Education of nurses for primary health care

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The preparation of nurses in Turkey for the tasks of the health-for-all strategy has been under way for a number of years. The difficulties encountered, notably in the areas of planning and the training of teachers, together with the approaches to solving them, are outlined below.

The health-for-all goals require that nurses not only provide highly specialized care at the secondary and tertiary levels but also function at the primary level, with roles including those of facilitator and manager of health care. The central concern of nurses in primary care should be the prevention of disease and disability. This requires them to educate individuals and families on healthy lifestyles, and communities on the primary prevention of ill-health and on protective and supportive measures. Nurses also have a duty to educate other categories of health care personnel.

Nurses engaged in primary care have to supervise other health workers, and participate in the planning, organization and running of community health services. They have to assess health needs, consider the views of communities on these matters, communicate with them, and serve as their advocate. Nurses should encourage people to become involved in their own care and should seek to obtain the cooperation of other sectors of society concerned with health.

With the arrival of the primary care approach came the involvement of nurses in diagnostic and therapeutic activities at both the peripheral and intermediate levels. Nurses are today required to teach community health workers and traditional birth practitioners to carry out many of the functions that nurses themselves have normally performed. They also have to undertake tasks and responsibilities formerly reserved for doctors, including the examination of patients, the treatment of acute conditions, the identification of sources of health problems, and the prevention of major diseases.

Nursing education in Turkey

In Turkey there are three principal levels of nursing education:

- the diploma level requires three years of secondary schooling followed by a four-year diploma programme;
- the associate level involves secondary education and then a two-year nursing programme;
- the B.S. level requires secondary schooling followed by four years of basic nursing education.

At present most nurses are trained to diploma level. During the past ten years the curricula at all three levels have been modified to emphasize primary care, although there continues to be a need for better qualified teachers, especially in the diploma programme.
Planning and defining

There is often inadequate coordination between manpower planners, educators and the health services. Planners concentrate on the numbers of personnel needed but qualitative requirements tend to be neglected. New schools of nursing are established every year, mostly at the diploma level, without proper provision of physical conditions, teaching staff, or opportunities for practice. The quality of nursing graduates is consequently in decline. A scarcity exists of skills in the development and implementation of realistic manpower plans linked to policies capable of meeting the needs of a national health system that is based on the primary care approach. Such plans should, of course, take into account the availability of human and financial resources.

The legal definitions of nurses’ roles and tasks are unsatisfactory. Nurses are permitted to have only limited functions and are required to obtain prescriptions and orders from physicians. As a result they cannot perform certain diagnostic and therapeutic functions that are necessary in primary care.

Training

The diploma programme begins when candidates are aged only 14–15 years; this is too early, since they are still not aware of the basic health needs of individuals and communities. The nursing curriculum does not adequately cover sociology and other subjects that would help to equip candidates with behavioural and social knowledge, attitudes and skills. Material that could help students towards a holistic view of people in their communities should be introduced at a very early stage. Subjects relating to public health should be integrated into all stages of educational programmes. Students should be given a clear analysis of the structures and cultures of the communities they are expected to serve.

It should be noted that training remains strongly biased towards the curative model, with a focus on teaching in hospital settings. Hospital-trained nurses may know a great deal about sophisticated clinical medicine but not enough about common diseases and health promotion, and they are not competent to organize and provide care in the community as members of health teams. Curricula should be developed which are community-orientated and based on the problem-solving approach; they should be socially and technically appropriate and learner-centred. Students need to learn in real-life situations as well as in simulated exercises, and they should be given opportunities to gain interprofessional and intersectoral learning experiences in team settings. Practical work should not be restricted to hospital settings. It is important to use health centres and
other establishments where ambulatory care is offered, in order to provide clinical experience in both preventive and curative care, as well as learning experiences that are community-orientated and -based.

There is a shortage of qualified teachers, especially at the diploma level. Most teachers remain unaware of the principles of primary care. All educational programmes for teachers should be reorientated in accordance with these principles, and all teachers should be trained in educational principles and processes and in the methodologies of teaching and learning. Furthermore, a national system of continuing education for nurses should be established.

Some progress has been made in Turkey in raising the capacity of the nursing profession to meet the challenges of primary care along the lines indicated above, but much remains to be done. Efforts are continuing under the auspices of the Ministry of Health to redefine nurses’ roles, raise their educational level, and broaden their practice (1).

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**Personnel management problems**

Since the management of human resources is an integral part of general health services management, managerial issues differ significantly from country to country according to the nature of the health care system. However, an analysis of the issues in different countries indicates that, overall, the main problems are maldistribution of personnel, shortages or surpluses in one or more categories, poor utilization or low productivity, unsatisfactory career structures and promotion systems, ineffective continuing education and supervision, and poor living and working conditions.