

AN UPDATE REPORT ON THE SITUATION OF NURSES IN LEBANON

I- Introduction

Nursing as a profession has been legalized in most of the industrialized countries. These legislations are the fruit of a long and painful process that the nurse's workforces went through. Their effort grew as a snowball picking up speed and power in the last decades due to the scientific and social events that took place at the end of the second millennium.

Those legislations form the backbone of this category of health workers called nurses and provide the means to be recognized as an important and indispensable **Partner** in the center of the Health Care System.

Nurses in Lebanon need to be conscious of all the changes in trends occurring in the health system. They should assume many responsibilities targeting three major fields: **the knowledge, the competence** and the agglomeration in a **unified entity** capable of organizing, regulating and promoting the Nursing Profession.

II- Historical Background

Lebanon has been through out history a point of interaction and an intersection of many civilizations. All of these civilizations have left their signature on the Lebanese ground and even they have affected the Lebanese behavior.

With the crusades, nursing has become more and more organized as the nuns used to be the nurses and used to take care of patients and wounded. The first nurses of our modern days were religious too and to cite here some: " les filles des charites de Saint Vincent de Paul", "soeurs de Saint Joseph de Lyon", "soeurs allemandes, italiennes...".

Many nurses and religious one played a major role in the foundation of universities in general and nursing schools in specific. When AUB was founded, we find that the Protestant Syrian College has played a major role in the administration and functioning of the AUH.

Since the foundation of the first nursing school, this profession has evolved through the years and we would like to stress some of these important changes that have occurred in Lebanon.

1905- 1936

AUB nursing school was established. It is considered as the first nursing school in the Middle East. In 1936 the diploma was a BS in nursing

after five years of studies. This was reshaped into a four-year program in 1964.

1928-1929

The French faculty of medicine was founded as well as the nursing school that was under the midwife school previously established in 1922.

Between 1929 and 1938, ninety-one students graduated with a nursing diploma.

1938-1942

During the period of war, there was no graduation and the French Red Cross performed most of the nursing work through the creation of auxiliary's medico social groups.

The French Nursing School became independent in 1942 and Mrs. Danet was its first director.

1948- 1952

This period was overwhelmed with activities such as the creation of the Lebanese school of "formation sociale" and then the nursing school, the development of the nursing school at the French faculty and the identification of a role for the nurses in hospitals and the creation of individual organigrams for nurse in hospitals.

1961- 1962

1962 is a crucial year for nurses as it is within this year that the first law regulating the work of nurses was issued. It described the minimum academic background necessary to be able to work as a nurse.

1970- 1972

In this period of time, the unification of the nursing forces started and the preparation of the first nursing congress started. WHO, through one of her experts, Miss Duvillard, played a major role in the establishment of the "enseignement technique"; since there were two groups of academic nurses: university background with a BS and a technical one.

1975- 1984

The civil war divided Lebanon and it has affected nursing as any other field. Merits should be given to the courageous young women who persisted in obtaining their education despite shelling; to note here that their clinical rotations were based in hospitals, health centers and mobile clinics.

1979

The Law has recognized three categories of nurses:

- a- Licensed nurses: BS
- b- Nurse “technical”
- c- Nurse aid

1991:

The Council of Minister has passed a law proposal to the parliament regarding the creation of an Order of Nurses.

III- Nursing Schools in Lebanon

According to the available data at the Ministry of Public Health, there are around 45 institutions that can give a nursing degree. 8 are Nursing Faculties that provide Bachelor of Science and above and 38 provide one of the technical degrees: “Technique Superieure” (TS), “Baccalaureate Technique” (BT), and “Breve Professionel” (BP).

The number of graduates from the above-mentioned universities for the fiscal year 1999-2000 was approximately 1132 and in 1998-1999, 231. The Lebanese university has the biggest share consisting of more than 57.7% of the total number of graduate due to the fact of its widespread on the Lebanese territories with a Heath Faculty in each mouhafaza.

Table1: Percentage of Graduates per University

University	Percentage of Graduate
Lebanese University	54.8
AUB	7.9
Saint Joseph University	19.6
Others	17.7

The technical schools and institutes that provide a paramedical degree are 38 schools according to the Syndicate of Paramedical Education distributes as follows.

Out of theses schools only 38 give a technical degree in nursing. The Lebanese government is trying to unify the curricula and give same standards for all graduates. This step is very important as part of the quality assurance in this profession.

Table2: Nurse Graduates from “Ecole Technique”

Specialty	Degree	1996	1997	1998	1999	2000	Total
Nursing	TS	94	91	133	150	194	662
Nursing	BT	204	211	314	356	405	1490

Nurse Aid		181	280	451	484	437	1833
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Table 3: Lists of Universities providing Nursing Degrees with the year of start of the nursing school

University	Degree	Year of start
Lebanese Univ	License	1981
USJ	License	1975
AUB	BS	1936
Makassed	BS	1986
Balamand Univ	BS	1998
St Antonin Univ	License	2000
Arab Univ	BS	1999
Islamic Univ	BS	2001

IV- Nurses Socio Demographic Characteristics

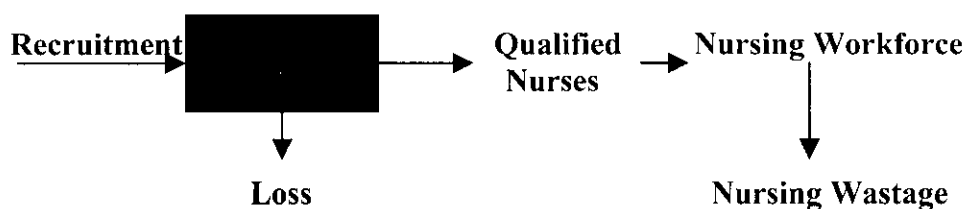
As you have previously mentioned, the nurses in Lebanon are divided into three categories. We roughly estimate the number of nurses to 4200 (Reference is made to the Health Workshop 2001 in the Lebanese Parliament). This number (4200) has been extrapolated from the 1995 study adding to it the graduates every year minus the nurses that are leaving the country.

The last number is inaccurate as we do not have a register of nurses that are working outside Lebanon and it is obtained through information from hospitals and universities. For Example, in 2001, it was estimated that 300 nurses left to France and a smaller number flew to the Golf countries. This could represent the highest number of brain drainage in the nursing sector since the end of the civil war in Lebanon.

(N.B. all statistics are derived from previous studies that are referenced at the end of the report)

Fig 1

Diagram that describes one of the ways the number of nurses is determined



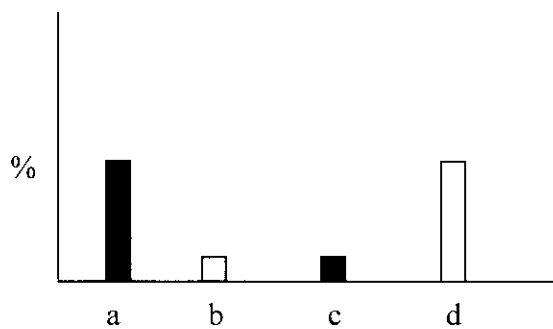
There is no accurate number to illustrate this diagram due to the lack of current statistics. It is assumed that the drop rate at the university level is around 25 % and then approximately 20 % will not work in the Lebanese health sector due to travel or early ending of their career.

In the year 1997, the number of students entering the universities nursing schools is 1500; with a drop rate of 25 % we ended with 1132(number reported during the Health Parliamentary Workshop) graduating in the year 2000. Only 900 have started to work in the health sector in Lebanon.

The 4200 nurses are distributed according to their degree as the following:

- a) 42% with Bachelor of Science or License (red)
- b) 7 % with Technique Superieure (orange)
- c) 12.6% with Baccalaureat Technique (bleu)
- d) 10.9% with Post Graduate degree
- e) 44.8% others including Nurse Aids and Nurses with Experience known as practical nurses (yellow)

Fig 2

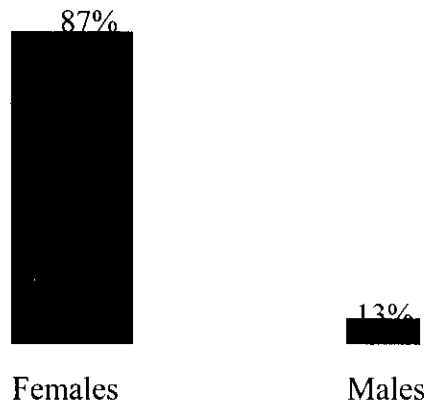


There is no academic control on the practical nurses as they work without any form of degree relying on their experience gained during the years of work.

a-Sex Distribution:

Women constitute more than 87% of this social group, 93% of nurses with BS are females.

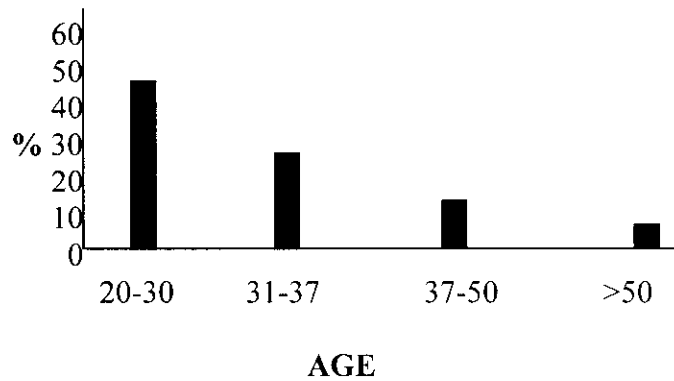
Fig 3



b- Age distribution

According to the data present in 1995 and in most of the thesis presented by different groups of students we find that in average more than 50 % of practicing nurses belong to a young age. Fig 3 shows the distribution by age.

Fig 4



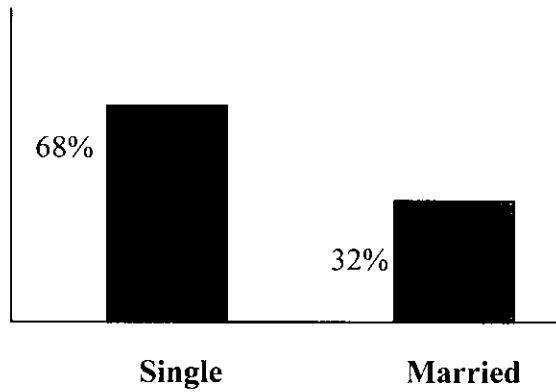
c-Marital Status

Approximately around 68 % of nurses are single. The majority stops working after marriage. To note here that religious nuns constitute around 5% of the working nurse force in Lebanon.

The great decline appears at the age of 29 for both sexes and if it is attributed to marriage for females, another reason should be behind the early drop of males. The lack of proper identity and good

professional and economical incentives is the major obstacle leading to this early quit.

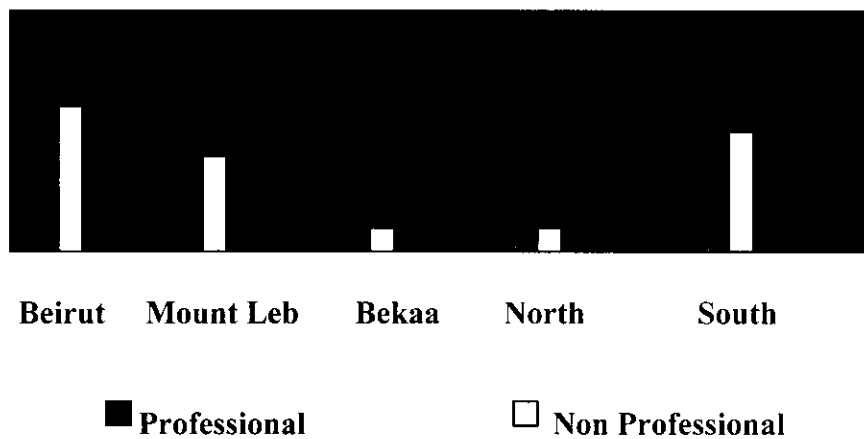
Fig 5



d- Geographical Distribution

There is an unequal distribution of nurses in Lebanon with major differences in the academic background of these nurses. Mainly, there are few nurses with good academic baggage working in the remote areas. Fig 6 illustrates this disparity:

Fig 6



The professional nurses in Beirut and Mount Lebanon constitute 75 % of the total number of professional nurses in Lebanon.

Table 4

	Professional (%)	Non Professional (%)
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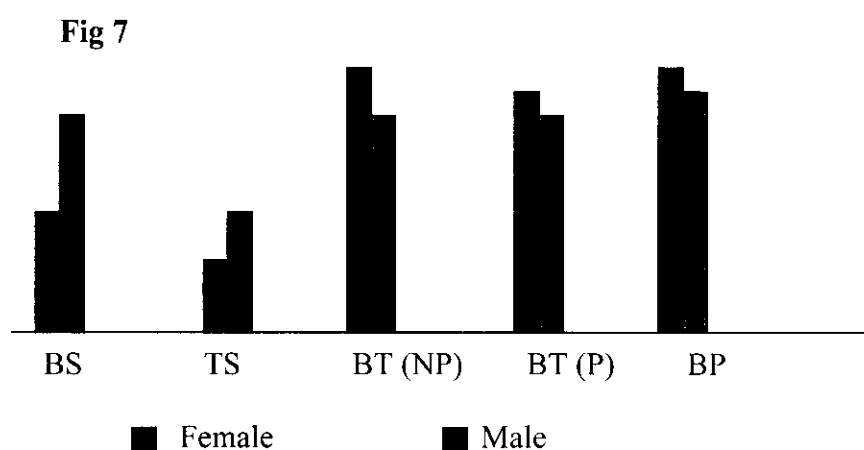
Beirut	50.96	32.10
Mount Lebanon	23.08	17.83
Bekaa	8.14	9.51
North Lebanon	8.56	9.51
South Lebanon	9.23	30.64

In some areas of Lebanon like Nabatieh, the number of licensed nurses is practically close to zero and less than 1 % have a technical Baccalaureate.

The agglomeration of professional nurses is in Beirut and Mount Lebanon where all university hospitals exist. Furthermore, nurses are better paid at these sites and can advance in their professional carrier to better positions.

e- Distribution of nurses according to sex and education

The majority of nurses with a professional degree are females. Few males have a professional nursing degree, but instead most of the male nursing workforce relies on practical or technical background. Nursing is not seen as a health profession in the Lebanese society with its proper academic identity. The misconception inherited through the ages about the nurse being the angel guardian taking care of the sick and wounded is still prevailing in our minds.



f- Distribution of nurses according to employment sector and education

Around 10 % of nurses work for the public sector making 83% of the number of health personnel working for the government. The jobs are oriented towards a curative care and very few in the preventive care.

Fig 8

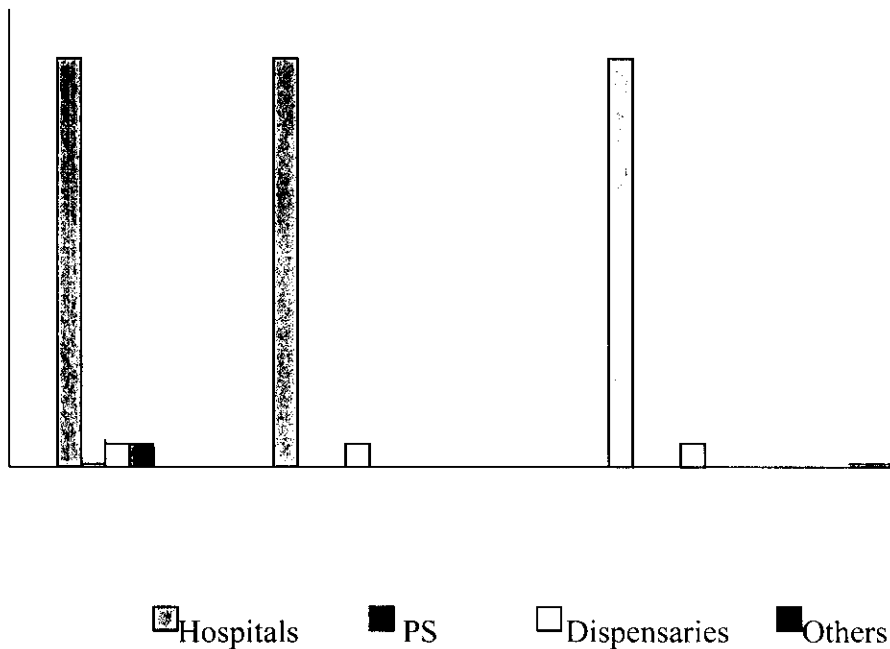
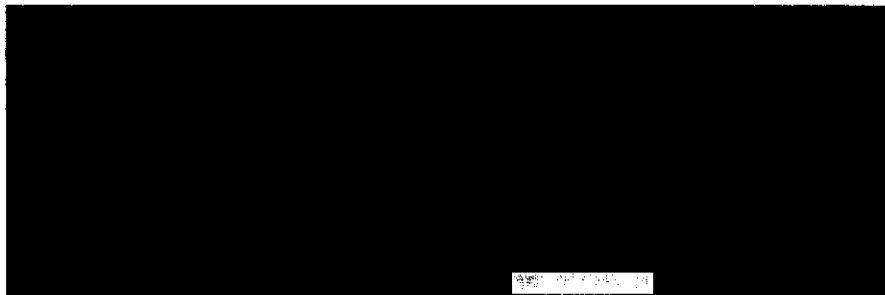


Fig 9: Nurses workforce in public vs. private sector



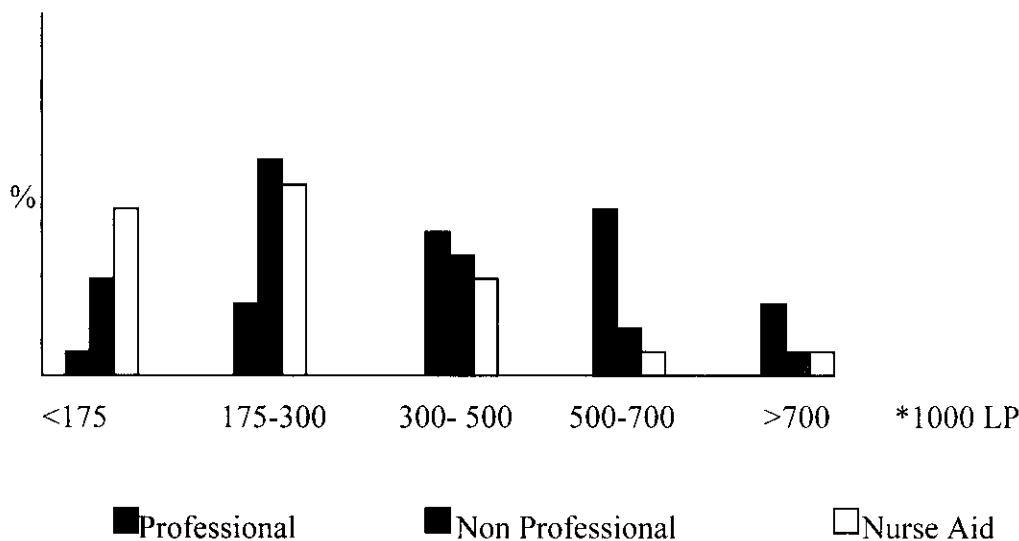
The professional life of a nurse in Lebanon is very short with a range of 1 to 6 years meaning that the majority of nurses quit early in their career due the many reasons described previously.

22% of nurses work for less than 2 years and around 1 % persist in their career for more than 20 years.

The majority of nurses are single, and a quarter of married nurses who are still working do not have children. One of the major causes for early professional quit is marriage and child bearing. Another reason is the burn out syndrome as the majority of nurses describe a heavy load of work, long hours of duty, and last but not least low salaries. In 1995, the study on the nursing workforce in Lebanon showed that more than 35 % of nurses in general were paid less than the minimum salary fixed by the government in 1994.

Fig 10 describes the salaries paid in 1994-1995.

If we extrapolate these salaries to the year 2000 and add to them the inflation and increase that occurred through the years, we discover that if these numbers still holds true and I think they do, less than 13% of nurses are paid more than 600\$ a month and more than 30 % are paid less than 400 \$ a month.



V- Nursing Development in the Eastern Mediterranean Region

1- Human Resources Development

EMRO has adopted a strategy in 1998 to improve the quality of nursing and midwifery in the region. This came as a resolution EM/RC45/R.12.

The strategy covers more than one topic that we will try to expose briefly in this report in addition to some achieved activities in the countries of the region.

Since 1996 a process of education reform has been initiated in the countries of the Region both at the basic and post basic levels. This has given its fruits in Afghanistan, Egypt, Iraq, Qatar, Tunisia, Sudan, Lebanon, Pakistan and Syria through provision of technical support, training of teachers, furnishing of supplies and equipments and upgrading of teaching learning materials.

A major Regional Office publication was published in 1998; it covers the guidelines on future directions, standards for undergraduate nursing education at both technical and academic levels, and regional priority areas for nursing specialization. Some regional countries used the prototype-nursing curriculum and others have used them to modify their curricula to suit the new challenges.

In addition to that, EMRO has provided continuous support through national training activities, supply of nursing literature, fellowship awards.

All countries, without exception, have taken initiatives to improve nursing education through a restructuring of the programs towards a Primary Health care approach, an improvement of clinical skills, laboratory resources and library facilities.

Many Universities like the Lebanese University, Jordan University for Science and Technology, King Saud University in Saudi Arabia and University of Khartoum in Sudan have started programs leading to master degrees in nursing. In Oman, three post basic diploma nursing programs in critical care with emphasis on nephrology, neonatology, and pediatrics were developed with WHO technical support. Pakistan has more than one program of postgraduate degree in nursing such as intensive care, and pediatrics.

In Lebanon, as we mentioned earlier, the Lebanese university assisted by the Ministry of Public Health and The Italian Cooperation Unit has started a post basic degrees in the emergency room, intensive care, operating room nursing. Hopefully by the year 2003, a Community Nursing Post graduate program should emerge too.

2- Nursing as a Profession

Only five countries Bahrain, Cyprus, Lebanon, Pakistan and Sudan have nursing practice acts. A valid updated registration system still lacks in most of the regional countries.

Legislation and regulation of the nursing profession is crucial towards the identification of nursing as a real profession and towards the protection of this career. EMRO has provided technical support to the Islamic Republic of Iran and Pakistan to develop and strengthen their nursing regulatory system and to formulate new appropriate legislation within the context of the Health Care Reform.

Seemingly, the Regional Advisory Panel on Nursing in collaboration with the Regional office for Europe has published, in June 2001, guidelines that would provide direction and common language within the context of nursing regulation.

Around 60 % of Regional Countries have started a nursing unit at their Ministry of Public Health (MOPH). New ones have been established in Libyan Arab Jamahiriya, Palestine, and Republic of Yemen. Others have established national working committees for nursing development. In Lebanon, the creation of a nursing unit is needed and a proposal has been prepared by the concerned people at the MOPH and needs to be reviewed by the Council Of Ministers.

A law proposal passed in the Council Of Ministers regarding the creation of a nurse order that will be a major regulatory body to this profession. This proposal is now in the process of review by the Parliamentary Health Committee.

VI- Nursing Continuous Education Program in Lebanon

The Nursing Continuous Education Program started in 02/08/2001 after approval by the Council of Ministers; this project is part the three year protocol signed in May 2000 by both the MOPH and the Italian cooperation unit. This initiative aims at helping Lebanon in his health reconstruction process.

The project will lead to an establishment of a national education system for all nurses wanting to enrich their knowledge and improve their competence in the practice of nursing.

The project helped more than 19 hospitals to establish a self-education system of their personnel by direct technical assistance or through the provision of adequate material

On the other hand, a DESS program was initiated at the Lebanese university including specialization in Intensive Care, Emergency and Operating Room Nursing. The candidates were chosen from different hospitals covering the different region in Lebanon. Through this post basic education, nurses will be able to specialize and become educators themselves.

VII- Challenges and Recommendations

Due to these rapid changes in the health sector concerning health needs and services, Lebanon should invest in developing a national nursing structure able to organize the profession, upgrade the skills of nurses and create a nice environment attractive to the community and able to recruit sufficient number of applicants.

The shortage of nurses in our country requires the expansion of descent schools and the unification of curricula to suit the new demands in the field. More specialized nurses are needed to guide these changes and educate the new incomers. Lebanon can use the prototype-nursing curriculum with minor changes that serve its needs.

Another big challenge is the lack of availability of accurate and reliable data about nursing in Lebanon. The last official documents published concerning the number of nurses and their socioeconomic distribution is in 1994-1995. There is a need to do a ground mapping and then develop uniform core indicators to be used in monitoring the progress of nursing at a national level.

Last, not but least, there should be a momentum involving health authorities, public and nursing communities, and non-governmental organization towards increasing the awareness of the policy makers in Lebanon. This momentum can lead to the creation of a Nursing Order and a technical Nursing Unit at the MOPH that will coordinate all the efforts placed in this field.

VIII- Conclusion

Within the socioeconomic context in Lebanon, and within the health sector, nurses constitute a main group of human resources for health. This group continues to provide care, through the public or private sector, often under very difficult working conditions.

This group is the major backbone of a healthy community and for that it needs to be organized, well educated and protected by regulations that meet the challenges of the new millennium.

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