

HISTORY AND TRENDS OF NURSING IN ERITREA

PREPARED BY: ERINA
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Berhane Russom
Michael Andemariam
Tecele Haile

Table of Content

Acknowledgments.....	3
Introduction.....	3
DEFINITION OF NURSING	4
NURSING AS A PROFESSION.....	5
QUALITIES OF A PROFESSIONAL NURSE.....	7
NURSING PHILOSOPHY	8
HISTORY OF NURSING	9
I. NURSING IN ANCIENT TIMES	9
II. DEVELOPMENT OF MODERN NURSING, (19th Century).....	12
HISTORICAL BACKGROUND OF THE ERITREAN HEALTH SERVICES	14
ESTABLISHMENT OF FORMAL SCHOOL OF NURSING	20
IMAGE OF NURSING AFTER INDEPENDENCE.....	27
I. ESTABLISHMENT OF NURSING ASSOCIATION.....	28
II. Increased opportunity for in service training.....	30
III. The FUTURE OF NURSING.....	32
FUTURE EVENTS THAT ARE EXPECTED TO AFFECT NURSING IN ERITREA.....	32
References	38

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DEFINITION OF NURSING

Many professional and non-professional people have attempted to define the term “*Nursing*” in different ways but until now there is no agreement as to the most correct definition, accepted by all.

However many of the definitions reflect some common characteristics of nursing which include providing physical, psychological and social care to the sick and the needy. The word “nurse” originates from the Latin word “*Nutricius*” which means something that nourishes, fosters and protects.

It is therefore very important to define clearly what nursing is, for the benefit of both - those who want to render such services and the recipients.

Hereunder are some of the definitions of “Nursing” as given by some prominent professional nurses:

1. “... What nursing has to do.....is to put the patient in the best condition for nature to act upon him. (Florence Nightingale).
2. “The unique function of the nurse is to assist the individual sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge and to do this in such a way as to help him gain independence as rapidly as possible”.(Virginia Henderson).
3. “Nurses render health services to individual, the family, and the community. Service to mankind is the primary function of nurses and the reason for the existence of the nursing profession”.(International code of Nursing Ethics)
4. “Nursing is a blending of three factors: art, science and the spirit of unselfish devotion to a cause primarily concerned with helping those who are physically, mentally, or spiritually ill.

NURSING AS AN ART means that the nurse must develop skilled techniques in the performance of the various procedures required for giving adequate care to the patient.

NURSING AS A SCIENCE means that the underlying principles of nursing care depend on knowledge of biological sciences such as anatomy, physiology, microbiology and chemistry.

NURSING AS A SPIRITUAL QUALITY means that the primary aim is to serve humanity, not only by giving curative care to the bodies of the sick and injured, but by serving the needs of the mind and the spirit as well”. (Alice L. Price)

NURSING AS A PROFESSION

DEFINITION

A profession, according to Oxford Advanced Learners Dictionary is “an occupation, especially one requiring advanced education and special training”.

CHARACTERISTICS OF A PROFESSION

Authorities of this subject agree that, for an occupation to be termed a “profession” it should have the following characteristics:

1. It should have a body of organized scientific knowledge and requires its members to attain a pre-set standard before allowing the member to practice.
2. It requires an organized period of extensive study by its members in recognized institutions of higher learning; that it is not only theoretical in nature but also highly skill based.
3. It must be founded on a scientific basis, that is, its body of knowledge should be derived from a scientific research.
4. A profession should have a code of conduct to guide its members and the development of the profession. Its members are expected to continue learning throughout their professional life.
5. A profession is primarily concerned with service to humankind.
6. It is dedicated to improvement in the quality of life. For a professional person monetary or economic gain is very secondary.
7. It has a professional language, which is known and used by its members.
8. Its existence must be deemed necessary and accepted by the community.
9. It should have clear goals aiming at enhancing individual and community development.
10. It has recognition at national and international levels.
11. A profession has to grow and develop in line with the scientific and technological changes in the world.
12. A profession must be self-governing or independent in its functioning. It protects society from unscrupulous people doing professional practice.

In putting this yardstick against nursing it is clear that NURSING has all the rights to be regarded as a PROFESSION. The following points enlighten the above statement.

NURSING has both theory and practice. The theory of nursing includes biological and social sciences. The practice of nursing consists of special skills in doing some nursing procedures such as: giving injections, lifting patients, catheterization and obtaining vital signs from patients.

NURSING is founded on a scientific basis; the theories of nursing are derived from different nursing researches conducted all over the world.

NURSING has a code of conduct. Each country has a code of nursing ethics, which guide the professional nursing practice. At international level there is a Code of nursing ethics, which has been formulated by the International Council of Nurses (ICN) to guide, nursing practices globally.

NURSING has organized professional bodies, which unite nurses together at national level as well as at international level.

Among The international nursing bodies are:

The International Council of Nurses (ICN) and the International Confederation of Midwives (ICM).

All these bodies aim at improving nursing and midwifery practice at national and international levels. They guide the professional conduct of nurses and enhance the development of the profession.

NURSING has a special language. Nurses speak in a unique way especially in sensitive matters that require confidentiality. These are professional terms and expressions, which a non-member will find hard to understand.

NURSING has members whose education takes place in recognized and legally approved educational institutions.

Standards are set for attainment of a nursing diploma. Special bodies have been set up to issue license for professional practice.

NURSING is a profession, which is essential for the existence of mankind. It is service - oriented and is readily accepted by the society.

NURSING has clearly stated goals, which are: promotion of health, prevention of diseases, and cure of diseases and rehabilitation of disabilities.

NURSING as a profession requires its members to learn continuously. This learning may take place in formal schools or as In-service educational programs, short courses, workshops and seminars. This is necessary in order to keep abreast with the rapid changes in science and technology.

NURSING as a body of knowledge changes according to the development in science and technology. Nursing is striving to change from medical model of giving care to nursing model, where the emphasis is on the patient as a person and not only on the disease.

QUALITIES OF A PROFESSIONAL NURSE

The professional nurse should be:

KNOWLEDGEABLE:

A professional nurse must have broad knowledge of nursing. This includes biological and social sciences as well as civics in order to practice competently.

SKILLFUL:

The professional nurse must acquire expertise in carrying out nursing actions. She/he needs to develop a high degree of dexterity.

SYMPATHETIC AND EMPATHETIC:

Together with her/his expertise, the professional nurse must be concerned with feelings of other people. It is suggested that a sympathetic and empathetic person is the one who cries with those in sorrow, cheers with those in happiness and mourns with those in grief

TACTFUL:

The professional nurse should act intelligently and use appropriate skills in handling sensitive situations without causing offence. .

A COUNSELLOR:

She/he should be able to have a helping relationship with patients and co-workers. That is, giving good advice when confronted with solving problematic situations.

A FACILITATOR:

The professional nurse must be able to stimulate and motivate others to take appropriate actions towards the promotion of health and prevention of diseases. She/he should be a leader and show the way.

COOPERATIVE AND A GOOD COORDINATOR:

She/he should strive to work in harmony with others. She/he should create an atmosphere where there is open communication and interrelationship. She/he should coordinate all the activities in her/his area of responsibility in order to achieve the overall goal.

A DECISION MAKER:

The professional nurse has to make decisions on matters related to nursing and she/he should be able to defend the decisions with *facts*. She/he must be assertive.

RESPONSIBLE AND ACCOUNTABLE:

The professional nurse should carry out the assigned tasks honestly and intelligently. She/he has to be answerable for the quality of care given. She/he should be the advocate of patients.

EVALUATOR:

The professional nurse should be able to judge the outcome of her/his planned activities and the performance of other workers under her/his guidance. She/he should be a change agent in her/his place of work in order to initiate change for improvement of nursing care.

In conclusion, nursing is a profession which has a body of scientific knowledge, a field of special skills and a code of ethical conduct. It should be service-centered and accepted by the society. Its goals must be clear and accepted by the community. It must have a system of developing its members and the profession itself.

The professional nurse is one who is knowledgeable, skillful, tactful, and one who can work harmoniously with others. She/he must have a sense of responsibility and accountability. She/he should be firm and be prepared to defend the profession in all aspects.

NURSING PHILOSOPHY

DEFINITION

Philosophy as defined by the Advanced Learner's Dictionary is "the search for knowledge, especially the nature and meaning of existence".

"Philosophy" is a word derived from two Greek words "Phileo" which means to "love" and "Sophia" which means "Wisdom". Hence philosophy means "loving wisdom". But this does not give an explicit meaning of philosophy. Generally philosophy is the study of reality through ultimate causes and the light of human reason, to explain the origin, the nature and the destiny of man and the purpose of life.

NURSING PHILOSOPHY combines reasoning as well as observing and practicing. Nursing philosophy is a basic or a directing force, which guides nursing practice. Nursing philosophy influences the selection of what nursing actions you will take, how you will do it, why you do it, what resources you will use to help you make decisions and the essence of your whole plan of nursing.

Nursing philosophy searches for answers to fundamental questions, such as:

- * Who is a person?
- * Who am I? Where did I come from? Where am I going to or where is my destination?
- * Who is a patient?
- * What is nursing?
- * Who is a nurse?
- * Why do I choose nursing as a career?
- * What is the relationship between the nurse and the patient, co-workers and the society?

There are so many questions a nurse can ask herself/himself in order to develop her/his philosophy of nursing.

Whether we realize it or not, we all have some sort of philosophy of life which to a certain extent will influence the philosophy of nursing.

HISTORY OF NURSING

It is very interesting to study the historical background of nursing. It enables us to understand the different stages of development of this profession from the old times until the present time.

I. NURSING IN THE ANCIENT TIMES

Nursing did not exist as a unique discipline before the birth of the Christian Era. The nursing activity, which existed, was that of a mother caring for her sick child or relative.

During those days, illnesses were believed to be the result of the anger of gods or the work of evil spirits. Special ceremonies of witchcraft were required in order to detect, prevent or cure a disease. A magician was trained in this art and his skills were passed on from generation to generation. This is still seen to day in some areas in Africa and Asia.

The magical treatments involved are generally:

- Reconciling evil spirits by prayers and incantations (words used in magic), sacrifices or driving out the evil spirit by prayers.
- Administration of herbs in order to irritate the spirit.
- Causing irritation to the evil spirit by giving the sick person purgatives, emetics or making small incisions on his/her skin
- Opening the skull to make an exit for the evil spirit. This was used in conditions like epilepsy.
- Wearing amulets around the wrist, neck, waist or ankles in order to protect the person from evil spirits.

Later the task of these medicine men was taken by priests. The women of the households and slaves were assigned the task of caring for the sick that were in most cases isolated from the community.

ANCIENT EGYPT, 4000 B.C.

During this time the priests were the healers. They had some knowledge in the sciences of anatomy and physiology. They could prepare some drugs for eye conditions and surgery. The healing treatment included prayers and sacrifices. The actual care of the patients, such as dressing wounds was done by helpers.

BABYLONIA, 2000 TO 1000 B.C.

The people thought diseases were the result of sin. The priests made their diagnoses and prognoses by observing various objects such as: the behavior of animals, the flowing of water in rivers, the shape of oil on water surfaces, the irregularity of an animal liver, the smoke from a burning fire, and personal dreams.

When a woman had difficulties in delivery, it was considered to be the result of wrong doing.

INDIANS, 1000 TO 500 B.C.

Indians had a highly developed culture and good sanitation system. They had written a number of scientific books, which described different types of diseases. They knew how to diagnose about 1,120 different types of diseases. Some of their diagnostic examinations included: Inspection, palpation, auscultation, taking pulse rate, and investigation of urine. Surgery was also highly developed. Some of the surgical procedures, which they performed, included surgical wound toilet, amputation of limbs, treatment of fractures, and abdominal surgery.

For suturing intestines, certain types of ants were used to bite the incision line. When their bodies were cut off their mandibles remained attached to the incision as sutures. The people who cared for the sick were well instructed in ethics. They were required to be skillful, dedicated and prudent in both body and mind.

THE JEWS

The Jews had the finest record in hygiene and sanitation. They had also a good knowledge of Anatomy and Physiology.

THE GREEKS, 1200 B.C.

Many “Temple - hospitals” were built in memory of the god Aesculapius. The usual method of deciding any particular treatment was that the patient, on entering the hospital, prayed to the god Aesculapius. Then the patient went to sleep and in his dreams the god Aesculapius himself would reveal the drugs to be given.

However, the Greeks were the true founders of true Medical Science. They collected and recorded observations regarding the facts of diseases. The most famous center of medicine was founded by Hippocrates, the “Father of Modern Medicine”. He was born in 460 B.C. He discovered that diseases are due to disordered function of the body and that the evil spirits were not the cause of diseases. His treatment was based on close clinical observations of signs and symptoms. His medical notes are still regarded as models. He required that all physicians should take an oath to preserve the ethics of medical practice. The “Hippocratic Oath” is still taken by every qualified physician today. However, even during Hippocrates’ time there is no mention of trained personnel giving skilled nursing care.

THE ROMANS, 800 B.C.

They were influenced by Greek medicine. The “Valetudinaries” were buildings in which the soldiers and slaves were treated and cared for in order to increase manpower. Galen, the anatomist lived in the 1st century. His knowledge of anatomy and medicine became the foundation of modern medicine in the 19th century.

THE CHRISTIAN ERA, 50 A.D.

The early Christians were inspired by the teachings of Christ. Christ taught people to help one another like brothers and sisters. Service to the sick and the poor was service to God.

Bishops formed the religious orders of DEACONS AND DEACONESSES. Their duties were to attend to the sick and the poor in their homes. At this time nursing was regarded as a form of religious devotion. Later hospices (houses for the sick and the poor) were built by the monasteries. The monks and nuns cared for the sick, the poor and the aged.

At the time of the CRUSADES in the 12th century, Military Orders were founded. The most powerful and famous was the Order of the “Knights Hospitallers of St. John of Jerusalem.” They founded hospitals in every country of Christendom.

In the 17th century the most important order was that of “Augustinian Sisters” in France. The Sisters did nursing care as well as domestic work. They lived a religious life and their work was directed by priests.

Later a French priest, Vincent de Paul, took interest in nursing. He organized a group of country girls who had good character and trained them in giving nursing

care to the sick in hospitals and in homes. From this group of girls he selected some and founded community of religious sisters.

This community was called "Sisters of charity" (or "Sisters of Vincent de Paul"). Their prime function was to care for the sick. Madam Le Gras developed an interest in Vincent de Paul's work and decided to help him. She became the first Mother Superior of this congregation. The sisters were instructed to obey the physicians and to serve patients whole-heartedly. Vincent de Paul wanted the sisters to learn reading, writing and some arithmetic,

THE DARK PERIOD OF NURSING, (18th Century.)

Despite new discoveries and great scientific progress in medicine, the religious life of the community was shallow. Only a few people were ready to join religious congregations. Those who joined were illiterate, and to make matters worse, Napoleon, the emperor of France closed all the monasteries which catered for the sick and used them for non-religious activities. Due to lack of personnel in the hospitals, the government recruited prisoners, thieves, prostitutes and drunkards to give nursing services to the sick in lieu of serving jail sentences. This resulted in crude and unsatisfactory nursing services. The wards were filthy, bed bugs and lice were abundant.

DEVELOPMENT OF MODERN NURSING, (19th Century)

Four types of organization developed gradually in order to improve the deteriorated care for the sick:

1. THE CATHOLIC RELIGIOUS CONGREGATIONS

When Napoleon saw the bad conditions in hospitals, he permitted groups of dedicated females to start religious congregations in order to care for the sick. This call received good response and all over Europe new congregations grew up. Among the prominent ones were:

The Sisters of Charity (Vincent de Paul) and the Sisters of Boromaeus.

2. LUTHERAN DEACONESSES

Stimulated by the catholic sisters, Theodor Fliedner, a Lutheran pastor and his wife established a hospital where women of good character were trained as deaconesses. They cared for the sick and young children in both hospitals and homes. They got practical instructions from the pastor's wife, theoretical nursing lessons from the physicians, and ethical lectures from the pastor. These women also did some pastoral work.

3. CIVIL ORDERS (THE RED CROSS)

The Red Cross Society was founded in Geneva in 1863 by a Swiss bank manager called Henri Dunant. Its goal has been and still is to train nurses in times of peace in order to be able to care for the wounded in times of war. Many girls were trained and were organized into associations.

The “Red Cross Mother-house System” was established in different Countries. The main center was situated in Geneva. The first International Red Cross Conference took place in Geneva in 1863.

4. CIVIL NURSING

Nursing had been entirely in the hands of religious people in particular with the Catholics and the Protestants.

By the middle of 18th century and the beginning of 19th century, nursing services started to be delivered by civil nurses - women who did not belong to religious congregations. Florence Nightingale, an English lady, instituted the reforms in the care of the sick, which form the basis for the modern practice.

Florence Nightingale was born in Italy in 1820. She was a well-educated woman and belonged to a high social position. From her early days she wanted to do nursing but her parents discouraged her as it was by then a job for the desperate people of low class.

In 1850 on a journey back to England from Egypt, she visited Kaiserwerth where she stayed for two weeks. In 1851 she paid a 3 months visit to pastor Fliedner’s Institute. She was very much impressed by the organization of the deaconesses and the overall goals of their organization but she found out that the actual training of the nurses was inadequate. For this reason, she went to Paris in 1853 to have a better picture of the hospitals, which were run by the Sisters of Charity. On her return to London, she supervised the “Establishment for Gentlewomen during Illness”. This was some kind of nursing.

In the meantime, the Crimean War broke out. The British, French and Turks were fighting against the Russians. Sir Sidney, the Secretary of war, requested Florence Nightingale to take over the Nursing care of the sick and wounded soldiers in Crimea because these soldiers were neglected. Florence agreed and immediately went to Scutari city in Russia with 38 nurses. There she found out that the hospitals were in a very poor state. The wards were dirty, beds and patients infested with lice and bedbugs, domestic utensils were inadequate and laundry facilities were non-existent. She worked very hard to improve the condition.

After the Crimean War, she devoted her life to the re-organization of hospital services and training of civil nurses. In 1860 she started the *NIGHTINGALE SCHOOL OF NURSING* at St.Thomas hospital in London through money contributed by the British people.

The cardinal principles on which she established that first school were:

- I. That nurses should be technically and theoretically trained in hospitals, which are equipped for this purpose.
- II. That nurses should live in homes so designed as to promote good moral life and discipline.

In 1859, Miss Nightingale published her first classical book titled "*NOTES ON NURSING: WHAT IT IS, AND WHAT IT IS NOT*". This was used as the standard textbook at the nursing school in St. Thomas hospital.

Miss Nightingale defined nursing as "An art and like any other art requires a sense of calling and diligent apprenticeship". This was the foundation of the standard nursing training all over the world. Her pledge is still the ethical basis for the nursing profession.

FLORENCE NIGHTINGALE'S PLEDGE:

I solemnly pledge myself before God and the presence of this assembly to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious to mind and body and not take or knowingly administer any harmful drugs. I will do all in my power to hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my profession.

With loyalty will I endeavor to aid the physician in his work and devote myself to the welfare of those committed to my care".

HISTORICAL BACKGROUND OF THE ERITREAN HEALTH SERVICES

Before the advent of colonialism, the Eritrean populations, along with other African societies depended on traditional medicine for all health problems. Practices such as bone setting, bleeding and the use of roots and herbs, believed to have curative properties, were widely used. Illnesses were often ascribed to supernatural causes and both Christian and Moslem clergy were frequently called upon to provide religiously inspired medical interventions.

Traditional Eritrean health care practices varied among ethnic groups, but they generally included three types: household or village common knowledge concerning wounds and illnesses that involves bone setting, wound binding herbal remedies; more specialized and often spiritually medicated healing involving practitioners, who burned, cut and prescribed herbal and magical remedies for their clients; and specialized women who served as midwives. The common belief in the efficacy of cutting and burning treatment was, and still is widespread among most of the population.

In the past centuries up to the present time the village “Hakims” were the first to care for and treat the sick. It is known that many of them had a very good knowledge of herbs, their effects, and how they are used for various illnesses. Apart from this, they employed some methods to cure certain diseases, which did not always prove successful.

There were, and still are, village Hakims known by the name of “wegiesa” who do a type of surgical treatment, such as fractures, dislocations, giving first aid and stitching wounds, with comparatively crude instruments. Much of the treatment proves successful but unfortunately, due to the lack of knowledge of sterilization and the performance of unnecessary operations such as uvulectomy, many serious complications did occur and are still occurring.

In Eritrea western medicine was introduced by European missionaries in the late nineteenth century and by Italian colonialism in the early twentieth. From 1866 Swedish missionaries, teachers, doctors and nurses came to Eritrea. Some of them died from diseases and climatic conditions, and three were killed by the indigenous people. In one group around 1909 there was a nurse named Roza holmer, the wife of an evangelical priest. They had a child, born in Eritrea, named Karin who also became a nurse after being educated in Sweden and returned to Ethiopia and opened the first school of nursing there (The Ethiopian Red Cross). The first clinic was established at Ailet near Massawa port to which place sick people used to go for bathing. Later clinics and hospitals were established and nursing and midwifery education began.



Fig 1. Group of early nursing staff in Eritrea

A textbook of midwifery was translated by Swedish nurse from Swedish to Tigrinya in 1928, and many other books followed.

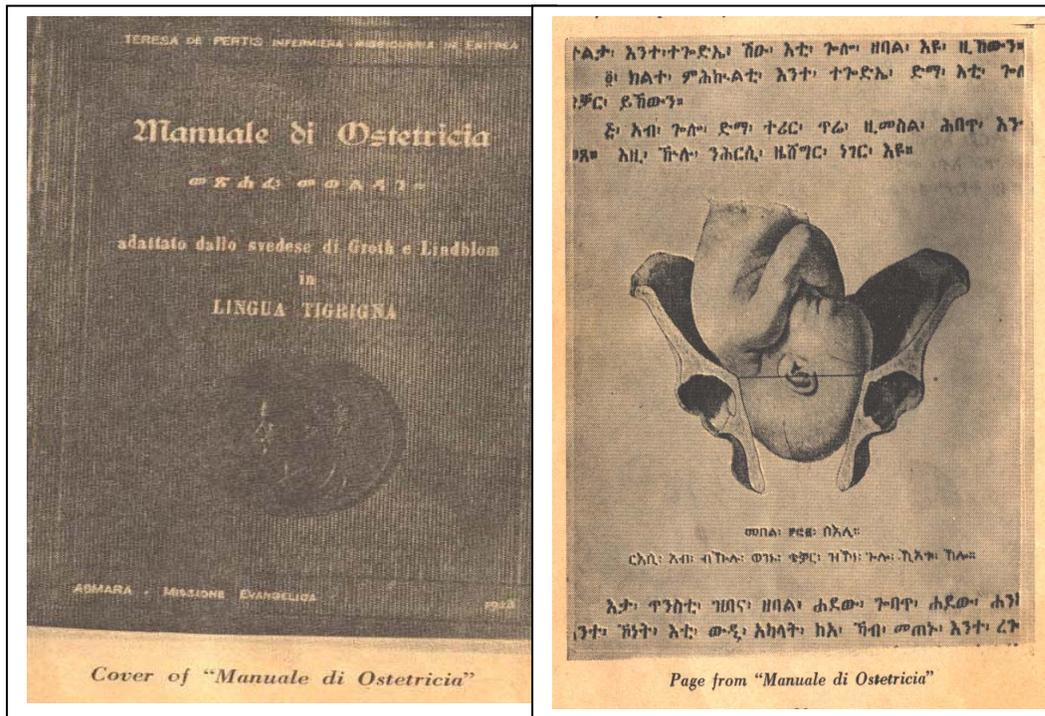


Fig 2. A Manual of Obstetrics translated from Swedish into Tigrinya

At the end of the 18th century some Italian doctors arrived with the army and joined the medical team from the catholic Roman Church deaconess. They built clinics in Senafe, Dongolo, Dibarwa and Asmara in Sembel and provided care for the injured and the soldiers. It was a period of apprentice nursing because people were trained by practicing nursing on the job. During the Italian occupation of Eritrea (1889-1941), the colonial administration introduced the concept of modern health service into the country and built hospitals. Although most Italian medical facilities were intended to serve the European population, clinics were also opened for the Eritrean population beginning with Ascaris () [local colonial soldiers] and civil servants. This spread by the 1930s to the main towns. According to a census conducted in April 1931 the total population living in Eritrea was about 591,974.

In November 1941, the Asmara School of Medicine opened with the following objectives:

- * To build up a cadre of local doctors who would be in a particularly favorable position to combat the epidemic and endemic diseases that were present in Eritrea.
- * To afford an opportunity to educated people living in Eritrea to take on important part in the medical development and betterment of their community.
- * To promote and facilitate scientific research in the field of local medical problems.

The number of years for completing the training was six years

Students who passed the final year of the Italian high school were recognized by the University of Rome and were eligible to be enrolled in the school.

In the early stage of World War II, the Italians were driven out of Eritrea and replaced by another colonial power, Great Britain. The decade of British administration did not bring any substantial changes in the health delivery system or its coverage. Documented evidences shows that there was an Eritrean nurse named Mihret Paulos Men'Ameno who graduated in Jerusalem and served with the British army in World War II.

In the early 1950's the British left and the Ethiopians took over as the new colonial authority. They first conducted forced federation and then annexation. In the next twenty years, the Ethiopian emperor Haile Selassie constructed some additional hospitals, but resources were gradually withdrawn until 1965.

For example the allocation for the health service in Eritrea was reduced to approximately one- third of the budget of the previous ten years earlier in 1955.

As is indicated in the above, during the Italian occupation the concept of modern health service contributed much to the well being of Eritreans. During this period several book were written in Italian and Tigrinya such as :

- * NOZIONI DI OSTETERICIA GINECOLOGIA E PEDIATRICA written by PROF. DOTT. ALBERTO CIOTOLA and translated into Tgrinya by SIGNORA TEREZA PALMKUST DI PERTIS, printed in MARIA FIORETTI printing press Asmara, Eritrea 1934.

The purpose for writing and translating such a book was to improve the welfare of Eritrean mothers and children. At that time morbidity and mortality rate during pregnancy and birth was very high, due to the fact that expectant mothers were assisted by untrained traditional birth attendants.

In order to rectify the situation, the Italian administration began to give elementary training on “how to assist a woman at delivery” to some Eritrean women.



Fig 3. Group of early nursing staff in Eritrea who graduated in 1954

Other books written around this period were:

1. "Nursing Education for indigenous people "
2. Clinical Pharmacology for indigenous people".

NOZION DI Medicina Pratica AD USO DEGLI INDIGENI. Written by Prof. Dott. Alberto Ciotola in 1932 and 1933 successively and printed in ASMARA TIPOGRAFIA.

An Eritrean health department was created in 1952, and took over operation of the rudimentary colonial urban-based health system. In 1960's a number of clinics were opened in smaller towns, staffed by Eritrean dressers and foreign missionaries, such as the American evangelical hospital in Ghindae (1966) and the Lalamba hospital in Keren (1970).

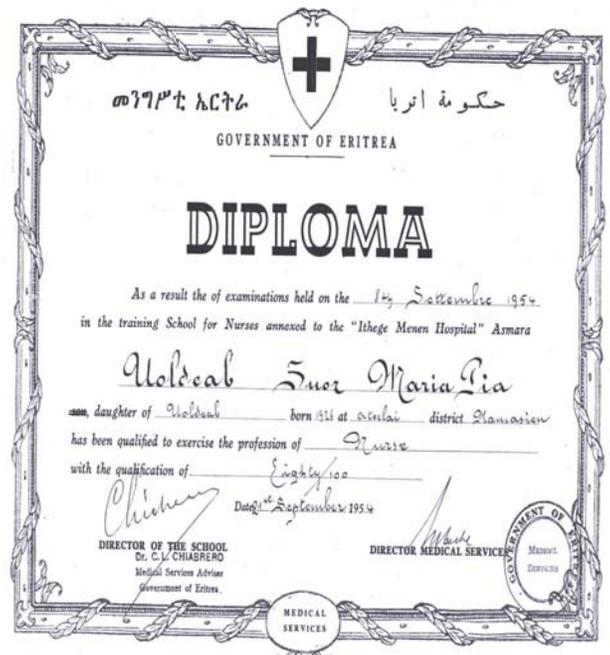
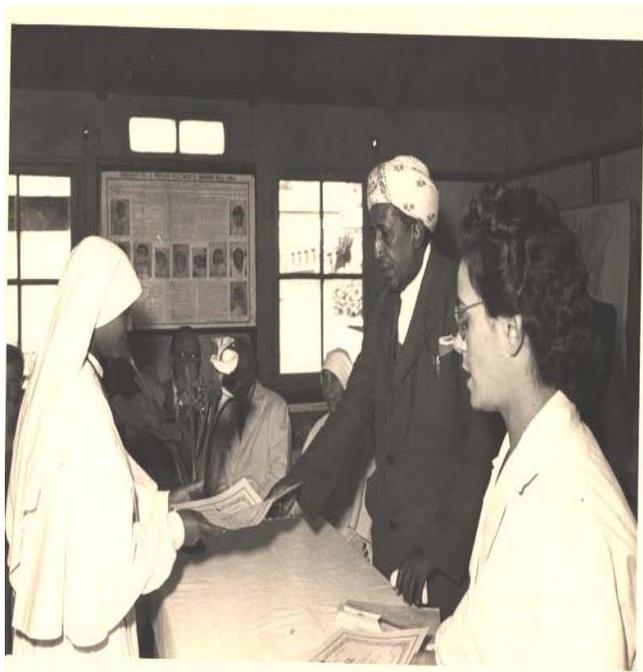


Fig. 4. Graduation ceremony for nursing health personnel before 1954, and the Diploma

Nursing education, which began as early as 1950, progressed to produce three kinds of nurses: registered Nurses, community nurses, and midwife nurses.

The schools of nursing operated independently in accordance with the requirements of the ministry of public health and produced nurses with practical

experience imbued with a sprit of professionalism and competitive loyalty to their schools.

Nurses in Eritrea, irrespective of where they worked, have given invaluable services by extending their work beyond the confines of nursing and thus sharing many of the duties of the doctor. Nurses on the whole have been well received and appreciated by the public.

During the 1970s health care service moved into rural Eritrea on a limited scale under the DERG. However the EPLF health care system made the first attempt to integrate Eritrean traditional medicine with western medicine and trained hundreds of bare foot doctors to serve the rural population of the liberated areas.

The health department of EPLF was established in 1975 under Dr. Nerayo Tekle Michael and focused on training village health workers and TBA' s. Mobile clinics were established and in 1976 a central hospital was created in Orotta, Sahel.

During the armed struggle for the liberation of Eritrea contribution of nurses was tremendous. They were core trainers for the barefoot doctors. They also played a significant role in treating different diseases and took care of war casualties.

ESTABLISHMENT OF FORMAL SCHOOL OF NURSING

Recognizing the continued severe shortages of trained nursing personnel and at the request of the Eritrean government, the Ethiopian government in cooperation with the United States of America acting through the commonly known point IV technical assistant programme, established the Itegue Menen School of Nursing (Later known as Asmara School of Nursing) in 1955.

This school was the primary educational institution for educating nurses in Eritrea. The staff was composed of five American Instructors under the leadership of Miss Lougan.

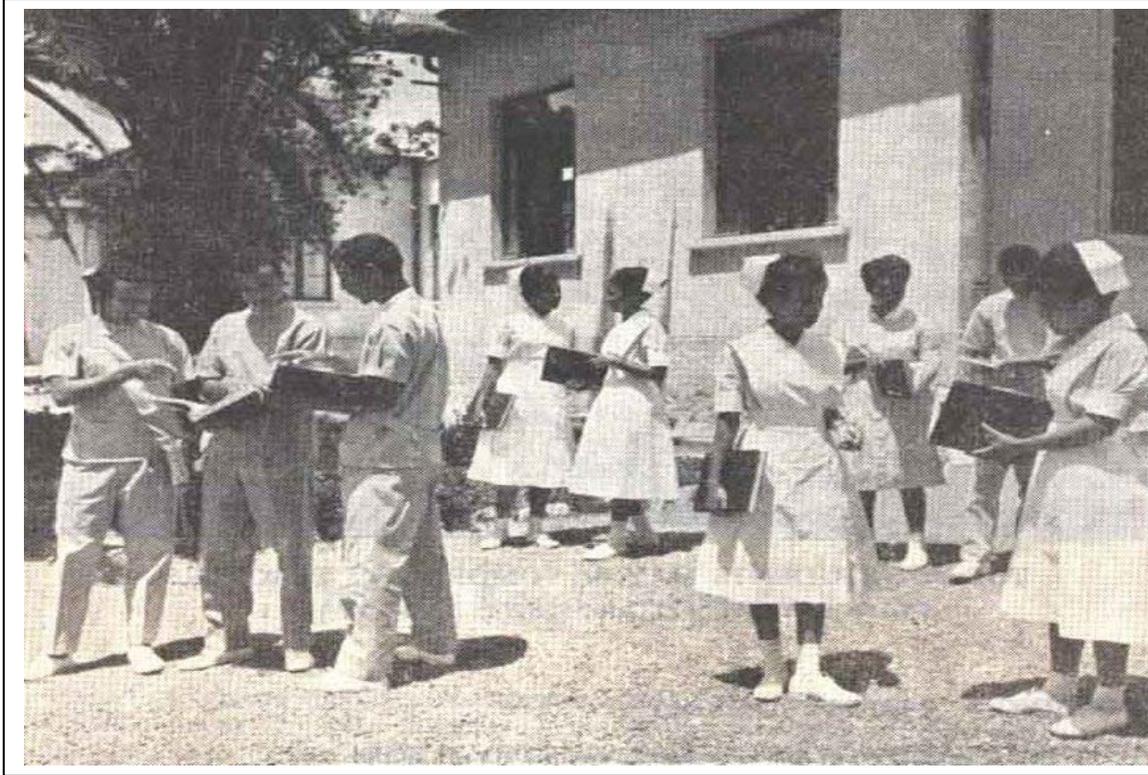


Fig 5. student nurses in school compounds in 1965

The original curriculum was patterned along the U.S Diploma courses. Initially, the entry requirements to the school were: completion of grade eight, passing written exams and physical fitness.

In Feb 1955, the school of nursing admitted its first class of 25 female students out of which 13 students completed the course as nurse midwives. Most of them were assigned to the school of nursing after they were given post basic training in Beirut, Lebanon. After completion of their courses, those who were prizewinners were sent to America for their bachelors, degree in nursing. When they came back home, assigning them to the program of administration, teaching, and to the clinical area has resulted in better correlation of teaching and has improved quality of student's clinical experience.

Before 1954 there were no training facility formally recognized for nursing training. Informal training was conducted by benevolent Italian doctors, who took

a limited number of native apprentices. As the health service expanded, some Italian nuns were trained as health assistants. In later years these nuns were replaced by local nurses, who were upgraded to work without salary.

Among the first graduates were: s/r Alganesh Haregot and s/r Alganesh Adhanom and other prominent nurses who played a vital role in shaping nursing, and nursing services in Eritrea.

The first education program of the school was designed to educate and train nurses and nurse midwives in order to meet the health need of the country, both in the prevention of illness and in the care of the sick.

Nurses at that time were working in hospitals and public health facilities. The public viewed nurses as assistants to the physician and identified them as “infermieris”.

The opening of this school was a turning point in both quality and accessibility of nursing care service for the Eritrean community.

The school started to produce professional nurses with special orientation in public health and midwifery and played a great role in the delivery of health service care system in the community. The school developed policies and procedures for Nursing services in the Eritrean health department, by organizing, administrating and supervising rural nursing service and trained nurse to teach, administer and supervise in the area of nursing education, nursing service administration and generalized public health nursing.

The graduates of the school were assigned in hospitals to provide bedside nursing, maternal and child health programmes in Asmara Itegue Menen hospital and new service introduced in the rural area. School health programme was established in all elementary schools. Home delivery, home visits, and health education was conducted on scheduled bases.

In 1959 the school admitted male students for the first time. Among them were Ato Teame Besrat, Ato Okbay Woldegebriel, Ato Zeratsion Ghebrehiwet and others. Even though the admission of male students was a new experience, it was a development by it self, in which, the community had taken positive steps in acknowledging nursing profession and the benefits of its services.

The public health nursing service started in April 1958, in connection with Itegue Menen School of nursing in Asmara, in order to provide student nurses with necessary field experience. In March 1960, the Public Health Nursing Service was set up in the nursing division of Eritrean Medical Directorate. Seven districts in the city of Asmara received several kinds of public health nursing services. Most of these services were related to pregnancy, childbirth and infancy. Prenatal clinics were established which encouraged regular visits through out pregnancy. These emphasized understanding of pregnancy, the need for cleanliness and proper diet, and by sought to prevent unusual difficulties before or during childbirth.



Fig 6. A nurse teaching (demonstrating) hand washing in a community

Public health nurses have always come into intimate contact with the mothers in their homes. This opportunity gives the nurse a chance to look for unsanitary conditions and practices in the home. For example, the nurse teaches the mother how to bathe a baby, how to introduce certain foods into the child's diet at certain ages, and how to look out for his safety and how to prevent infant diarrhea.



Fig 7. A nurse demonstrating how to bathe a baby during home visit.

In 1960, a number of classes on pre-natal and post-natal care were offered to mothers and expectant mothers by the public health nursing service program. The classes were organized upon request of a group of interested women and were received with great enthusiasm. Occasional other classes have also been held. For example, a group of ten railroad workers attended a first-aid class during their lunch hours, which they, themselves, requested.

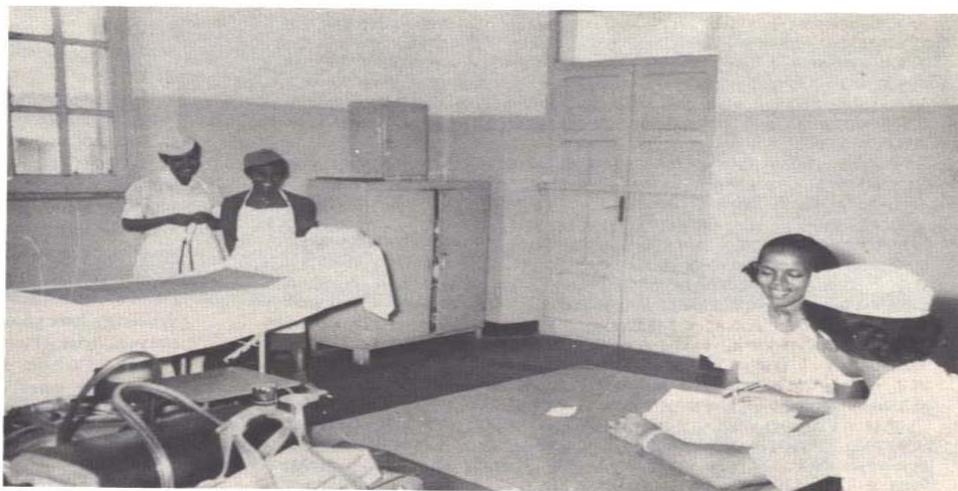


Fig 8. A nurse giving health education to pregnant women in a health facility

Among its other activities, the service had established a referral system for public health nursing service in Asmara. There were also several milk distribution centers in Asmara set up by the public health nursing service; volunteer, non-

professional workers were operated these centers. In addition, the service sought, through in-service training, to develop supervisory and administrative strengths in its graduate public health nurses.

In October, 1960, the first nursing service outside Asmara was established at Dekemhare. The graduate nurse who had been assigned there was operated a pre-natal clinic half- a -day a week and spent most of the rest of the week in the town improving health practices in homes. The women of Dekemhare had responded eagerly to the help offered by the nurse.

All the women who had benefited from the help offered in the clinics, classes or home visits had been not only willing, but also glad, to learn safer ways of caring for themselves and their children.

The public health nursing service had become more than just part of student nurse training; it had become a service- giving agency in the Medical Directorate of Eritrea. During that time, over 800 families in the northern district were being reached by the service. The infants had got a better chance of survival and home sanitation conditions improved because of the efforts of the public health nursing service. This and other activities of the nursing service had lowered the infant death rate in Asmara.

In 1965, a dresser school was opened for the purpose of training students in elementary medical dressing methods. Students here received a thorough theoretical and practical course, lasting one year in the first year which produced 26 trained dressers while a further 44 student were accepted for further training. From 1959 -1976, 367 nurses graduated and served in different areas including in Ethiopia. The increased nursing population enabled health care service to expand to remote areas.

From 1955-1966 all students were obliged to pass state board exam for both nursing and midwifery. From 1967 –1977 (that is up to the revision of the

curriculum) when students failed in the qualifying examination for midwifery they were not obliged to re sit for the examination.

In 1977, three years after the downfall of the Haile sellasie, the nurse training was revised at a national level including Eritrea, and a decision was made to train one category of nurse namely “Comprehensive nurse” who can function at all levels of health institutions. The academic entry requirement at this time was raised to 12th grade completion and the duration of nursing education shortened to 2 ¹/₂ years and midwifery become a post basic course. Therefore starting from that time nurses start to work accordingly, that is they were trained to examine and treat patients in rural areas of the country in addition to their previous activities.

In 1987 a new program started to upgrade health assistants to nursing (upgrading program) in addition to the formal training. New curriculum was designed considering the cumulative courses in health assistant school and the service offered to the public. The training was designed to be one year and three months and 120 health assistants were upgraded to nursing.

In 1989, Asmara midwifery school was established in the former TB center building with 21 students out of which 12 were males and the remaining 9 were females. The training program was for one year. The first director of the school was Sister Letedawit Abrehe and there were two instructors namely Sister Medhin Sebhatu and Sister Lemlem Yukunoamlak. In the first batch all the 21 students graduated as nurse midwives.



Fig 9. The Director and Instructors of Asmara Midwifery School



Fig 10. The First batch students of Asmara Midwifery school

IMAGE OF NURSING AFTER INDEPENDENCE

In 1993, (two years after independence), the school of nursing started to train ex- combatants who had been working in the field as bare foot doctors during the armed struggle for independence.

Here, the previous curriculum of the former training of the upgrading health assistants was revised to fit to the policy of the Ministry of Health of Eritrea. There were deficits in the above-mentioned curriculum, related to the concept of primary health care both in the description of the course outline and the expected outcome. Other reasons for revising the curriculum was that there were too many references to Ethiopia and the old regime. There were also Marxists- Leninist courses and others with no relevance to nursing education. Major changes were made however, to augment clinical practice in the community, preferably in the areas with community health problems.

As seen in the previous history there were significant developments in the nursing profession in Eritrea in the last five decades. However radical and productive changes were made after independence as explained below:

I. ESTABLISHMENT OF NURSING ASSOCIATION

There was Nurses Association before independence known as district number 2 which was established in 1966 and was constituent member of the Ethiopian Nurses association district number 1. Its objectives were: to advance higher ethical and professional conduct among nurses, to promote the professional, educational, and economical advancement of nurses, aiming at bringing their professional knowledge to the best care of the sick and the community. The first president of the Association was S/r Alganesh Haregot.

According to some of its members no significant contribution had been made to the development of nursing profession by the Association at that time.

However, soon after independence, in 1992, the Eritrean nurses' Association (ERINA) was set up with the objectives of organizing nurses under one umbrella. The Association is recognized by the Ministry of Health and comprises about 600 members. Its emblem is a candle. The Association is committed to promote a high standard of health care through advancement of education and research.



Fig 11. Members of the Association participating in a Congress

The Association has the following objectives.

- * Maintaining a high spirit of duty, consciousness and high standard of professional ethics and conduct.
- * Cooperating with all health related and other bodies having similar objectives in order to upgrade the nursing profession.
- * Promoting the development, honors, privileges and rights of nurses.
- * Disseminating up-to-date development of health and nursing issues and creating conducive atmosphere for exchanging experiences among members.
- * Encouraging further studies and researches concerning nursing profession.
- * Contributing an integrated development of traditional and modern practices.
- * Facilitating appropriate relationship with other national and international associations having similar objectives.
- * Promoting recognition of the nursing profession and of nurses in the community and representing their collective interests.

The Eritrean Nurses' Association is an independent, non-governmental organization of nurses with a constitution. It has a publication known as "ERINA NEWS LETTER". The association is currently a member of the licensure and registration committee of the Ministry of Health. The Members of the Association have participated in different national and international workshops and the association has conducted a few research activities. For example, members of the Association conducted a study of knowledge, attitude, and practice (KAP) of nurses on HIV / AIDS at a national level. Furthermore, the Eritrean Nurses association has prepared a training manual in English and Tigrinya for Community Home based care providers for people living with HIV/AIDS.

II. Increased opportunity for in service training

According to the unpublished report from the head of Child Health Unit of the MoH, more than 624 health care providers have taken integrated management of childhood illness (IMCI) and among them more than 50% were nurses. Such training is also an indicator of improvement of nursing in child health care enabling nurses to have ample knowledge of identifying the child health problems and taking appropriate measures. Nurses are also participating in life saving skills (LSS) training which enables them to have competence in managing emergencies of maternal and child health problems.

According to WHO, (1987), Primary Health care (PHC) is an objective that has always been a fundamental driving force for nurses, a natural extension of nursing practice, especially in community health. The philosophy of nursing is consistent with the philosophy of PHC.

Nurses are getting continuous in -service training in EPI. This enables them to develop their knowledge and skills in immunization.

Another important training for nurses is Inter Personal Communication (IPC). Such training is expected to improve the assertiveness of nurses and their relationship with patients/clients. Furthermore, nurses were also trained in quality of care and standards.

Nurses are also trained Research Methodology by the Ministry of Health in order to be able to uncover new knowledge which prepare them to be committed to life long learning both within and outside formal educational structures. These training enables nurses to evaluate, discriminate, and use current research findings and make them the forefronts of nursing development. Thus learning the skills of research methodology is imperative for leadership in clinical practice. If nursing is to build a scientific base, all nurses should know something about research. This in turn will help nurses to contribute in bridging the gap between actual and evidence based practice. Only then can a scientific base for nursing practice evolve and allow nurses to stand equally with other professions. Taking into account the above points the College of Nursing and Health technology is planning to incorporate basic research methodology in the nursing curriculum.

Nurses are also getting knowledge of Information Technology (IT) whether they work in a hospital, community health centers, education, or a clinic; nurses need to be involved with computers. Taking into account the above advantages, the Ministry of Health and the Eritrean Nurses' Association are playing a significant role in training nurses on IT. Hopefully this knowledge of basic computer will create an opportunity to use computers on the application to nursing care in the future nursing practice of Eritrea. Nurses are also getting specializations in psychiatry, ophthalmic, Midwifery, Anesthesia, Intensive care unit (ICU). They are also playing a leading role in fighting stigma and discrimination among people living with HIV/AIDS being as counselors. All the above examples clearly show that the scope of nursing practice is widening.

In the past nurses were sent abroad for postgraduate studies. The programmes followed by such graduates and the practical experiences gained in abroad were different from the local requirements and the graduates had to adjust to local situation before they can fully apply their knowledge and skills. The long-term fellowship Nurses got in the last ten years included Bachelors in nursing (BSN) 7, Masters in nursing 3, advanced diploma in the field of nursing 15. Some nurses also got fellowship of Masters in science, and Masters in Art. The nurses who had got internal fellowship at the University of Asmara were 12 in Bachelor science in nursing (BSN), 21 in public health Nurse practitioners (BSC) and 6 nurses in social sciences BA or BSC.

In 1999, the Ministry of health and University of Asmara jointly agreed to introduce a Baccalaurate nursing degree program. Based on this agreement a first batch of student joined in September 2005. Introduction of this degree program was historical revealing progressive professional development in the history of nursing in Eritrea.

The Ministry of Health introduced Distance Education program in 2003-2004 to nurse managers, clinicians, as well as nursing instructors, which is expected to have a significant impact on their educational development which will help them to practice leadership in the nursing profession more competently.

The Bachelors in Nursing (BN) program started in collaboration with the University of Dundee Scotland and 18 nurses graduated and 34 nurses are currently on training. In addition the Ministry of health conducted several education training programs, not included in the above-mentioned programs.



Fig 12. First batch of graduates and Minister Ministry of Health

III. The FUTURE OF NURSING

Future events that are expected to affect nursing in Eritrea

Trends are patterns of change over time. Awareness of these patterns means we can take advantage of opportunities, plan our strategies, and avoid or minimize identified threats. In other words understanding trends, thinking about their implications, help us make better choices about the future, ensuring our vitality and success.

Nursing has established itself as a strong educated profession committed to high standard of care.

The challenge ahead is to continue to learn, to gain confidence in oneself and to see the strategic advantage of partnership within nursing and external to it.

The following trends are affecting and are expected to affect nursing in the world as well as in Eritrea in the future

- Continuing Education
- Increasing demand for nurses
- Role variation and potential
- Standards and regulations
- Competencies
- Technology
- Strong nursing association

Continuing education

It is obvious that new roles, technology and new knowledge require continuous learning. The most basic and important variable that will be required in the future to improve quality of care is therefore education. To this end the Ministry of Health is trying its level best to strengthen the already existing programs and introduce new programs.



Fig 13. Nurses in Continuing Education

The first good sign is that nursing has moved into the university. This is expected to broaden the basic theories on nursing and social sciences and strengthen critical thinking capacities. Furthermore, in the coming years Eritrea is going to have more nurses with bachelors and masters degrees. This is in addition to the specializations like psychiatric nursing, ophthalmic nursing, midwifery nursing and anesthesia nursing all of which will be at the level of bachelor's degree. These, which most nurses here yearned for decades, will come true very soon.

Increased demand for nurses

Eritrea is still building new health facilities in all corners of the country. These health facilities will of course, need different health cadres the great majority of which will be nurses. The Ministry of Health is planning to train and graduate 100 nurses every year for the coming 10 years in order to capture the growing needs for health service delivery of the community nurses. Hence this will be a strong asset to the nursing profession.

Role variation and potential

Even though not prepared adequately nurses in Eritrea were doing the work of what is called nowadays the nurse practitioner performing proper assessment, diagnose and the prescription of medications. In the future this strong base that registered nurses are currently performing the health centers will be strengthened more. It is well known that in Eritrea, 80% of health care is provided by the nurses. In addition there is a world wide understanding and well documented evidence that suggest well -prepared nurses can deliver 80% of the all health care and 90% of pediatric care at a lower cost and in a variety of settings. This will put the nurse practitioner in a more autonomous and cost effective position.

Standards and regulation

In the future standards will be the basis for nursing practices. These standards will be the tools to preserve the quality of care and personal satisfaction of the

nurses themselves. In addition, consumer demands on quality of care will increase which will force the development of rules and regulations for every activity of the nurse.

Eritrea has registration and licensing body in the MoH, but currently this body doesn't decide the scope of nursing practice since the appropriate educational preparation for nursing practice is not entirely fulfilled, However ERINA is part of the committee on the licensing body.

Competencies

The school of nursing was and still is striving to implement a competency based curriculum. This struggle is not going only here; many organizations are in the process of moving from being job based to being competency based. Therefore, in the future nurses will need to be skilled in managing, directing, and coordinating workforces. The International Council of Nurses (ICN) and WHO (1989) stated that the following are competencies expected of nurses in the 21st century:

- Assessing the health status of individuals, particularly mothers and families
- Mobilizing community involvement
- Providing integrated health care, including the treatment of common diseases and injuries, and making referrals
- Providing maternal-child care, including family planning
- Promoting good health habits, organizing immunization activities
- Maintaining epidemiological surveillance
- Training and supervising other sectors
- Collaborating with other sectors; and
- Monitoring progress in PHC

As is clear from the list, the majority of the activities are already under the domain of nursing activities here in Eritrea. If there are some remaining it is obvious that the nurses will handle them in the near future.

Technology

Science and technology also continue to affect nursing profession. In the past nurses relied on their experience, observation, and intuition. Today nursing has defined a body of knowledge specific to the profession and continues to develop this knowledge through research and practice. Nurses today work in a more technical and more controversial health care delivery system that demands a high degree of skill. Therefore our nurses are also going to face similar situations in the near future. To cope with such situations the MOH and Eritrean Nurses Association (ERINA) are trying to familiarize nurses with information technology (IT) in all the Zobas. This is because there is vast information where there is an Internet connection. So in the future nurses are going to browse through it, upgrade their knowledge and will have a greater chance of sharing their experiences with colleagues around the world. Furthermore, they will be able to get involved in different research projects and will conduct their own, which will make the nursing care they give evidence- based.

The other aspect of technology is that nurses are going be able to operate different machines, which go with assessment, providing care, and monitoring.

Strong nursing association

ERINA is going to have branches /divisions based on specializations the most prominent being Eritrean midwifery association. Others such as Ophthalmic nurses and Psychiatric nurses will follow. Having all these under the umbrella of ERINA will result in a strong Association.

ERINA is also going to be involved more in accreditation of nurses to practice, selecting nurses for scholarships, and fighting for the right of the patient and members of the association. ERINA together with the MoH is going to be involved in setting standards of practice and monitor their implementation at different levels.

Threats

Appearing on court for medico legal issues is going to increase which will be a real challenge to the unprepared individual nurse and the association at large. This will be the real threat when confronted with lack of confidence of the nurses in them selves and in their association. Therefore, the Association should struggle to increase the awareness of nurses on their scope of practice, accountability and other related issues.

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