



National Nursing Policy For Anguilla

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PREFACE

Nursing is the profession that can put a face to health and the need for compassionate nursing is as strong as it has ever been. At no other time in our nation's history has our country so needed the expertise of nurses and has therefore vested in nurse leaders the responsibility for the formulation of the national nursing policy that provides a frame of reference for the development and provision of quality nursing care.

The Policy provides nursing direction and support for the realization of national and international health goals that strengthen leadership capacity and managerial practices; the development of nursing legislation and the adoption of Standards of Nursing Education for the Commonwealth Caribbean, the implementation and evaluation of the National Standards for Nursing and Midwifery Care and the Standards for Nursing Practice. The policy encompasses broad areas relating to Administration, Education, Service, Legislation, Research, Socio-economic welfare, Professionalism, and Practice, and is set out in following key policy statements:

- i. The Nation's Chief Nursing Officer in the Ministry of Health is responsible and accountable for all aspects of nursing at the national level.
- ii. Nursing education shall be conducted by nurse educators who are prepared at a post graduate level and the professional nursing programme at the entry level shall be a baccalaureate degree in nursing.
- iii. Nursing service focuses on health promotion, health maintenance, disease prevention, restorative, habilitative, and rehabilitative care to individuals, families and communities, and the nursing process shall be the method instituted for the systematic assessment, planning, implementation and evaluation of nursing care in any setting.
- iv. Nursing legislation protects the public from untrained and unskilled persons, and ensures that only those so educated, trained and designated by a competent authority can assume certain vital functions in the name of nursing or midwifery.
- v. Research into nursing practice, administration and education adds new knowledge on which to base nursing actions and advance nursing practice from an intuitive level to a more scientific base and validates the contribution of nursing to health care.
- vi. The International Labour Organization (ILO) Convention 149 and Recommendation 157. Shall be used to address the socio-economic welfare conditions which impinge on the life and work of nursing personnel.
- vii. The adopted International Council of Nursing Code of Ethics shall be utilized to guide and direct nursing practice and the conduct of nursing personnel in Anguilla.

- viii. The Standards of Nursing and Midwifery Practice *provide* a guide to knowledge, skills, judgment and attitudes that are needed to practice safely and *shall be used as a performance measure in the delivery of care.*

The implementation of this policy shall ensure that the professional nurse will be equipped through education, training and the development of core competencies to address extraordinary challenges that will be experienced in the 21st Century and assist in the achievement of national and international goals and objectives that shall ultimately improve quality nursing care in the nation.

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1. INTRODUCTION

International interest in the future of nursing became evident in 1984 at the Conference of Ministers responsible for health which was held in Barbados. *Resolution 4* of the conference identified nursing as one of the important areas for policy development at both the regional and national levels. Nurse leaders were charged with the responsibility to ensure the formulation of a national nursing policy that incorporates the perspective of nurses and the nursing profession.

The national nursing policy of Anguilla reflects the views and concerns of senior nurses and the Nurses Association of Anguilla, and is guided by philosophical statements of beliefs found in the Philosophy of Nursing (Appendix 1), the Standards for Nursing Practice, Standards for Nursing Education in the Commonwealth Caribbean (CARICOM) - 2013 (Appendix 2), and the revised National Standards of Nursing and Midwifery Care (Practice), Anguilla – 2013 (Appendix 3).

The policy encompasses areas relating to administration, education, legislation, professionalism, research, nursing services and nursing practice. The aim is for its professionals to ensure high quality care for all, while maintaining their credentials, code of ethics, standards and competencies, and continuing their professional development.

2. PURPOSE

The National Nursing Policy provides a frame of reference for the development and provision of quality nursing care utilizing the primary health care approach. It is in consonance with the National Health Policy, and gives nursing direction and support for the realization of national and regional health goals.

3. OBJECTIVES

The National Nursing Policy of Anguilla intends to:

- i Provide direction for the development of the nursing component of the National Strategic Plan for Health and other health plans and programmes.
- ii Strengthen leadership capacity and managerial practices in nursing at all levels of the health care system.
- iii Collaborate with others in the organization and administration of the client care system so as to maximize the effective utilization of primary health care strategies in the provision of nursing.
- iv Sensitize other policy-makers to required changes for nursing and other healthcare disciplines.



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- v Adopt, implement and evaluate the Standards for Nursing Education in the Commonwealth Caribbean (CARICOM).
- vi Utilize the nursing process as the method to provide quality nursing care and coverage to clients at all levels of the health care system.
- vii Ensure the development, review and revision of nursing legislation to protect the interest of the client and the profession.
- viii Initiate, conduct and utilize research for the improvement of health care and the growth of the profession.
- ix Support and/or strengthen accepted socio-economic policies which relate to nursing personnel and nursing students.
- x Support and/or strengthen ethical conduct and professional accountability of nurses.
- xi Implement, monitor and evaluate the revised National Standards for Nursing and Midwifery Practice Anguilla.
- xii Provide learning opportunities for practicing nurses to attain/increase competency appropriate to their roles in the client unit/agency/setting.
- xiii Develop within nurses a keen awareness of the values of the society of the profession of nursing as well as a commitment to national development.
- xiv Utilize the adopted International Council of Nursing (ICN) Code of Ethics as the basic document for ethical nursing practice.

4. NURSING ADMINISTRATION

Nursing Administration is the process of setting and achieving goals and objectives at the primary and secondary health care levels. In so doing, it utilizes the managerial process, by influencing human behaviour and creating a conducive working environment so that the highest quality of care to clients is provided.

Nursing administration is an essential component of health services administration and nurse administrators are responsible and accountable for the direction and development of nursing. Nursing administrators must, therefore, be prepared by education and experience to actively participate with health and health related professionals in defining health policy, and in planning and programming for health services. They must possess an in-depth knowledge of nursing theory



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and practice, management principles and techniques, as well as the ability to apply advanced behavioural and social skills in the work environment.

Nursing administration establishes and develops a system of nursing within the framework of the health care system. This encompasses a definition of the role of nursing; identification of nursing needs and resources; setting of policies, standards, norms and procedures; programme planning, implementation and evaluation in response to the health care needs of the people.

Innovative nursing leadership is necessary if the profession is to develop and advance. Nurse administrators have a major responsibility for promoting change, keeping abreast of new trends in nursing and health care and contributing to the development of nursing knowledge.

4.1 Policy Statements - Nursing Administration

- i The Ministry of Health in Anguilla through its Chief Nursing Officer shall be responsible and accountable for nursing at the national level, and shall advise the Health Authority of Anguilla and other nursing agencies in the private sector on nursing and health related matters.
- ii The Chief Nursing Officer shall be a member of the interdisciplinary health team that is responsible for the formulation of national health policies, plans and programmes.
- iii The Chief Nursing Officer shall provide leadership in conducting nursing manpower studies. Such studies will allow for rational identification of numbers, levels and categories of nursing personnel to meet service needs.
- iv The Ministry of Health in Anguilla through its Chief Nursing Officer supports nursing administration and education in the development, implementation and evaluation of Standards for Nursing Education as well as Standards of Nursing Care.
- v The Chief Nursing Officer shall participate in the preparation of the national health budget to ensure adequate budgetary provision for national nursing initiatives.

5. NURSE EDUCATION

The professional nursing programme shall be a baccalaureate degree in nursing which is the basis for the development of continuing, post graduate and advanced nursing education.

The curricula of nursing education have been revised to reflect the concept of primary health care, so that the graduate comprehensively trained, may begin her/his professional career in any health



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care setting with ease and confidence, and be sensitive to primary health care needs of individuals, families and communities.

The Ministry of Health through its Chief Nursing Officer in collaboration with training institutions shall ensure that nurse educators are trained at the post graduate level in Nursing.

5.1 Policy Statements – Nurse Education

- i Education/training programmes for nursing personnel shall reflect the country's health care requirements.
- ii The curriculum developed by the Regional Nursing Body for the baccalaureate degree in nursing shall guide the education programmes in nursing institutions in Anguilla.
- iii The entry qualifications of a Registered Nurse in Anguilla shall be a baccalaureate degree in nursing as recommended by the Regional Nursing Body – CARICOM.
- iv The Registered Nurse with a Certificate in Nursing or an Associates Degree in Nursing shall pursue a completion programme towards achieving the baccalaureate degree in nursing.
- v The Registered Nurse in addition to the baccalaureate degree in nursing shall successfully complete the Regional Examination for Nurse Registration administered by the Regional Nursing Body – CARICOM through the Nursing Council/ examining Board.
- vi Nurses coming from territories with no reciprocal agreement through the Regional Nursing Body shall undergo a period of training prior to taking the Regional Examination for Nurse Registration.
- vii A nursing student who has completed a Nursing Programme and has been unsuccessful in the Regional Examination for Nurse Registration shall be employed as a Nursing Assistant until she/he has passed the registration examination.
- viii Institutions of higher education on Anguilla offering a nursing programme shall have an agreement with the Regional Nursing Body for students to sit the Regional Examination for Nurse Registration.
- ix The curriculum developed by the Regional Nursing Body for the baccalaureate degree in nursing shall guide the nursing education programmes in institutions in Anguilla.
- x Nursing education/training programmes at all levels shall emphasize primary health care concepts and strategies.



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- xi** The Ministry of Health through its Nursing Council shall monitor and evaluate nursing programmes in institutions offering nursing education.
- xii** Nursing institutions shall be responsible and accountable for the adoption, implementation and evaluation of **Standards for Nursing Education**, and **Standards of Nursing Care** recommended by the Regional Nursing Body - CARICOM.
- xiii** Nursing education programmes shall be operated within the statutory requirements of the nursing legislation. The Rules and Regulations of the Nursing Council shall be adhered to.
- vii** Nurses who are offered a scholarship by the Government of Anguilla shall attend nursing institutions that offer baccalaureate degrees in nursing and the Regional Examination for Nurse Registration.
- viii** Nursing personnel shall complete the continuing competence programme requirements and shall be encouraged to acquire advance education for opportunities in career mobility.

6. NURSING SERVICE

Nursing service as an essential component of health services is a planned process of identifying and meeting the needs of individuals, families, groups and communities in a variety of settings at the primary, secondary and tertiary levels of care.

Nursing Service focuses on health promotion and maintenance, disease prevention, restorative, and rehabilitative care, utilizing the team approach. These services are planned by nurses, delivered and/or supervised by nurses in a safe, appropriate and humane manner. Nursing services are comprehensive, and coordinated with other services so that the health problems of patients and clients are resolved.

Implicit in the process of assessment, planning, implementation and evaluation of direct and indirect nursing care are the teaching and counselling of clients and families as well as the promotion of individual, family and community self-care.

The effectiveness and efficiency of any nursing service is dependent on sound organizational and management practices. These services are delivered by adequate numbers, categories, and levels of nursing personnel who are well prepared by education and experience and are appropriately



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utilized. The availability of adequate supplies, equipment and support services facilitates the provision of nursing services.

Standards, norms, policies and procedures are developed and utilized to guide personnel, thereby ensuring that the quality and quantity of nursing services are improved and maintained. Continuing education is necessary for the providers of nursing services if they are to maintain their roles and responsibilities in an ever changing society.

6.1 Policy Statements – Nursing Service

- i The professional nurse shall be responsible and accountable for nursing service which is provided by professional and non-professional nursing personnel.
- ii Nursing service shall focus on health promotion, health maintenance, disease prevention, restorative, habilitative, and rehabilitative care to individuals, families and communities, and shall be adequately and appropriately distributed at primary, secondary and tertiary levels.
- iii The nursing process shall be the method instituted for the systematic assessment, planning, implementation and evaluation of nursing care in any setting.
- iv Client/patient education shall be an integral part of nursing care provided in all health care settings.
- v A referral system shall be established to facilitate movement of client/patients within a given level of care and/or between levels, as well as to health related agencies.
- vi The Standards for Nursing Education, the Standards for Nursing Practice, and the Standards for Nursing and Midwifery Practice, shall be, implemented and evaluated to upgrade the quality of nursing care.
- vii Human and material resources shall be provided to ensure the maintenance of a safe, humane and acceptable level of nursing care.
- viii A minimum staffing standard based on established criteria shall be adhered to.
- ix The nursing staff shall be utilized on the basis of their preparation, experience, and clients'/patients needs, supported by ancillary staff that are adequately trained and supervised.
- x Remuneration and opportunities for clinical career mobility, comparable to those in the nursing education and nursing administration streams shall be provided for nurses who by choice, interest, education and demonstrated expertise, elect to continue giving direct clinical care to clients/patients.



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- xi** Where appropriate, committees shall be established to facilitate the efficient and effective functioning of nursing services.
- xii** Where life-saving and other technological devices are introduced into nursing services, nursing personnel shall be fully informed of their use and associated risks.

7. NURSING LEGISLATION

Nursing is governed by nursing legislation which shall be kept current to reflect changes in health care and nursing practice. The major purpose of nursing legislation is to protect the public from untrained and unskilled persons, and to ensure that only those so educated, trained and designated by a competent authority can assume certain vital functions in the name of nursing/or midwifery. As well, the professionals are protected from encroachment by the untrained and unskilled through a system of registration.

New categories of nursing personnel such as the advance practice nurse shall be recognized in the nursing legislation and have their functions, obligations and rights codified. In reviewing existing legislation or the preparation of new legislation, wherever these may impinge on the practice of nursing, the perspective of nursing shall be presented and taken into account by those who draft and prepare such legislation for passage through the legislature. Nurses should also be knowledgeable about other legislation which shall have implications for the practice of nursing.

7.1 Policy Statements – Legislation

- i** Legislation shall provide for the statutory control of nursing by professional nurses, and is exercised through the Nursing Council/Committee.
- ii** The Nursing Council/Committee shall be responsible and accountable, inter alia for education, examination, registration, codes of practice, and discipline in the nursing profession, evaluation of schools of nursing and clinical agencies used for teaching student nurses.
- iii** The majority of Nursing Council/Committee members shall be professional nurses who shall be elected by their peers to represent the various areas of nursing and from among whom the chairperson shall be elected.
- iv** There shall be a mandatory renewal of registration of nurses at specific times and with specific requirements.
- v** Nurses shall be responsible for influencing the preparation and/or revision of nursing legislation and for providing input for the content of such legislation.



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- vi There shall be periodic review of the nursing legislation with amendments made as appropriate.
- vii In the interest of public safety and integrity in nursing practice, the professional practice of nursing shall be restricted by legislation to persons who are qualified and authorized by law.

8. NURSING RESEARCH

Scientific investigation is a basic requirement for problem solving, decision making and orderly change. Research into nursing practice, administration and education adds new knowledge on which to base nursing actions and advance nursing practice from an intuitive level to a more scientific base. It is undertaken by those who know and practice nursing and validates the contribution of nursing to health care.

Operational research provides a focus for bringing about change, improving the effectiveness and efficiency of nursing practice and education. Research also allows nursing to focus on community health problems and needs, and assists communities to identify priorities and solve their own health problems thereby enhancing self reliance.

8.1 Policy Statements –Nursing Research

- i Educational opportunities shall be provided at the basic, post basic and continuing educational levels for the training of nurses in research methodology and its appropriate application.
- ii A cadre of nurse researchers shall be encouraged to conduct nursing research for the advancement of nursing practice, administration and education.
- iii There shall be a budgetary allocation to support nursing research activities.
- iv A programme of nursing research shall be developed which focuses on priority areas affecting nursing practice, education and administration.
- v Opportunities shall be provided for nurse researchers to share research findings at the national and regional levels and to collaborate with other groups in relevant research activities.
- vi Substantive research findings shall be utilized in the teaching of nursing students and the provision of nursing care.



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9. NURSING - SOCIO – ECONOMIC WELFARE

Socio-economic welfare includes all those conditions which impinge on the life and work of nursing personnel. The International Labour Organization (ILO) Convention 149 and Recommendation 157 (1977) (see appendices 4 and 5) as well as the International Council of Nurses (ICN) pay specific

attention to the problem areas affecting nursing personnel and nursing students. These recommendations should be used in addressing socio-economic welfare of nursing personnel and nursing students.

Socio-economic welfare is directly related to the qualitative and quantitative availability of nursing care/health care, and the stability in the nursing care/health care system. The quality of life of nursing personnel, their motivation, general outlook, interest in the realization of goals and targets, productivity, as well as overall efficiency and effectiveness of services are all directly related to their socio-economic welfare.

9.1 Policy Statements – Nursing - Socio – Economic Welfare

- i The ILO, 1977 Nursing Personnel Convention 149 and Recommended 157, other selected ILO documents and International Council of Nurses documents, General Orders and Official Guidelines shall be used as basic documents in the formulation of policies related to the socio-economic welfare of nursing personnel.
- ii A senior nurse administrator shall be responsible for investigating and facilitating all matters relating to socio-economic welfare of nurses. She/he shall liaise with nurses, initiate action to resolve individual problems, and advise the appropriate administrative officers regarding the socio-economic welfare of nurses.
- iii The employers and the organizations representing nursing personnel shall collaborate on the establishment of effective working relationships and on implementation of agreements and contracts.
- iv Personnel policies shall be developed through joint consultation between employer and employee.
- v The organizational structure shall provide for career development and mobility in nursing, which relate to the interest, aptitude and potential of the nurse, and shall be based on educational preparation, expertise, experience and desirable attitudes.
- vi Educational opportunities and activities for further study for nurses shall be the joint responsibility of the employer and the employee with the employer providing support for these activities.



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- vii** Working schedules shall ensure adequate time for reports, continuity of care, rest and meal periods, balanced rotations, reasonable working/duty hours and consideration for the special needs of staff.
- viii** There shall be an established grievance procedure agreed upon through consultation and operated in the joint interest of the employer and the employee.
- ix** The creation of a safe work environment shall be the responsibility of the employer, and observance of safety regulations shall be the joint responsibility of the employee and the employer.
- x** Nursing personnel shall receive remuneration and benefits comparable to those of other professionals with similar education and responsibilities.
- xi** There shall be an efficient staff health programme.
- xii** Nurses in leadership positions shall be oriented to principles and practices governing industrial relations.

10. NURSING – PROFESSIONALISM

There are international codes of ethics, as well as certain other international declarations and national guidelines that direct nursing practice and the conduct of nursing personnel. These codes, declarations and guidelines support established policies and guide nurses in the discharge of their professional responsibilities,

10.1 Policy Statements – Nursing – Professionalism

- i** The International Council of Nursing Code of Ethics shall be utilised as the basic document for ethical nursing practice.
- ii** The Red Cross rights and duties of nurses under the Geneva Conventions of 1949 as well as the United Nation's Declaration of Human Rights and other related statements are understood and shall be observed by nurses.
- iii** Nurses shall be guided by a professional code of conduct and a Nurses' Bill of Rights.
- iv** Nursing personnel shall support national nursing and other related organizations.
- v** Professional nurses shall initiate and contribute to professional publications.
- vi** A central repository for nursing literature shall be established and maintained to facilitate easy access to nursing information.



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- vii There shall be collaboration between nurses and other professionals on decisions relating to medico-legal practice.
- viii A national code of dress for nurses shall be developed in collaboration with the Nurses' Association of Anguilla.

11. NURSING PRACTICE

Nursing practice is a synthesis of the interaction among the concepts of person, health, environment and nursing. The nursing practice context is any setting where a nurse client relationship occurs with the intention of responding to the needs or requests for nursing services.

Nursing practice is steeped in principles which describe the values on which the profession is based. The overarching statements set out clearly that dignity, responsibility, patient involvement and safety awareness are the solid foundations for good nursing practice. Nursing practice is a valuable resource for health, and is a key component of the health care system.

11.1 Policy Statement – Nursing Practice

- i Nursing personnel shall be responsible and accountable for ensuring that her/his practice and conduct meet the Anguilla National Standards of Nursing Practice (2010).
- ii Nursing personnel shall continually strive to acquire up to date knowledge and skills to provide evidence based nursing practice in line with the needs of each client in their care.
- iii Nursing Management shall be knowledgeable of regional and international agreements and declarations that influence nursing practice.
- iv Nurse leaders shall lead by example, develop themselves and other staff, and influence the way care is given in a manner that responds to the individual needs of the clients.
- v Nursing personnel shall practice within the framework of nursing science and shall be responsible for maintaining competences by continual learning.
- vi Each nurse shall promote, facilitate, and provide the best possible professional nursing service and assist clients to achieve their optimal level of health.
- vii Nursing personnel shall treat everyone in their care with dignity and humility show compassion and sensitivity, and provide care in a way that respects all people equally.
- ix Nursing personnel shall provide and promote care that puts clients at the centre, involves patients, service users, their families and their carers in decisions and helps them make informed choices about their treatment and care.



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- x** Nursing personnel shall take responsibility for the care they provide and answer for their own judgments and actions. These actions shall be carried out in agreement with patients, families, carers and in accordance with ethical standards, taking into account the family's wishes and the law.
- xi** Nursing personnel shall mitigate risk, and help to keep everyone safe in the places they receive health care.
- xii** Nursing personnel are at the heart of the communication process. They shall assess, record and report on treatment and care, handle information sensitively and confidentially, deal with complaints effectively, and be conscientious in reporting the things they are concerned about.
- xiii** Nursing personnel shall work closely with their own team and with other professionals, making sure patients' care and treatment is co-ordinated, of a high standard and has the best possible outcome.

12. CONCLUSION

This National Nursing Policy is a frame work for nursing that draws from regional and international standards for nurses. It includes the overarching statements for providing effective and efficient quality nursing services which support the evaluation of care, as well as regulating the practice of nursing. It contributes towards promoting and maintaining levels of optimal health for individuals, families and communities.



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APPENDIX 1

PHILOSOPHY OF NURSING

The following concepts are included in the Philosophy of Nursing for Anguilla namely: human beings, society, health, nursing, learning and nursing education.

1. **Human beings** are unique holistic individuals by virtue of their development and their experiences throughout the life span. Human beings are influenced by two interrelated forces, the internal and external environments. The internal environment consists of biological, psychosocial and spiritual factors, whereas the external environment consists of sociocultural, political, economic, physical and technologic factors. Human beings have personal values that affect self, others and the environment, and have a right to be treated with respect and dignity. Human beings are social beings who constitute groups, with groups forming societies.
2. **Society**, characterized by cultural norms and beliefs, defines the rights and responsibilities of its citizens. It has the potential for providing benefits to the individual that might not be otherwise realized. Further, society is influenced by environmental forces that affect the individual's rights and responsibilities, and influence an integral part of society, that is the healthcare delivery system.
3. **Health** is a dynamic state in which the individual is constantly adapting to changes in the internal and external environment. The meaning of health varies with the perception of each human being. The purpose of the healthcare delivery system is to assist individuals in achieving their optimal wellness, a state of healing, by utilizing a multidisciplinary approach that is sensitive to both environmental resources and constraints.
4. **Nursing** is a synergy of art and science. The science of nursing is based on principles and theories of nursing, behavioral and natural sciences, which embody knowledge, skills and professional values that are applied in a caring manner. The art of nursing is exemplified by the characteristics of caring that include commitment, authenticity, advocacy, responsiveness, presence, empowerment and competence. Nurses accept and respect cultural differences and develop skills to provide appropriate care. The goals of nursing practice are to promote wellness, prevent illness, restore health, and facilitate healing. The nursing process provides the framework for decision making and problem solving.



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Recipients of nursing care may be individuals, families, groups or communities. Nurses practice within legal, ethical and professional standards in the healthcare delivery system.

A variety of nursing roles and practice settings offer nurses the opportunity to collaborate within a complex system while making a unique contribution. As a vital humanitarian service within society, nurses function in the interrelated roles of provider, manager and leader and research consumer.

- 5. Learning** is a lifelong process influenced by conditions in the environment. Evidenced by changes in behavior, learning involves development in the cognitive, affective and psychomotor domains. Students are expected to be self-directed, goal-oriented and actively involved in the learning process.

All nursing personnel must be encouraged to continue their education, and a continuous programme of in-service education for all categories of nursing personnel must be provided to maintain the quality of nursing care.

- 6. Nursing education** prepares individuals to function at various levels of decision making, which range from those based on common nursing knowledge, skills and values to those that require a complex organization of these components. This can best be achieved by preparing nurses at different educational levels in an institution of higher learning. At each educational level, nurses are mutually valued for their contributions and work collaboratively to achieve unity of effort.



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APPENDIX 2

PHILOSOPHY OF NURSING EDUCATION

Nurses in Anguilla believe that:

1. The individual is a bio-psycho-social being who has basic needs, which are physical, social, spiritual, and emotional.
2. The extent to which the individual needs are satisfied determines the status of his/her health along the health-illness continuum.
3. The health status of the individual is affected by environmental, biological, psychosocial and lifestyle factors as well as by the health care system.
4. The individual has a right to optimum health, health care and social services for self and family.
5. Community is made up of family unit, which interact within socio- cultural, political and economic boundaries and the community shares common values, beliefs and practices.
6. Access to quality health care is a basic human right and is a priority to all.
7. Health care should be accessible, acceptable, and available to each individual regardless of ability to pay.
8. Health care should be comprehensive, continuous and coordinated at primary, secondary and tertiary levels.
9. The individual shares the responsibility with the health care system, which is based on the community needs for the maintenance of his health, as well as that of the family and community.
10. Quality health care requires the participation of the community in assessment, planning, implementation and evaluation.



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11. Nursing is a profession and is a key element in the provision of comprehensive health care in primary, secondary, tertiary and extended health care settings.
12. Nurses function dependently, independently, and interdependently, within the multidisciplinary health team.
13. Nursing contributes in a unique way to the delivery of health care through its caring role.
14. The nurse functions as a clinician, educator, administrator/ manager, change agent, advocate, researcher and public/community relations officer in any health care setting.
15. Nursing education allows for the acquisition of knowledge, skills, development of critical thinking, attitudes and problem- solving techniques and decision making necessary to assist clients in meeting their health needs.
16. Testing and evaluation skills are essential in the assessment of the competencies of the graduating professional nurse.
17. Continuing education in nursing is necessary to ensure that practitioners maintain competency throughout their practice.
18. The student is an individual aspiring to professional status who should model professional behaviours and comply with policies and procedures of the school and clinical areas.
19. The student should be self-directed and actively participate in the learning activities in the classroom and clinical areas.
20. Students should be given the opportunity to participate in the decision-making process of the educational programme.
21. Nursing educators are responsible for all aspects of the nursing education programme and are accountable for student practice.
22. The community is responsible for health promotion, health education and healthy lifestyles.
23. Health is a resource for economic and national development.



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APPENDIX 3

PHILOSOPHY OF CLIENT CARE

Nurses and Midwives in Anguilla believe that:

- 1. The Client System** of health care involves individuals, families and communities that have basic needs, which are influenced by physiological, psychosocial, environmental and life style factors. The client has a right to health and social services and must be actively involved in the development and evaluation of these services.
- 2. Health** is a relative state of physical, social and psychological well-being, manifested in people who are emotionally well-adjusted and motivated to live healthy and productive lives. Health is influenced by life style, environment, culture and socioeconomic conditions of the society.
- 3. Health care** must be accessible, acceptable and available to each individual regardless of his ability to pay. This care should be provided within the resources of the community, and should be comprehensive, continuous and coordinated at primary, secondary and tertiary levels. The provision of health care is a joint responsibility of the individual and community, as well as health and other sectors, and requires their active participation. This responsibility involves assessing, planning, implementing and evaluating health programmes. These programmes are enhanced through the development and use of appropriate health technology and an efficient health information system which includes referrals.
Because of the many factors in society impinging on health and the complexity of the health care system, health care is best offered by multidisciplinary teams.
- 4. Nursing** and Midwifery are dynamic processes, which are concerned with promotion of the well-being of the individual, family and community. Nursing and Midwifery contributes towards a caring, preventive, educative, therapeutic and rehabilitative service, which assists in promoting and maintaining levels of optimum health.
- 5. Nurses function** independently, interdependently, and dependently within a multidisciplinary team as clinicians, educators, client advocates, administrators/managers, change agents, researchers and public/community relation officers in any health care setting. Nurses and midwives are responsible and accountable for all nursing functions and activities.



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6. **Nursing and Midwifery personnel** are responsible for developing and implementing sound client education programmes aimed at creating behavioural changes conducive to good health practices. Nursing service personnel develop, implement and monitor standards of client care to ensure quality control.
7. **Nursing and Midwifery service administration** has the responsibility for identifying organization and staff needs, and in collaboration with others developing appropriate educational and other programmes to meet these needs.
8. **Nursing and Midwifery Service** is dependent on the practice of established management principles and techniques to maintain its effectiveness and efficiency.
Nursing and Midwifery service practice in the client care unit/agency is best provided when it is guided by a written philosophy, and objectives. Quality client care is delivered primarily by appropriate numbers, categories and levels of nursing personnel who are well prepared educationally and experientially.
9. **Client care** is individualized through the use of the nursing process. A key element of this care is the development of self-care practices within the capabilities of the individual, family and community. The client-nurse relationship is enhanced by ethical standards of behaviour.
10. **Research** is a necessary activity for enlarging the body of nursing and midwifery knowledge. Nursing and Midwifery personnel must participate in and/or conduct research, utilizing findings for the improvement of health care and enhancement of the Profession.
11. **The Nursing and Midwifery professions** are responsible for ensuring that nursing and midwifery laws and regulations are relevant, current, maintained and used in the interest of safe client care and the Profession. Nursing and Midwifery Personnel have a commitment to the development and continued growth of the Professional Organization.



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APPENDIX 4

C 149 NURSING PERSONNEL CONVENTION, 1977

The General Conference of the International Labour Organisation,

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Sixty-third Session 1 June 1977, and

Recognising the vital role played by nursing personnel, together with other workers in the field of health, in the protection and improvement of the health and welfare of the population, and

Recognising that the public sector as an employer of nursing personnel should play an active role in the improvement of conditions of employment and work of nursing personnel, and

Noting that the present situation of nursing personnel in many countries, in which there is a shortage of qualified persons and existing staff are not always utilised to best effect, is an obstacle to the development of effective health services, and

Recalling that nursing personnel are covered by many international labour Conventions and Recommendations laying down general standards concerning employment and conditions of work, such as instruments on discrimination, on freedom of association and the right to bargain collectively, on voluntary conciliation and arbitration, on hours of work, holidays with pay and paid educational leave, on social security and welfare facilities, and on maternity protection and the protection of workers' health, and

Considering that the special conditions in which nursing is carried out make it desirable to supplement the above-mentioned general standards by standards specific to nursing personnel, designed to enable them to enjoy a status corresponding to their role in the field of health and acceptable to them, and

Noting that the following standards have been framed in co-operation with the World Health Organisation and that there will be continuing co-operation with that Organisation in promoting and securing the application of these standards, and

Having decided upon the adoption of certain proposals with regard to employment and conditions of work and life of nursing personnel, which is the sixth item on the agenda of the session, and

Having determined that these proposals shall take the form of an international Convention,

adopts this twenty-first day of June of the year one thousand nine hundred and seventy-seven the following Convention, which may be cited as the Nursing Personnel Convention, 1977.



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Article 1

1. For the purpose of this Convention, the term nursing personnel includes all categories of persons providing nursing care and nursing services.
2. This Convention applies to all nursing personnel, wherever they work.
3. The competent authority may, after consultation with the employers' and workers' organisations concerned, where such organisations exist, establish special rules concerning nursing personnel who give nursing care and services on a voluntary basis; these rules shall not derogate from the provisions of Article 2, paragraph 2 (a), Article 3, Article 4 and Article 7 of this Convention.

Article 2

1. Each Member which ratifies this Convention shall adopt and apply, in a manner appropriate to national conditions, a policy concerning nursing services and nursing personnel designed, within the framework of a general health programme, where such a programme exists, and within the resources available for health care as a whole, to provide the quantity and quality of nursing care necessary for attaining the highest possible level of health for the population.
2. In particular, it shall take the necessary measures to provide nursing personnel with:-
 - (a) education and training appropriate to the exercise of their functions; and
 - (b) employment and working conditions, including career prospects and remuneration, which are likely to attract persons to the profession and retain them in it.
3. The policy mentioned in paragraph 1 of this Article shall be formulated in consultation with the employers' and workers' organisations concerned, where such organisations exist.
4. This policy shall be co-ordinated with policies relating to other aspects of health care and to other workers in the field of health, in consultation with the employers' and workers' organisations concerned.

Article 3

1. The basic requirements regarding nursing education and training and the supervision of such education and training shall be laid down by national laws or regulations or by the competent authority or competent professional bodies, empowered by such laws or regulations to do so.
2. Nursing education and training shall be co-ordinated with the education and training of other workers in the field of health.

Article 4

National laws or regulations shall specify the requirements for the practice of nursing and limit that practice to persons who meet these requirements.



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Article 5

1. Measures shall be taken to promote the participation of nursing personnel in the planning of nursing services and consultation with such personnel on decisions concerning them, in a manner appropriate to national conditions.
2. The determination of conditions of employment and work shall preferably be made by negotiation between employers' and workers' organisations concerned.
3. The settlement of disputes arising in connection with the determination of terms and conditions of employment shall be sought through negotiations between the parties or, in such a manner as to ensure the confidence of the parties involved, through independent and impartial machinery such as mediation, conciliation and voluntary arbitration.

Article 6

Nursing personnel shall enjoy conditions at least equivalent to those of other workers in the country concerned in the following fields:

- (a) hours of work, including regulation and compensation of overtime, inconvenient hours and shift work;
- (b) weekly rest;
- (c) paid annual holidays;
- (d) educational leave;
- (e) maternity leave;
- (f) sick leave;
- (g) social security.

Article 7

Each Member shall, if necessary, endeavour to improve existing laws and regulations on occupational health and safety by adapting them to the special nature of nursing work and of the environment in which it is carried out.

Article 8

The provisions of this Convention, in so far as they are not otherwise made effective by means of collective agreements, works rules, arbitration awards, court decisions, or in such other manner consistent with national practice as may be appropriate under national conditions, shall be given effect by national laws or regulations.

Article 9

The formal ratifications of this Convention shall be communicated to the Director-General of the International Labour Office for registration.

Article 10

1. This Convention shall be binding only upon those Members of the International Labour Organisation whose ratifications have been registered with the Director-General.



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2. It shall come into force twelve months after the date on which the ratifications of two Members have been registered with the Director-General.
3. Thereafter, this Convention shall come into force for any Member twelve months after the date on which its ratification has been registered.

Article 11

1. A Member which has ratified this Convention may denounce it after the expiration of ten years from the date on which the Convention first comes into force, by an act communicated to the Director-General of the International Labour Office for registration. Such denunciation shall not take effect until one year after the date on which it is registered.
2. Each Member which has ratified this Convention and which does not, within the year following the expiration of the period of ten years mentioned in the preceding paragraph, exercise the right of denunciation provided for in this Article, will be bound for another period of ten years and, thereafter, may denounce this Convention at the expiration of each period of ten years under the terms provided for in this Article.

Article 12

1. The Director-General of the International Labour Office shall notify all Members of the International Labour Organisation of the registration of all ratifications and denunciations communicated to him by the Members of the Organisation.
2. When notifying the Members of the Organisation of the registration of the second ratification communicated to him, the Director-General shall draw the attention of the Members of the Organisation to the date upon which the Convention will come into force.

Article 13

The Director-General of the International Labour Office shall communicate to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations full particulars of all ratifications and acts of denunciation registered by him in accordance with the provisions of the preceding Articles.

Article 14

At such times as it may consider necessary the Governing Body of the International Labour Office shall present to the General Conference a report on the working of this Convention and shall examine the desirability of placing on the agenda of the Conference the question of its revision in whole or in part.

Article 15

1. Should the Conference adopt a new Convention revising this Convention in whole or in part, then, unless the new Convention otherwise provides:



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- a) the ratification by a Member of the new revising Convention shall ipso jure involve the immediate denunciation of this Convention, notwithstanding the provisions of Article 11 above, if and when the new revising Convention shall have come into force;
 - b) as from the date when the new revising Convention comes into force this Convention shall cease to be open to ratification by the Members.
2. This Convention shall in any case remain in force in its actual form and content for those Members which have ratified it but have not ratified the revising Convention.

Article 16

The English and French versions of the text of this Convention are equally authoritative.



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APPENDIX 5

R157 NURSING PERSONNEL RECOMMENDATION, 1977

The General Conference of the International Labour Organisation,

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Sixty-third Session on 1 June 1977, and

Recognising the vital role played by nursing personnel, together with other workers in the field of health, in the protection and improvement of the health and welfare of the population, and

Emphasising the need to expand health services through co-operation between governments and employers' and workers' organisations concerned in order to ensure the provision of nursing services appropriate to the needs of the community, and

Recognising that the public sector as an employer of nursing personnel should play a particularly active role in the improvement of conditions of employment and work of nursing personnel, and

Noting that the present situation of nursing personnel in many countries, in which there is a shortage of qualified persons and existing staff are not always utilised to best effect, is an obstacle to the development of effective health services, and

Recalling that nursing personnel are covered by many international labour Conventions and Recommendations laying down general standards concerning employment and conditions of work, such as instruments on discrimination, on freedom of association and the right to bargain collectively, on voluntary conciliation and arbitration, on hours of work, holidays with pay and paid educational leave, on social security and welfare facilities, and on maternity protection and the protection of workers' health, and

Considering that the special conditions in which nursing is carried out make it desirable to supplement the above-mentioned general standards by standards specific to nursing personnel, designed to enable them to enjoy a status corresponding to their role in the field of health and acceptable to them, and



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Noting that the following standards have been framed in co-operation with the World Health Organisation and that there will be continuing co-operation with that Organisation in promoting and securing the application of these standards, and

Having decided upon the adoption of certain proposals with regard to employment and conditions of work and life of nursing personnel, which is the sixth item on the agenda of the session, and

Having determined that these proposals shall take the form of a Recommendation, adopts this twenty-first day of June of the year one thousand nine hundred and seventy-seven, the following Recommendation, which may be cited as the Nursing Personnel Recommendation, 1977:

I. Scope

1. For the purpose of this Recommendation, the term *nursing personnel* includes all categories of persons providing nursing care and nursing services.
2. This Recommendation applies to all nursing personnel, wherever they work.
3. The competent authority may, after consultation with the employers' and workers' organisations concerned, where such organisations exist, establish special rules concerning nursing personnel who give services on a voluntary basis; these rules should not derogate from the provisions of Parts II, III, IV and IX of this Recommendation.

II. Policy concerning Nursing Services and Nursing Personnel

4

- (1) Each Member should adopt and apply, in a manner appropriate to national conditions, a policy concerning nursing services and nursing personnel designed, within the framework of a general health programme and within the resources available for health care as a whole, to provide the quantity and quality of nursing care necessary for attaining the highest possible level of health for the population.
- (2) The said policy should--
 - (a) be co-ordinated with policies relating to other aspects of health care and to other workers in the field of health, in consultation with representatives of the latter;
 - (b) include the adoption of laws or regulations concerning education and training for and the practice of the nursing profession and the adaptation of such laws or regulations to developments in the qualifications and responsibilities required of nursing personnel to meet all calls for nursing services;



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- (c) include measures--
 - (i) to facilitate the effective utilisation of nursing personnel in the country as a whole; and
 - (ii) to promote the fullest use of the qualifications of nursing personnel in the various establishments, areas and sectors employing them; and
- (d) be formulated in consultation with the employers' and workers' organisations concerned.

5

- (1) Measures should be taken, in consultation with the employers' and workers' organisations concerned, to establish a rational nursing personnel structure by classifying nursing personnel in a limited number of categories determined by reference to education and training, level of functions and authorisation to practise.
- (2) Such a structure may include the following categories, in accordance with national practice:
 - (a) professional nurses, having the education and training recognised as necessary for assuming highly complex and responsible functions, and authorised to perform them;
 - (b) auxiliary nurses, having at least the education and training recognised as necessary for assuming less complex functions, under the supervision of a professional nurse as appropriate, and authorised to perform them;
 - (c) nursing aides, having prior education and/or on-the-job training enabling them to perform specified tasks under the supervision of a professional or auxiliary nurse.

6

- (1) The functions of nursing personnel should be classified according to the level of judgement required, the authority to take decisions, the complexity of the relationship with other functions, the level of technical skill required, and the level of responsibility for the nursing services provided.
- (2) The resulting classification should be used to ensure greater uniformity of employment structure in the various establishments, areas and sectors employing nursing personnel.
- (3) Nursing personnel of a given category should not be used as substitutes for nursing personnel of a higher category except in case of special emergency, on a provisional basis, and on condition that they have adequate training or experience and are given appropriate compensation.

III. Education and Training

7

- (1) Measures should be taken to provide the necessary information and guidance on the nursing profession to persons wishing to take up nursing as a career.
- (2) Where appropriate, basic nursing education should be conducted in educational institutions



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within the framework of the general education system of the country at a level similar to that of comparable professional groups.

- (3) Laws or regulations should prescribe the basic requirements regarding nursing education and training and provide for the supervision of such education and training, or should empower the competent authority or competent professional bodies to do so.
- (4) Nursing education and training should be organised by reference to recognised community

needs, taking account of resources available in the country, and should be co-ordinated with the education and training of other workers in the field of health.

8

- (1) Nursing education and training should include both theory and practice in conformity with a programme officially recognised by the competent authorities.
- (2) Practical training should be given in approved preventive, curative and rehabilitation services, under the supervision of qualified nurses.

9

- (1) The duration of basic nursing education and training should be related to the minimum educational requirements for entry to training and to the purposes of training.
- (2) There should be two levels of approved basic education and training:
 - (a) an advanced level, designed to train professional nurses having sufficiently wide and thorough skills to enable them to provide the most complex nursing care and to organise and evaluate nursing care, in hospitals and other health-related community services; as far as possible, students accepted for education and training at this level should have the background of general education required for entry to university;
 - (b) a less advanced level, designed to train auxiliary nurses able to provide general nursing care which is less complex but which requires technical skills and aptitude for personal relations; students accepted for education and training at this level should have attained as advanced a level as possible of secondary education.

10. There should be programmes of higher nursing education to prepare nursing personnel for the highest responsibilities in direct and supportive nursing care, in the administration of nursing services, in nursing education and in research and development in the field of nursing.

11. Nursing aides should be given theoretical and practical training appropriate to their functions.

12.

- (1) Continuing education and training both at the workplace and outside should be an integral part of the programme referred to in Paragraph 8, subparagraph 1, of this Recommendation and be available to all so as to ensure the updating and upgrading of knowledge and skills and to



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enable nursing personnel to acquire and apply new ideas and techniques in the field of nursing and related sciences.

- (2) Continuing nursing education and training should include provision for programmes which would promote and facilitate the advancement of nursing aides and auxiliary nurses.
- (3) Such education and training should also include provision for programmes which would facilitate re-entry into nursing after a period of interruption.

IV. Practice of the Nursing Profession

13. The laws or regulations concerning the practice of the nursing profession should--
 - (a) specify the requirements for the practice of the nursing profession as professional nurse or as auxiliary nurse and, where the possession of certificates attesting the attainment of the required level of education and training does not automatically imply the right to practise the profession, empower a body including representatives of nursing personnel to grant licenses;
 - (b) limit the practice of the profession to duly authorised persons;
 - (c) be reviewed and updated, as necessary, in accordance with current advances and practices in the profession.
14. The standards concerning nursing practice should be co-ordinated with those concerning the practice of other health professions.
15.
 - (1) Nursing personnel should not be assigned to work which goes beyond their qualifications and competence.
 - (2) Where individuals are not qualified for work on which they are already employed, they should be trained as quickly as possible to obtain the necessary qualifications, and their preparation for these qualifications should be facilitated.
16. Consideration should be given to the measures which may be called for by the problem of civil liability of nursing personnel arising from the exercise of their functions.
17. Any disciplinary rules applicable to nursing personnel should be determined with the participation of representatives of nursing personnel and should guarantee such personnel a fair judgement and adequate appeal procedures, including the right to be represented by persons of their choice at all levels of the proceedings, in a manner appropriate to national conditions.
18. Nursing personnel should be able to claim exemption from performing specific duties,



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without being penalised, where performance would conflict with their religious, moral or ethical convictions and where they inform their supervisor in good time of their objection so as to allow the necessary alternative arrangements to be made to ensure that essential nursing care of patients is not affected.

V. Participation

19.

(1) Measures should be taken to promote the participation of nursing personnel in the planning and in decisions concerning national health policy in general and concerning their profession in particular at all levels, in a manner appropriate to national conditions.

(2) In particular--

- (a) qualified representatives of nursing personnel, or of organisations representing them, should be associated with the elaboration and application of policies and general principles regarding the nursing profession, including those regarding education and training and the practice of the profession;
- (b) conditions of employment and work should be determined by negotiation between the employers' and workers' organisations concerned;
- (c) the settlement of disputes arising in connection with the determination of terms and conditions of employment should be sought through negotiation between the parties or through independent and impartial machinery, such as mediation, conciliation and voluntary arbitration, with a view to making it unnecessary for the organisations representing nursing personnel to have recourse to such other steps as are normally open to organisations of other workers in defence of their legitimate interests;
- (d) in the employing establishment, nursing personnel or their representatives in the meaning of Article 3 of the Workers' Representatives Convention, 1971, should be associated with decisions relating to their professional life, in a manner appropriate to the questions at issue.

20. Representatives of nursing personnel should be assured the protection provided for in the Workers' Representatives Convention and Recommendation, 1971.

VI. Career Development

21.

(1) Measures should be taken to offer nursing personnel reasonable career prospects by providing for a sufficiently varied and open range of possibilities of professional advancement, leadership positions in direct and supportive nursing care, the administration of nursing services, nursing education, and research and development in the field of nursing, and a



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- grading and a remuneration structure recognising the acceptance of functions involving increased responsibility, and requiring greater technical skill and professional judgement.
- (2) These measures should also give recognition to the importance of functions involving direct relations with patients and the public.
- 22.** Measures should be taken to give nursing personnel advice and guidance on career prospects and, as appropriate, on re-entry into nursing after a period of interruption.
- 23.** In determining the level at which nursing personnel re-entering the profession after an interruption of its practice should be employed, account should be taken of previous nursing experience and the duration of the interruption.
- 24.**
- (1) Nursing personnel wishing to participate in programmes of continuing education and training and capable of doing so should be given the necessary facilities.
- (2) These facilities might consist in the grant of paid or unpaid educational leave, adaptation of hours of work, and payment of study or training costs; wherever possible, nursing personnel should be granted paid educational leave in accordance with the Paid Educational Leave Convention, 1974.
- (3) Employers should provide staff and facilities for in-service training of nursing personnel, preferably at the workplace.

VII. Remuneration

- 25.(1)** The remuneration of nursing personnel should be fixed at levels which are commensurate with their socio-economic needs, qualifications, responsibilities, duties and experience, which take account of the constraints and hazards inherent in the profession, and which are likely to attract persons to the profession and retain them in it.
- (2) Levels of remuneration should bear comparison with those of other professions requiring similar or equivalent qualifications and carrying similar or equivalent responsibilities.
- (3) Levels of remuneration for nursing personnel having similar or equivalent duties and working in similar or equivalent conditions should be comparable, whatever the establishments, areas or sectors in which they work.
- (4) Remuneration should be adjusted from time to time to take into account variations in the cost of living and rises in the national standard of living. (5) The remuneration of nursing personnel should preferably be fixed by collective agreement.
- 26.** Scales of remuneration should take account of the classification of functions and responsibilities recommended in Paragraphs 5 and 6 and of the principles of career policy set out in Paragraph 21 of this Recommendation.



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27. Nursing personnel who work in particularly arduous or unpleasant conditions should receive financial compensation for this.
- 28.
- (1) Remuneration should be payable entirely in money.
 - (2) Deductions from wages should be permitted only under conditions and to the extent prescribed by national laws or regulations or fixed by collective agreement or arbitration award.
 - (3) Nursing personnel should be free to decide whether or not to use the services provided by the employer.
29. Work clothing, medical kits, transport facilities and other supplies required by the employer or necessary for the performance of the work should be provided by the employer to nursing personnel and maintained free of charge.

VIII. Working Time and Rest Periods

30. For the purpose of this Recommendation--
- (a) the term *normal hours of work* means the number of hours fixed in each country by or in pursuance of laws or regulations, collective agreements or arbitration awards;
 - (b) the term *overtime* means hours worked in excess of normal hours of work;
 - (c) the term *on-call duty* means periods of time during which nursing personnel are, at the workplace or elsewhere, at the disposal of the employer in order to respond to possible calls;
 - (d) the term *inconvenient hours* means hours worked on other than the normal working days and at other than the normal working time of the country.
31. The time during which personnel are at the disposal of the employer --such as the time needed to organise their work and the time needed to receive and to transmit instructions-- should be counted as working time for nursing personnel, subject to possible special provisions concerning on-call duty.
- 32.
- (1) The normal weekly hours of nursing personnel should not be higher than those set in the country concerned for workers in general.
 - (2) Where the normal working week of workers in general exceeds 40 hours, steps should



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be taken to bring it down, progressively, but as rapidly as possible, to that level for nursing personnel, without any reduction in salary, in accordance with Paragraph 9 of the Reduction of Hours of Work Recommendation, 1962.

33.

- (1) Normal daily hours of work should be continuous and not exceed eight hours, except where arrangements are made by laws or regulations, collective agreements, works rules or arbitration awards for flexible hours or a compressed week; in any case, the normal working week should remain within the limits referred to in Paragraph 32, subparagraph (1), of this

Recommendation.

- (2) The working day, including overtime, should not exceed 12 hours.
- (3) Temporary exceptions to the provisions of this Paragraph should be authorised only in case of special emergency.

34.

- (1) There should be meal breaks of reasonable duration.
- (2) There should be rest breaks of reasonable duration included in the normal hours of work.

35. Nursing personnel should have sufficient notice of working schedules to enable them to organise their personal and family life accordingly. Exceptions to these schedules should be authorised only in case of special emergency.

36.

- (1) Where nursing personnel are entitled to less than 48 hours of continuous weekly rest, steps should be taken to bring their weekly rest to that level.
- (2) The weekly rest of nursing personnel should in no case be less than 36 uninterrupted hours.

37.

- (1) There should be as little recourse to overtime work, work at inconvenient hours and oncall duty as possible.
- (2) Overtime and work on public holidays should be compensated in time off and/or remuneration at a higher rate than the normal salary rate.
- (3) Work at inconvenient hours other than public holidays should be compensated by an addition to salary.



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38.

- (1) Shift work should be compensated by an increase in remuneration which should not be less than that applicable to shift work in other employment in the country.
- (2) Nursing personnel assigned to shift work should have a period of continuous rest of at least 12 hours between shifts.
- (3) A single shift of duty divided by a period of unremunerated time (split shift) should be avoided.

39.

- (1) Nursing personnel should be entitled to, and required to take, a paid annual holiday of at least the same length as other workers in the country.
- (2) Where the length of the paid annual holiday is less than four weeks for one year of service, steps should be taken to bring it progressively, but as rapidly as possible, to that level for nursing personnel.

40. Nursing personnel who work in particularly arduous or unpleasant conditions should benefit from a reduction of working hours and/or an increase in rest periods, without any decrease in total remuneration.

41.

- (1) Nursing personnel absent from work by reason of illness or injury should be entitled, for a period and in a manner determined by laws or regulations or by collective agreements, to--
 - (a) maintenance of the employment relationship and of rights deriving therefrom;
 - (b) income security.
- (2) The laws or regulations, or collective agreements, establishing sick leave entitlement should distinguish between--
 - (a) cases in which the illness or injury is service-incurred;
 - (b) cases in which the person concerned is not incapacitated for work but absence from work is necessary to protect the health of others;
 - (c) cases of illness or injury unrelated to work.

42.

- (1) Nursing personnel, without distinction between married and unmarried persons, should be assured the benefits and protection provided for in the Maternity Protection Convention (Revised), 1952, and the Maternity Protection Recommendation, 1952.
- (2) Maternity leave should not be considered to be sick leave.



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- (3) The measures provided for in the Employment (Women with Family Responsibilities) Recommendation, 1965, should be applied in respect of nursing personnel.
- 43.** In accordance with Paragraph 19 of this Recommendation, decisions concerning the organisation of work, working time and rest periods should be taken in agreement or in consultation with freely chosen representatives of the nursing personnel or with organisations representing them. They should bear, in particular, on--
- (a) the hours to be regarded as inconvenient hours;
 - (b) the conditions in which on-call duty will be counted as working time;
 - (c) the conditions in which the exceptions provided for in Paragraph 33, subparagraph (3), and in Paragraph 35 of this Recommendation will be authorised;
 - (d) the length of the breaks provided for in Paragraph 34 of this Recommendation and the manner in which they are to be taken;
 - (e) the form and amount of the compensation provided for in Paragraphs 37 and 38 of this Recommendation;
 - (f) working schedules;
 - (g) the conditions to be considered as particularly arduous or unpleasant for the purpose of Paragraphs 27 and 40 of this Recommendation.

IX. Occupational Health Protection

- 44.** Each Member should endeavour to adapt laws and regulations on occupational health and safety to the special nature of nursing work and of the environment in which it is carried out, and to increase the protection afforded by them.
- 45.**
- (1) Nursing personnel should have access to occupational health services operating in accordance with the provisions of the Occupational Health Services Recommendation, 1959.
 - (2) Where occupational health services have not yet been set up for all undertakings, medical care establishments employing nursing personnel should be among the undertakings for which, in accordance with Paragraph 4 of that Recommendation, such services should be set up in the first instance.
- 46.**
- (1) Each Member and the employers' and workers' organisations concerned should pay particular attention to the provisions of the Protection of Workers' Health Recommendation, 1953, and endeavour to ensure its application to nursing personnel.
 - (2) All appropriate measures should be taken in accordance with Paragraphs 1 to 7 of that



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Recommendation to prevent, reduce or eliminate risks to the health or safety of nursing personnel.

47.

- (1) Nursing personnel should undergo medical examinations on taking up and terminating an appointment, and at regular intervals during their service.
- (2) Nursing personnel regularly assigned to work in circumstances such that a definite risk to their health or to that of others around them exists or may be suspected should undergo regular medical examinations at intervals appropriate to the risk involved.
- (3) Objectivity and confidentiality should be assured in examinations provided for in this Paragraph; the examinations referred to should not be carried out by doctors with whom the persons examined have a close working relationship.

48.

- (1) Studies should be undertaken--and kept up to date--to determine special risks to which nursing personnel may be exposed in the exercise of their profession so that these risks may be prevented and, as appropriate, compensated.
- (2) For that purpose, cases of occupational accidents and cases of diseases recognised as occupational under laws or regulations concerning employment injury benefits, or liable to be occupational in origin, should be notified to the competent authority, in a manner to be prescribed by national laws or regulations, in accordance with Paragraphs 14 to 17 of the Protection of Workers' health Recommendation, 1953.

49.

- (1) All possible steps should be taken to ensure that nursing personnel are not exposed to special risks. Where exposure to special risks is unavoidable, measures should be taken to minimise it.
- (2) Measures such as the provision and use of protective clothing, immunisation, shorter hours, more frequent rest breaks, temporary removal from the risk or longer annual holidays should be provided for in respect to nursing personnel regularly assigned to duties involving special risks so as to reduce their exposure to these risks.
- (3) In addition, nursing personnel who are exposed to special risks should receive financial compensation.

50. Pregnant women and parents of young children whose normal assignment could be prejudicial to their health or that of their child should be transferred, without loss of entitlements, to work appropriate to their situation.



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51. The collaboration of nursing personnel and of organisations representing them should be sought in ensuring the effective application of provisions concerning the protection of the health and safety of nursing personnel.
52. Appropriate measures should be taken for the supervision of the application of the laws and regulations and other provisions concerning the protection of the health and safety of nursing personnel.

X. Social Security

53.

- (1) Nursing personnel should enjoy social security protection at least equivalent, as the case may be, to that of other persons employed in the public service or sector, employed in the private sector, or self-employed, in the country concerned; this protection should cover periods of probation and periods of training of persons regularly employed as nursing personnel.
- (2) The social security protection of nursing personnel should take account of the particular nature of their activity.

54. As far as possible, appropriate arrangements should be made to ensure continuity in the acquisition of rights and the provision of benefits in case of change of employment and temporary cessation of employment.

55.

- (1) Where the social security scheme gives protected persons the free choice of doctor and medical institution, nursing personnel should enjoy the same freedom of choice.
- (2) The medical records of nursing personnel should be confidential.

56. National laws or regulations should make possible the compensation, as an occupational disease, of any illness contracted by nursing personnel as a result of their work.

XI. Special Employment Arrangements

57. With a view to making the most effective use of available nursing personnel and to preventing the withdrawal of qualified persons from the profession, measures should be taken to make possible temporary and part-time employment.



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58. The conditions of employment of temporary and part-time nursing personnel should be equivalent to those of permanent and full-time staff respectively, their entitlements being, as appropriate, calculated on a pro rata basis.

XII. Nursing Students

59. Nursing students should enjoy the rights and freedoms of students in other disciplines, subject only to limitations which are essential for their education and training.
- 60.
- (1) Practical work of nursing students should be organised and carried out by reference to their training needs; it should in no case be used as a means of meeting normal staffing requirements.
 - (2) During their practical work, nursing students should only be assigned tasks which correspond to their level of preparation.
 - (3) Throughout their education and training, nursing students should have the same health protection as nursing personnel.
 - (4) Nursing students should have appropriate legal protection.
61. During their education and training, nursing students should receive precise and detailed information on the employment, working conditions and career prospects of nursing personnel, and on the means available to them to further their economic, social and professional interests.

XIII. International Co-operation

62. In order to promote exchanges of personnel, ideas and knowledge, and thereby improve nursing care, Members should endeavour, in particular by multilateral or bilateral arrangements, to--
- (a) harmonise education and training for the nursing profession without lowering standards;
 - (b) lay down the conditions of mutual recognition of qualifications acquired abroad;
 - (c) harmonise the requirements for authorisation to practice;
 - (d) organise nursing personnel exchange programmes.
- 63.
- (1) Nursing personnel should be encouraged to use the possibilities of education and training available in their own country.
 - (2) Where necessary or desirable, they should have the possibility of education and training abroad, as far as possible by way of organised exchange programmes.



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64.

- (1) Nursing personnel undergoing education or training abroad should be able to obtain appropriate financial aid, on conditions to be determined by multilateral or bilateral agreements or national laws or regulations.
- (2) Such aid may be made dependent on an undertaking to return to their country within a reasonable time and to work there for a specified minimum period in a job corresponding to the newly acquired qualifications, on terms at least equal to those applicable to other nationals.

65. Consideration should be given to the possibility of detaching personnel wishing to work or train abroad for a specified period, without break in the employment relationship.

66.

- (1) Foreign nursing personnel should have qualifications recognised by the competent authority as appropriate for the posts to be filled and satisfy all other conditions for the practice of the profession in the country of employment; foreign personnel participating in organised exchange programmes may be exempted from the latter requirement.
- (2) The employer should satisfy himself that foreign nursing personnel have adequate language ability for the posts to be filled.
- (3) Foreign nursing personnel with equivalent qualifications should have conditions of employment which are as favourable as those of national personnel in posts involving the same duties and responsibilities.

67.

- (1) Recruitment of foreign nursing personnel for employment should be authorised only--
 - (a) if there is a lack of qualified personnel for the posts to be filled in the country of employment;
 - (b) if there is no shortage of nursing personnel with the qualifications sought in the country of origin.
- (2) Recruitment of foreign nursing personnel should be undertaken in conformity with the relevant provisions of the Migration for Employment Convention and Recommendation (Revised), 1949.

68. Nursing personnel employed or in training abroad should be given all necessary facilities when they wish to be repatriated.

69. As regards social security, Members should, in accordance with national practice--



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- (a) assume to foreign nursing personnel training or working in the country equality of treatment with national personnel;
- (b) participate in bilateral or multilateral arrangements designed to ensure the maintenance of the acquired rights or rights in course of acquisition of migrant nursing personnel, as well as the provision of benefits abroad.

XIV. Methods of Application

- 70.** This Recommendation may be applied by national laws or regulations, collective agreements, works rules, arbitration awards or judicial decisions, or in any other manner consistent with national practice which may be appropriate, account being taken of conditions in each country.

- 71.** In applying the provisions of this Recommendation, Members and the employers' and workers' organisations concerned should be guided to the extent possible and desirable by the suggestions concerning its practical application set forth in the Annex. **19.**



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APPENDIX 6

Code of Professional Conduct for Nurses

A nurse must:-

1. Practice in safe and competent manner.
2. Practice in accordance with agreed standards of profession.
3. Not bring discredit upon the reputation of the nursing profession.
4. Practice in accordance with laws relevant to the nurse's area of practice.
5. Respect the dignity, culture, values and beliefs of an individual and any significant other person.
6. Support the health, well being and informed decision-making of an individual.
7. Promote and preserve the trust that is inherent in the privileged relationship between a nurse and an individual, respect both the person and the property of that individual.
8. Treat personal information obtained in a professional capacity as confidential.
9. Refrain from engaging in exploitation, misinformation and misrepresentation in regard to health care products and nursing services.
10. Practice nursing reflectively and ethically.



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APPENDIX 7

NURSES' BILL OF RIGHTS

1. Nurses have the right to practice in a manner that fulfills their obligations to society and to those who receive nursing care.
2. Nurses have the right to practice in environments that allow them to act in accordance with professional standards and legally authorized scopes of practice.
3. Nurses have the right to a work environment that supports and facilitates ethical practice, in accordance with the Code of Ethics for Nurses and its Interpretive Statements.
4. Nurses have the right to freely and openly advocate for themselves and their patients, without fear of retribution.
5. Nurses have the right to fair compensation for their work, consistent with their educational knowledge, experience, and professional responsibilities.
6. Nurses have the right to a work environment that is safe for themselves and their clients/patients.
7. Nurses have the right to negotiate the conditions of their employment, either as individuals or collectively, in all practice settings.



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