

Summary report on the

# Regional nursing forum: the future of nursing and midwifery in the Eastern Mediterranean Region

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Amman, Jordan  
24 April 2015



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## **1. Introduction**

The Regional nursing forum: the future of nursing and midwifery in the Eastern Mediterranean Region, was organized by the World Health Organization (WHO) in Amman, Jordan, on 24 April 2015 under the leadership of Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, and the patronage of HRH Muna Al Hussein, WHO Patron for Nursing and Midwifery in the Eastern Mediterranean Region. Forty three participants attended the forum, including selected key chief nursing and midwifery officers from Member States and from other regions, health and nursing advisers to HRH Princess Muna, key international nongovernmental organizations (International Council of Nurses, International Confederation of Midwives), international experts, WHO collaborating centres, representatives of the regulatory councils and accrediting bodies, representatives from the Gulf Cooperation Council nursing technical committee, field nursing officers from the United Nations Relief and Works Agency for Palestine Refugees in the Near East, staff from WHO headquarters and the Regional Office.

The participants were charged to discuss priority areas and recommend strategies regarding how nurses and midwives can best lead in order to meet the challenges in the health and social context facing the Region in the next 15 years (2015–2030). The specific objectives of the forum were to:

- share the current status of nursing and midwifery in the Eastern Mediterranean Region based on the findings of the Eastern Mediterranean nursing and midwifery survey;
- present successful experiences and good practices in strengthening nursing and midwifery governance, education, practice and services;

- identify and suggest solutions to the constraints and bottlenecks impeding implementation of the nursing and midwifery strategic directions (2012–2020);
- develop consensus on and, where necessary, update, the regional strategic directions for nursing and midwifery to guide actions related to nursing and midwifery resources and services development from 2015–2030.

In his address, Dr Alwan stated that the forum provided an excellent platform to learn about the good practices coming from global experience that can be useful in transforming the future of nursing and midwifery in the Region. The experiences, information and evidence provided would enrich understanding of the actions needed to improve nursing and midwifery and to move towards universal health coverage. In addressing the challenges in nursing, there was a need to define practical and feasible actions that are evidence-based and guided by reliable information and good practices.

In her inaugural address to the forum, HRH Princess Muna urged the participants to take a strategic approach to strengthening nursing and midwifery in support of universal health coverage. Collective efforts were needed to realize the vision of an effective and motivated nursing and midwifery workforce in the countries of the Region.

## **2. Summary of discussions**

The results of the Eastern Mediterranean Nursing and Midwifery Survey, launched in late 2014, and of the desk review prepared by the WHO Department of Health Systems Development had been distributed to participants before the forum, and a summary presentation on the survey results and the desk review analysis was delivered at the beginning of the meeting. The overall aim of the survey was to assess

the current status of nursing and midwifery in the Eastern Mediterranean Region and to identify the key challenges facing nursing and midwifery. Specific objectives were identification of the current state of nursing and midwifery in the Eastern Mediterranean Region and determination of the constraints and bottlenecks impeding implementation of the regional nursing and midwifery strategic directions (2012–2020) and strategies for the way forward.

Altogether 19 of the 22 invited Member States (86%) responded to the online questionnaire. The major findings were categorized across the three groups of countries in the Region and in the context of the subcategories of the survey:

- nursing and midwifery human resources
- positive practice environments
- access and quality of education
- scaling up the capacity of nursing and midwifery
- strengthening regulatory capacity
- research.

The survey comprised 176 questions in the six domains outlined above. It was conducted through a comprehensive online questionnaire using the SurveyMonkey software. In addition, a desk review of WHO reports on missions to countries of the Region during the previous four years along with data from the nursing country profiles provided by key informants from Member States were used as secondary information sources. Countries formed task forces in order to respond to the questionnaire. The only limitation observed was that the study was an online survey and likely to have incurred overestimations in some responses.

The key nursing and midwifery challenges in the Region were categorized around the six themes of education, nursing and midwifery workforce, practice and service development, regulation, governance, and information systems. These challenges were discussed thoroughly and consensus was reached on the key items under each of the main categories. Solutions addressing the key challenges of quality of education, teacher shortages, empowerment and retention of nurses and midwives, strengthening governance at institutional and national levels and transforming nursing and midwifery practice and services were suggested by the participants.

*Education:* Access to education is adversely affected by inadequate investment and the low priority given to nursing education. The poor education infrastructure is a result of the lack of a clear vision and mission. Specific educational strategies are not linked to outcomes and there is inadequate preparation of deans/school directors in educational leadership. There are few functioning accreditation/quality monitoring systems. Resources for recruitment are poor, leading to a teacher shortage: there is no preparation, curricula for preparing for the role of the educator are weak and there is no continuing professional development for faculty members.

*Nursing and midwifery workforce:* The nursing shortage is linked to the poor working conditions, the low levels of authority and the insufficient rewards/recognition/benefits. Additionally, an inadequate number of positions/staff are budgeted for. Distribution of nursing and midwifery services is inequitable, particularly urban/rural, public/private, general/specialized, and for all levels of prevention. A further strain on the workforce is the migration of the best qualified nurses and midwives.

*Nursing and midwifery practice and services development:* Policies governing practice and service development are unclear. The profession



suffers from the absence of a career structure, professional progression, clinical advancement and nursing and midwifery care models. Role definition and role recognition are unclear, particularly in regard to non-nursing responsibilities and duties. There is limited collaborative and multidisciplinary practice and limited training (statutory or mandatory). Working hours for the nursing and midwifery profession are generally inflexible and the benefits are not attractive enough to retain and motivate the workforce. A patient safety culture is absent or inadequate

*Regulation:* Regulation and evaluation are important in safety and quality of health services; current processes are outdated and/or contradictory, however the situation is changing slowly. Legal requirements are limited in scope and implementation has been inadequately dealt with and not well organized. Legal terminology needs to be prescriptive. Progress towards setting up a nursing and midwifery council has been slow.

*Nursing governance issues:* In this area there have been problems with leadership and management capacity: nursing and midwifery leadership authority is limited and the position of nursing and midwifery leadership in the organizational structure is not clear. The management style has been traditional and nonsupportive – involvement of nursing and midwifery staff in decision-making is limited and the practice of shared governance is absent. Information systems were described as being weak and fragmented, with limited use of evidence in planning and policy analysis and development.

*Information systems:* Limitations were noted in the nursing information system and in national human resources policies/workforce planning processes. Available data are of limited accuracy and reliability and data integration are absent: there is no shared minimum data set. Pertinent research and monitoring and evaluation are also inadequate

The diversity of the Region was taken into consideration in the survey analysis. There are some cross-cutting issues such as those related to the governance of nursing and midwifery and the availability of accurate and reliable information about nurses and midwives that are common to all the three groups of countries.<sup>1</sup> There also are challenges that are specific to a particular group of countries such as dependence on expatriate nurses in Group 1 countries, dual practice and deployment issues in Group 2 countries and critical shortages and issues related to the use of the title of nurse or midwife in Group 3 countries. It was emphasized that actions should be targeted for each group of countries within the context of universal health coverage and the sustainable development goals.

Several presentations were made on strengthening nursing practice and services through governance, education and regulation along with the sharing of regional and international experiences. The presenters emphasized the importance of having national data on various aspects of the nursing and midwifery workforce and gave examples for obtaining such data such as the national registration and accreditation schemes. Availability of national data is key for governments to generate evidence-based policies and best practices in order to put in place appropriate reforms, and for the establishment of education advisory networks and strong nursing organizations.

Universal coverage is an opportunity to bridge the gap between access and coverage, coordinate increasingly complex care, fulfil nurses' and

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<sup>1</sup> Group 1: Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, United Arab Emirates; Group 2: Egypt, Islamic Republic of Iran, Iraq, Jordan, Lebanon, Libya, Morocco, occupied Palestinian territory, Syrian Arab Republic, Tunisia; Group 3: Afghanistan, Djibouti, Pakistan, Somalia, Sudan, Yemen.

midwives' potential as primary care givers to the full extent of their education and training, enable the full economic value of contributions across care settings to be realised, and change the reference point from which nursing is understood. Nursing, midwifery and health reform was viewed as an opportunity to improve access and quality while reducing costs. This can be achieved by preparing nurses and midwives to an advanced level. Any strategy for advanced practice should be clear and should set the direction for values based practice as input into advanced practice. To achieve this, nursing and midwifery leaders should be transformational and must be supported by a public service leader with corporate identity and responsibility at the government level.

A valuable practice in efforts to reduce the gap between education and service is partnership between academia and the nursing services, whereby clinical facilities open their doors to nurse researchers, resulting in numerous research projects and greater opportunities for scholarly work for students and practising nurses. Mentorship and preceptorship to facilitate learning and the acquisition of clinical competence is an added dimension of this partnership. Another important initiative which was referred to in the discussions related to joint appointments between practice and academia, i.e. nursing and midwifery personnel sitting on academic committees and taking academic associate positions for academic and clinical appointments. This would serve to keep both the clinical and classroom teachers updated with current practices in both fields.

Regulation is a strong tool for supporting system change. Strengthening nursing and midwifery regulation in a country requires the development of strategic partnerships between governmental and nongovernmental entities. Legislation needs to be accommodating,

proportionate to the purpose and take into account key global mandates such as the sustainable development goals.

The importance of establishing national monitoring and evaluation mechanisms with clear indicators was emphasized in order to monitor the achievement of targets and introduce the required corrections and revisions.

### **3. The way forward**

In his concluding remarks, Dr Alwan reiterated the importance of the forum in highlighting the situation of nursing and midwifery in the Region and in reaching a consensus on the key challenges. He acknowledged that a huge amount of work was being done to strengthen nursing and midwifery, but there was a need to raise the profile of nursing at government level and to bring the challenges faced to the attention of policy-makers. The information on nursing and the evidence on the economic value and contribution of nurses and midwives in the provision of quality, cost-effective, accessible care in a multitude of settings ought to be integrated into the national health system and into policy decisions on health care.

The question remains on how to generate socioeconomic data on the contribution of the nursing and midwifery workforce to inform policy. Learning from the international experience to strengthen these professions in the Region should be encouraged, and the lessons derived should feed into the actions that are formulated to address the key challenges. Development of an advocacy component to the strategy is essential so as to raise arguments on the value and contribution of the nursing and midwifery workforce.

The meeting concluded with participants agreeing on the priority challenges facing nursing and midwifery and the identification of several feasible and appropriate solutions to tackle the obstacles that are impeding progress in these professions. It was recommended that an expert group be convened to finalize the strategic directions for nursing and midwifery development in the Eastern Mediterranean Region based on the outcomes of the forum.



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