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**PROGRESS REPORT**

**DEVELOPMENT IN NURSING AND MIDWIFERY**

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## **1. INTRODUCTION**

World Health Assembly Resolution WHA45.5 on strengthening nursing and midwifery in support of strategies for health for all sought ways of addressing the following pressing issues:

- the growing demand for and cost of health care in countries around the world;
- the continued shortage of nursing and midwifery personnel and the urgent need to recruit, retain, educate and motivate sufficient numbers to meet present and future community health needs;
- the need to ensure commitment to nursing and midwifery as essential services in all countries, for the development and improvement of health for all strategies.

The Regional Committee for the Eastern Mediterranean on its Forty-first Session adopted resolution EM/RC41/R.10 on the need for national planning for nursing and midwifery in the Eastern Mediterranean Region, urging Member States to:

- establish and strengthen nursing units in the Ministries of Health to enable them undertake a leading role in the development of nursing and midwifery services in the country.
- give high priority to the development, within the national human resources policy, of plans aimed at improving the quality of nursing and midwifery services and meeting the health needs of the country, including locating nursing schools within the community;
- provide training at all levels in nursing services management;
- review and update the existing health legislation relating to nursing and midwifery practice and enact the necessary regulatory mechanisms to support nursing and midwifery practice;
- improve the public image of the nursing profession through mass media and other social marketing approaches in order to encourage both males and females to join the profession.

This report provides an update on the status and the progress of nursing development in the Eastern Mediterranean Region, particularly in relation to identified regional strategies and the above mandates.

## **2. THE STRATEGY FOR NURSING AND MIDWIFERY DEVELOPMENT IN THE EASTERN MEDITERRANEAN REGION**

Within the framework of the World Health Assembly and Regional Committee resolutions referred to, the scope of a regional strategy was identified and the strategy developed in consultation with members of the Regional Advisory Panel on Nursing and Midwifery and with chief nursing officers and nurse leaders in the Region. The strategy

addresses seven areas that require attention from countries to improve the quality of nursing services both in hospitals and community settings. These areas focus on the need to:

1. Establish and strengthen nursing units in the Ministries of Health to undertake the development of national plans and strategies for improving nursing education and service delivery.
2. Improve nursing education, basic and post-basic, in order to graduate competent practitioners who are accountable for the delivery of nursing services in hospitals and various community settings.
3. Regulate the practice of nursing education and service by enacting legislations, and establishing registration and licensing systems and codes of professional conduct.
4. Promote the development of nurse managers and leaders so that they may participate in setting policies and procedures for patient care standards and measuring outcomes of nursing care, and be involved in strategic and operational planning for health development.
5. Improve quality of nursing care practice through adoption of systems of quality improvement, continuing education and nursing personnel management.
6. Encourage nurses' participation in research and develop research-based practice to improve quality of care.

### **3. PROGRESS, ACHIEVEMENTS AND CONSTRAINTS IN IMPLEMENTING EM/RC41/R.10**

#### **3.1 National level activities**

##### *3.1.1 Establish and strengthen nursing units in Ministries of Health to undertake the development of national plans and strategies for improving nursing education and service delivery*

Over 60% of countries have addressed this strategy. New nursing units have been established in the Libyan Arab Jamahiriya, the Republic of Yemen and the autonomous territory of Palestine. Oman, the Syrian Arab Republic and the United Arab Emirates have expanded the scope of the nursing units to cover areas dealing with continuing education for nursing personnel, registration, translation of textbooks into national languages and implementation of post-basic programmes in various aspects of nursing. Bahrain, Egypt, the Islamic Republic of Iran and Pakistan strengthened the performance of the nursing units by establishing national committees for nursing development. Iraq, Jordan and Sudan developed mechanisms whereby national resources available outside the Ministry of Health could be used either in an advisory capacity or for performing certain functions.

Technical assistance has been given to 12 countries in the Region, either through short-term consultants or visits by WHO regional staff. The concept of strategic planning as a managerial tool for developing national plans for nursing was introduced to the participants of the first meeting of chief nursing officers held in March 1997 in Damascus, Syrian Arab Republic. Many countries have initiated action in this area, however, only one country in the Region has completed its plan and is proceeding with implementation. The

challenge that lies ahead for policy-makers and senior nurses is to finalize the nursing and midwifery strategic plan, ensure it is an integral part of the national health plan, and ensure that it is implemented, monitored and the outcome evaluated.

*3.1.2 Improve nursing education, basic and post-basic, in order to graduate competent practitioners who are accountable for the delivery of nursing services in hospitals and various community settings*

All countries, without exception, have taken initiatives to improve basic nursing education, through increasing the number of programmes, reorienting the curriculum towards the primary health care approach, teacher training, and improving the library and clinical skills laboratories resources. It is highly significant that most countries are able to attract students to nursing programmes and the demand on nursing schools is increasing. There is a definite positive change in this respect. Furthermore, it is important to note that some countries—Bahrain, Cyprus, Djibouti, Oman, Saudi Arabia and United Arab Emirates, to name only a few—have adopted international and WHO recommendations to upgrade entrance requirements for basic nursing education to completion of secondary education. Other countries—Egypt, Qatar and the Syrian Arab Republic—are moving gradually towards this trend. Other countries in the Region need to consider adopting completion of secondary school education as an official policy for entrance to nursing education.

Accreditation of nursing education programmes to assess the quality of the educational process and ensure graduation of competent practitioners is lacking in most countries. National standards and criteria for basic and post-basic education for nursing need to be developed. Such standards need to be followed and programmes accredited and measured against the agreed upon standards. The Regional Office hosted a meeting of the Regional Advisory Panel on Nursing during 1995, and developed regional standards for nursing education which can be used as guidelines by countries to develop their national standards.

*3.1.3 Regulate the practice of nursing education and service by enacting legislation, establishing registration and licensing systems and codes of professional conduct*

Only five countries—Bahrain, Cyprus, Lebanon, Pakistan and Sudan—have nursing practice acts. Valid updated registration systems are available only in Bahrain and the United Arab Emirates. No countries have a code of professional conduct. Although awareness of the need for such is on the increase among nursing professionals, concrete action remains to be taken. Given the fact that regulation is the means by which order, consistency and control are brought to the practice of nursing, senior policy-makers need to seriously consider development and enactment of regulatory mechanisms in order to protect the public, improve the standard of care and enhance the contribution of nurses for the good health of the people. This is particularly important in the light of the fact that the private health sector is growing and nursing personnel will be employed more and more in non-governmental health services.

*3.1.4 Promote the development of nurse managers and leaders so that they may participate in initiating policies and procedures for patient care standards and measuring outcome of nursing care, and be involved in strategic and operational planning for health development*

Training in management has been initiated in many countries of the Region. Some of the programmes focus mainly on nursing services management, others adopt a broader concept of general management in health, and in a few instances the focus is on business management. Such training has been part of post-basic, graduate programmes, and/or as part of staff development and continuing education in short courses. While such training initiatives are to be commended, the impact has not been seen in terms of quality performance or management of nursing services, either at the institutional level (hospitals and health centres) or at the national level. This may be attributed to various factors in particular lack of autonomy among nursing managers, their limited power to influence and change the system, and the lack of integration of nursing services managers with the mainstream of health system management. Countries need to institute a career structure for nurse managers. Such a structure would be linked to appropriate training relevant to the level of management. Furthermore, nurse managers need to be appropriately “socialized” and integrated into the system through active participation in committee work, management meetings and, more important, active participation in the policy-setting and decision-making process.

*3.1.5 Improve quality of nursing practice through adoption of systems of quality improvement, continuing education and nursing personnel management*

The WHO Expert Committee on Nursing Practice in its July 1995 meeting in Geneva provided the following functional description of nursing:

Nursing helps individuals, families and groups to determine and achieve their physical, mental and social potential, and to do so within the challenging context of the environment in which they live and work. The nurse requires competence to develop and perform functions that promote and maintain health as well as prevent ill-health. Nursing also includes the planning and giving of care during illness and rehabilitation, and encompasses the physical, mental and social aspects of life as they affect health, illness, disability and dying.

Nursing promotes the active involvement of the individual and his or her family, friends, social group and community, as appropriate, in all aspects of health care, thus encouraging self-reliance and self-determination while promoting a healthy environment.

Nursing is both an art and a science. It requires the understanding and application of specific knowledge and skills, and it draws on knowledge and techniques derived from the humanities and the physical, social, medical and biological sciences.

Within the description the expert committee summarized nursing activities according to the following categories:

- managing physical and mental health and illness

- monitoring and ensuring the quality of health care practices
- organizing and managing the health care system
- caring and helping
- teaching
- managing rapidly changing situations, e.g. emergencies, natural disasters, civil strife
- specialist and advanced practice
- complementary and traditional approaches to care.

Looking at these activities from the point of view of the Eastern Mediterranean Region, it is very clear that the variety that exists among and within countries is tremendous. Variations exist in terms of scope and quality. The predominant activities of nurses are curative in nature with an emphasis on physical care and activities related to execution of medical prescription. Nursing intervention that contributes to health promotion and disease prevention is carried out on a limited scale. This is very clear in the activities which are delivered in non-hospital settings, such as schools, industry and health centres, where the focus is on the sick and injured more than maintaining a healthy environment, promoting healthy behaviour and health education, or empowerment of the various population groups to be health advocates.

To ensure the delivery of quality nursing services in countries, policy-makers need to agree on the scope of practice for various categories of nursing, promote the setting of national standards for nursing practice and protocols of care, and ensure that systems of audit and accreditation are institutionalized. A few countries have initiated action in this direction, including Bahrain, Morocco, Qatar and the United Arab Emirates. This is an area to which greater emphasis needs to be given, particularly in view of the fact that there is an increasing interest in most countries for total quality improvement of the health services.

### *3.1.6 Encourage nurses' participation in research and develop research-based practice to improve quality of care*

Nursing research involves the study of all aspects of nursing practice. Individual, family and community health problems, the impact of the health system on nursing care and nursing intervention, as well as management and policy are all valid areas of nursing research. In countries of the Eastern Mediterranean Region, nursing research is carried out mainly in universities offering graduate education programmes in nursing. The results of such research are not communicated to practitioners in service delivery. Personnel involved in nursing practice do not currently initiate any research and most of the changes in practice are usually the result of medical practice changes. Thus, nursing practice in most settings is not really founded on current scientific findings in nursing. It is an area which has not been given any attention in this Region, either by nurses or health managers. Among the contributory factors to this situation is the lack of coordination between those carrying out nursing research and those in practice, the limited number of individuals who offer research training and the absence of nursing research centres in the Region. In addition, financial resources and remuneration for undertaking nursing research are meagre in all countries. International organizations and bilateral agencies need to give due attention to promotion of nursing research as we approach the 21st century.

### 3.2 Regional level activities

Significant support has been provided by the Regional Office to develop nursing in line with the World Health Assembly and Regional Committee resolutions and advisory group recommendations. In this regard:

- The Regional Office published the Regional Strategy for Nursing and Midwifery Development in the Eastern Mediterranean Region, to serve as a framework and a guide for policy-makers and nurse leaders in their endeavour to develop national plans.
- Regional standards for basic and post-basic nursing education in the Eastern Mediterranean Region have been developed in collaboration with the Regional Advisory Panel on Nursing and regional nurse educators. Following review of the standards two prototype curricula, one for technical nursing education and the second for professional education, were developed.

The prototype curricula focus on nursing care at primary, secondary and tertiary levels. Emphasis is also placed on preparing nurses to assume a leading role in health promotion and prevention as well as care of the sick, through various stages of the life cycle. It is important to note that both the standards and prototype curricula are available as guides to Member States.

- The first meeting of chief nursing officers in Ministries of Health in the Eastern Mediterranean Region was held in Damascus, Syrian Arab Republic, from 22 to 25 March 1997. During this meeting, the participants were introduced to the regional targets to be achieved by 1999 and a model for strategic thinking and planning.
- The Faculty of Nursing, Jordan University of Science and Technology, was designated as a collaborating centre for nursing excellence. This centre has been active in providing technical support to nursing education in neighbouring countries.
- A mini resource library on current scientific issues related to nursing care practice, nursing management, nursing ethics and nursing regulation has been compiled and one copy has been sent to nursing units in all Ministries of Health in the Region.
- WHO continues to support efforts to strengthen national capacity in various aspects related to nursing development. During the past four years over 70 fellowships were granted to nationals from 14 countries for training in nursing education, quality improvement, nursing services management and clinical practice. The Regional Office, in addition, has supported the organization of local training courses, workshops and seminars in all countries.
- The Eastern Mediterranean Regional Office collaborated with countries in developing national action plans, review of nursing education, development of post-basic specialization programmes in nephrology, neonatology, oncology, midwifery, community nursing and cardiovascular nursing. In addition, technical advice was provided in nursing management, development of nursing regulations, quality improvement in nursing, and community nursing education. During the past four years, 62 short-term consultants, temporary advisers and national experts were fielded in the Region.