practice, and that these efforts have seldom undergone evaluation, there is little documentation available on the subject, and what exists is limited to the local level.

It is essential that planning at the national level for the extension of health service coverage provide first and foremost for the massive training of those who are interested in this field.

In the development of appropriate study plans and curricula for the training of nurses it is important to promote conditions that will encourage the passage from traditional ways to an approach in which a human resource is prepared that can contribute immediately and effectively to the extension of health service coverage.

Another basic need is to formulate the concepts and philosophical principles that underlie the orientation of health actions toward the community. In accordance with this philosophical basis, the following objectives and activities should be taken into account:

- Development of critical judgment and a spirit of initiative in regard to the health needs of the community.
- Interdisciplinary teacher-student action.
- Incorporation of community-centered learning experiences into the teaching program from the very outset, putting into

effect the principle of integrated instruction-practice.

- Application of integrated instruction-practice, based on "problem-solving" and "learning-by-doing," in real service-delivery situations.

If these objectives and activities are to be realized, it is necessary that primary health care services and training programs for nurses be given adequate financial resources; that the numbers of fellowships, courses, seminars, etc. for nurses be increased; and that incentives of all kinds be provided so that teaching personnel and graduates of basic and supplementary educational programs will go to those areas where the unserved population actually lives.

Measures for Facilitating the Nurse's Preparation

When a program for the training of nurses in primary health care encounters difficulties, measures should be taken to overcome them bearing in mind the particular situation in each country. The following approaches, in addition to the steps mentioned above, should be encouraged:

- Review by the health authorities of the policies that have been set in this area, together with the legal and professional restrictions that might stand in the way of the nurse's delivery of primary care.
- Evaluation of the nurse's activities in primary care in terms of the quality of the services provided and the relation between utilization of this health worker and the cost of coverage extension.
- Establishment and development of centers for the training of nurses in primary health care, strategically located so as to offer learning opportunities consonant with the health situation in the particular countries and also to attract candidates from areas where such training is not available.
- Establishment of budgets for such

programs as rural service and the rural internship where this has not yet been done, and consideration of their possible incorporation as an integral part of study plans and curricula.

Supervision of the Nurse in Primary Care

In carrying out her role within primary care, the nurse should have technical supervision with a view to seeing that: the goals of health programs are being met; the beneficiaries are receiving risk-free attention; and the nurse's work is being done in accordance with the standards for primary care and for health programs.

The following conditions, among others, are necessary in order to establish a system of supervision that will permit attainment of the objectives mentioned:

- There should be continuing and active support at the decision-making level.
- There should be adequate programming of primary care, in which the role of the nurse and the supervisor, as well as the criteria for supervision, are clearly defined.
- The fundamental elements should be provided for supervision to be carried out by the appropriate authorities.
- Reports should be available to assist in detecting the problems within primary

health care services, identifying priority sectors for supervision, and, consequently, taking the measures that may be necessary.

- The supervisor should have leadership qualities, technical ability, experience, and understanding of the structure and process of primary care delivery, and should be identified with its objectives and goals.

Measures to Facilitate Adequate Supervision

- The preparation of manuals and guides which clearly set forth the policies that underlie plans and programs, administrative and technical procedures, standards for care, and criteria for supervision.
- Adaptation and strengthening of the system of supervision so that the nurse's primary care functions are adequately covered.
- Integration of supervisors within the process of health program development.
- Supervision based on interdisciplinary coordination.
- Participation of the supervisor in the direct provision of primary care.
- Strengthening of the continuing evaluation system at all levels with a view to keeping programs consonant with the goals that have been set.

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ANNEX I

LIST OF PARTICIPANTS SEMINAR ON NEW DIMENSIONS OF THE NURSE'S ROLE IN THE DELIVERY OF PRIMARY HEALTH CARE

Colombia

Dr. Constantino Baquero Herrera
Chief, Guajira Sectional Health Service, Ministry of Public Health, Riohacha

Mrs. Elvia Cecilia Muñoz de Gómez
Regional Coordinator for Personnel Training, Caldas Sectional Health Service, Ministry of Public Health, Manizales

Costa Rica

Dr. Oscar Alfaro Rodríguez
Vice Minister for Technical Matters and Director General of Health, Ministry of Health, San José

Dr. Miguel Asís Beirute
Director, Division of Medical Services, Ministry of Health, San José

Mrs. Amada Carvajal Badilla de Ramírez
Deputy Director, Department of Nursing, Ministry of Health, San José

Dr. Manuel Angel Cortés Vargas
Physician-in-Chief, Zone A, Costa Rican Social Security Fund, Department of Medical Services, San José

Mrs. Vilma Curling Rivera de Anderson
Vice President, College of Nurses of Costa Rica, San José

Mrs. Elizabeth Guevara de González
Nursing Adviser, Costa Rican Social Security Fund, Department of Medical Services, San José

Miss Irma Sandoval Bonilla
Director, School of Nursing, University of Costa Rica, San José

Dr. Germán Vargas Martínez
Director for the New Curriculum, School of Medicine, University of Costa Rica, San José

Dr. Manuel Bermúdez Alvarez
Assistant Administrative Physician, College of Physicians and Surgeons, San José

Dominican Republic

Ms. Ana Julia del Rosario
Coordinator for Community Nursing Care, Division of Nursing, Ministry of Public Health and Social Welfare, Santo Domingo

Dr. Elías Dinzey Beate
Director of Basic Health Services, Ministry of Public Health and Social Welfare, Santo Domingo

Mrs. Alberta de Jesús
Director for Training, Basic Health Services, Ministry of Public Health and Social Welfare, Santo Domingo

Ecuador

Dr. Mario Pineros Cueva
Chief, National Division of Rural Health, Ministry of Public Health, Quito

Mrs. Guadalupe Pozo de Morales
Nurse, National Division of Rural Health, Quito

El Salvador

Dr. Celia Cristina Osorio de Salazar
Chief, Department of Human Resources Development in Health Services Planning, Ministry of Public Health and Social Welfare, San Salvador

Mrs. Argelia Sandoval de Herrera
Supervising Nurse for Technical Standard Services, Bureau of Health, Ministry of Public Health and Social Welfare, San Salvador

Guatemala

Dr. Danilo Aldana
Director, Institute for Health Personnel Training, Quiriguá, Izabal

Miss Bertha Adilia Sánchez Solórzano
Coordinator for Auxiliary Courses in Rural Nursing, Institute for Health Personnel Training, Quiriguá, Izabal

Honduras

Dr. José Adrián Chavarría
Chief, Health Region 2, Ministry of Public Health and Social Welfare, Comayagua

Miss Digna E. Guerrero Padilla
Rural Area Supervisor, Health Region 3, Ministry of Public Health and Social Welfare, El Progreso, Yoro

Miss Vilma Ortiz Rivera
Regional Supervisor of Nursing, Health Region 4, Ministry of Public Health and Social Welfare, Choluteca

Mexico

Dr. Xavier Romo Diez
Chief, Department of Teaching and Research, Bureau of Medical Assistance, Ministry of Health and Welfare, Mexico City

Miss Esperanza Sosa Vásquez
Director, Bureau of Nursing, Ministry of Health and Nursing, Mexico City

Nicaragua

Dr. Roberto Moisés Hodgson Joseph
Director, PUMAR Mobile Unit, Ministry of Public Health, Managua

Mrs. María Elsa Narciso de Fúnez
Supervisor of Rural Nursing, PUMAR, Ministry of Public Health, Managua

Panama

Miss Vilma Caillouet
Head Nurse, Aquilino Tejeira Integrated Medical Center, Penonomé, Coclé

Miss Margarita Martínez
Nurse, Panama City

Paraguay

Dr. Andrés Vidovich Morales
Director, Department of Medical Services, Ministry of Public Health and Social Welfare, Asunción

Mrs. Silvina Dolores Doria de Duarte
Instructor, School of Rural Obstetric Auxiliaries, Ministry of Public Health and Social Welfare, Asunción

Peru

Dr. Jacinto Eugenio Salas Berriga
Regional Deputy Director, Ministry of Health, Arequipa

Mrs. Blanca Chang Asmat de Méndez
Director of Studies, Daniel A. Carrión National School of Nursing, el Callao

Venezuela

Dr. Virgilio González Marval
Assistant Physician to the Director of Public Health, Ministry of Health and Social Welfare, Caracas

Mrs. Inés de Hinojosa
Chief, Department of Nursing, Ministry of Health and Social Welfare, Caracas

Pan American Health Organization

Miss Cecilia Barrera
Honduras

Miss Margaret Cammaert
Washington, D.C.

Dr. Antonio García Erazo
Mexico

Miss Rosaura Gutiérrez
Guatemala

Miss Marilyn Kohler
Nicaragua

Ms. Lilia Lambert
Costa Rica

Miss Maricel Manfredi
Peru

Dr. Luis Carlos Ochoa
Area III Representative, Guatemala

Dr. Jorge Osuna
Representative, Costa Rica

Miss María de Lourdes Verderese
Consultant, Washington, D.C.