

EMRO Technical Publications Series 25

**A Strategy
for
Nursing and Midwifery
Development
in the
Eastern
Mediterranean
Region**



WORLD HEALTH ORGANIZATION
Regional Office for the Eastern Mediterranean

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Foreword

Over the past few decades, the emphasis of WHO collaborative programmes in the area of development of human resources for health has been on the training and production of health personnel. Nurses and midwives are no exception. With the continuous expansion of training institutes and programmes, and the increasing number of students enrolling, the ratio of nurses to population has improved to a certain extent, although shortages still exist in many countries. Member States need to continue their efforts to address the quantitative issues, in order to encourage sustainable development of all health personnel, including the nursing and midwifery workforce. Moreover, they need to pay considerable attention to addressing the quality of the services being provided by the largest group of health care providers in the Region, so as to foster complementary skills and integrated delivery of services.

Members of the Eastern Mediterranean Regional Advisory Panel on Nursing and Midwifery have been instrumental in developing this regional strategy. The strategy is commended to those who work in and those who are responsible for the provision of health services in Member States. It provides a framework that aims to assist in the development of effective and efficient nursing and midwifery services. This strategy takes the position that quality nursing services, both in the hospital and community health setting, are one of the main pillars of health system development and achieving health for all. It recognizes that nursing and midwifery development requires collaborative action by governments, the public and health care providers including members of the nursing and midwifery professions.

Guided by World Health Assembly and Regional Committee resolutions and recommendations made by chief nursing officers and the members of the Regional Advisory Panel on Nursing and Midwifery, this publication identifies areas that need to be addressed, objectives to be achieved and guidelines on action to be taken to make quality of nursing and midwifery services a reality in the Eastern Mediterranean Region.

I hope that this publication will serve as a useful resource for policy-makers and managers in the health system, as well as nurses and midwives, in their efforts to meet the current and future challenges in the 21st century.



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Introduction

In well developed health care systems, approximately 90% of health care is provided within the community. In these systems effective health care delivery and positive health outcomes depend upon an appropriate balance between primary and secondary care. This balance changes and evolves over time, depending on client/patient health care needs and resource availability.

In the Member States of the Eastern Mediterranean Region, there is wide variation in achieving an effective balance between hospital services and care in the community. Secondary care has long enjoyed the major share of capital, human resources and political attention.

Most governments opt to fund hospital services as their health care priority, and nursing staff are directed toward working in these curative settings even when more positive outcomes might be achieved by working within a community service. Thus, the more able, better trained and more experienced nurses work in hospitals under medical control, while less able staff are frequently assigned to work autonomously in underdeveloped community services.

This situation needs review; community service of the future should be individual and family-focused with all staff taking a broad outlook and concerning themselves with the maintenance of health as well as the cure of disease. Technological developments and advances in clinical practice offer significant new opportunities for primary/ community health care provision and development.

Several factors have had direct effects in creating a shortage of suitably qualified and trained nursing staff throughout the Region. They include investment in large and technically complex hospitals linked to a rapid growth of clinical specialization and sub-specialization. There is a growing need for more and differently trained nursing staff to care for patients safely. There is an increase in cardiovascular diseases linked to smoking and changes in diet and lifestyles. AIDS is becoming a problem in some countries, and tuberculosis is increasingly evident. Diabetes is a burden in many families, and diseases of the alimentary tract persist; in addition, hepatitis is a potentially debilitating disease in all age groups. Many of these diseases are not only dangerous in the acute phase, but also leave lasting effects in the form of ill health. Yet many of these conditions are preventable through education of the public. Nurses have a major part to play in such preventive work.

The profession of nursing is rapidly developing and extending its boundaries to cope with the tremendous demands being placed upon it. Those in charge of health care systems are beginning to appreciate the contributions of nursing to the health and well-being of individuals, groups and populations. Nursing as a profession now influences

local health policy, and nurses are becoming active participants in assessing populations' health care needs and in forming plans with other professions to meet those needs. Nurses are assisting individuals to take charge of their own health and well-being by working with them in supportive partnerships.

Hospital care is expensive in total resource terms. Governments need to invest in disease prevention and health maintenance programmes if health care expenditures are to be effectively controlled. Expensive hospital beds and services can only be effectively utilized if unnecessary admissions to hospital are avoided, length of patient stay is minimal, and most people avoid becoming patients at all. Those who do need care should, whenever possible, be treated at home or in clinics.

Effective health care depends on self-care; early discovery of the few degenerative diseases in which the patient finds relief as a result of medical intervention depends in most cases on the patient's own recognition of a probable symptom of serious illness. Governments need to ensure that individuals are helped to seek health care through well developed community services staffed mainly by the nursing/midwifery profession; and that individuals seek timely medical treatment for serious and life-threatening conditions while returning to home care as soon as appropriate.

Governments need to review their current strategies for health services and shift away from investments in buildings and equipment to give more emphasis and support to training staff for the new services needed. Educating the public while improving the infrastructure to ensure good housing, diet, water and sanitary provisions, avoiding pollution and eradicating smoking in the population would improve the health status of the majority of people. Nursing will be a willing partner in helping governments achieve these objectives for the 21st century.

The vision

In a changing world, nursing professionals will offer efficient and effective practice of the highest possible standard and safety, founded on up-to-date research and knowledge. They will meet the present and future health care needs of the people as members of the health team in a cost-effective manner in a variety of settings, with the ultimate goal of contributing to the maintenance and/or improvement of quality of life.

Why a strategy for nursing?

Throughout the Eastern Mediterranean Region, nursing must respond to ever-changing human needs. It is the profession's duty to be proactive in anticipating and preparing for change. Examples of the many kinds of change currently taking place throughout the structure of society and in the health situation to which the nursing profession must respond are as follows.

- Infant mortality rates have dropped as a result of improved nutrition, immunization programmes and improved obstetric practice.
- More individuals are surviving with disability and they need to be supported in the community.
- People are living longer, increasing the numbers of frail elderly utilizing the health services.
- The nuclear family is reducing support structures.
- Many health problems and hazards are linked to contemporary lifestyles, for example stress-related illness, drug abuse, traffic accidents and environmental pollution.
- The level of education is rising, particularly among female populations.

Advances in health and medical sciences necessitate the utilization of various types of technology that require preparation of nursing professionals to practise in complex health systems.

Nursing must identify goals and actions for the profession that will best serve the public interest.

The way forward

A strategy for nursing cannot exist in isolation but must be one of the building blocks of a strategy for action involving governments, educational institutions, health service management and nursing leadership.

In the Eastern Mediterranean Region, nursing services are moving forward at different rates. All need to share a vision and goals for the future. The strategies and actions outlined in this publication need periodic review so that progress can be evaluated against set targets and modifications made according to prevailing circumstances.

In order to make a nursing strategy a reality, action by governments, educational institutions, management and nursing leadership is necessary. The health challenges ahead are daunting. Nursing professionals are committed to working to save lives, to

promoting health, and to preserving the dignity and autonomy of each individual who enters their care programmes.

Governments and health

Health professionals work within systems and frameworks prescribed by individual governments. Some ministries of health have developed strategic plans covering future directions of health care services, without involving nursing leadership in the process. This can lead to an over-emphasis on secondary care, with medically based models of service delivery, thereby widening the gap between acute and community services.

Nursing services must be an intrinsic part of planning and programmes for health service development and change. Countries need to improve the health status of the population because not to do so carries a high cost. This cost will come in the form of treatment for the unwell and care for preventable diseases, illness and injury, as well as loss of productivity for populations/households. For society, there is the consequence of the loss of social and emotional well-being to the community.

Governments and nursing

Governments in the Eastern Mediterranean Region must bring nursing and its leadership into the major health policy and decision-making processes. Member States of the Region signed the Alma-Ata Declaration of Health for All with the objective of working for the well-being of every individual. Nursing is the major professional health care workforce, and governments must assist the profession in improving health status throughout the Region.

Nursing needs governments:

1. To set health goals and targets for achievement.
2. To strengthen community services through integration of primary care and public health services.
3. To involve nursing and its leadership in determining health policies and their associated action plans and programmes.
4. To involve nursing and its leadership in appropriate health care monitoring and evaluation processes.
5. To fully recognize the profession of nursing and set it within an appropriate legal framework.

6. To invest in an appropriately qualified and well trained nursing workforce in all the health care specialties, to ensure patient safety and efficient and effective care.
7. To facilitate both meaningful and balanced partnerships with other health care professionals so as to improve community and individual patient care.

Professionalization of nursing

Achieving quality in health services depends as much on people as it does on systems and techniques. Health services are very people-intensive organizations where team work is of paramount importance. Many Member States face rising health care demands with insufficient health care workers, while trying to contain rising costs and ensure that service users have a degree of choice and that health service staff are responsive to patients' needs.

For governments it is increasingly important to provide services in the most cost-effective and efficient way, but equally to ensure that patients are in safe hands at all times. Consequently, it is imperative that the profession of nursing, as the major health care workforce, be responsibly structured, organized and regulated.

The regional nursing strategy offers guidance and proposals to assist Member States in developing the profession of nursing as an effective workforce by enhancing nurses' and midwives' professional competence and status.

Regulation of nursing practice

Introduction

Regulation is the means by which order, consistency and control are brought to a profession and its practice. The principles of regulation are to:

- serve the public interest
- improve the standards of care for the people
- enhance the contributions of health care professionals for the good of the community.

Member States are at different stages of development in regulating medicine. Only a few have attempted to properly regulate nursing. Most have a licensing system which is civil service-based and is targeted at maintaining the security of the country, not at controlling the standards of the professions.

The Member States that have established a comprehensive registration system have provided a legal framework to clarify the definition of a nurse and determine who can legally practise nursing. This form of registration ensures that only staff with relevant competencies, skills and qualifications are allowed to work in designated posts in health care systems.

Objectives

To ensure that individual patients and communities are cared for by appropriately qualified and educated nursing/midwifery staff by establishing a registration system which will be enshrined in law and which will encompass proper control and discipline of the profession and its members.

Actions for Member States

In order to ensure that patients and communities are cared for by appropriately educated and qualified staff, governments need to undertake the following.

1. Establish a legal status for the professions of nursing and midwifery and a regulatory body for nursing.
2. Establish admission to the register of nurses and midwives by examination and professional criteria.
3. Provide a regulatory system managed by the Office of the Nursing Registrar. The regulatory system should establish and maintain codes of professional behaviour and practice in order for nurses to be admitted to the register. For those who bring the

standards into disrepute, sanctions or the withdrawal of registration and licence to practise must apply.

4. Ensure that health service management never uses unregistered or unqualified staff in posts or for tasks requiring the skill of a qualified and registered nurse, midwife or community health nurse.
5. Establish a task force in each country:
 - To identify the appropriate legal definition for a nurse, midwife and community health nurse.
 - To identify and outline a comprehensive system for the registration of nurses and identify any computerized systems available, including costs.
 - To identify criteria for admission to the professional register and the consequences for the existing workforce.
 - To identify structures for a supervisory inspectorate to oversee education standards in pre-basic and post-basic nurse education.
 - To explore the implications of standardization of registration among Member States in the Region.

Nursing education

Introduction

Nursing and midwifery in all Member States need to be established on a sound educational base which has academic credibility. Teaching must link theory to practice to ensure that all qualifying nurses are both knowledgeable and competent to practise.

Education for nurses, both pre-registration and post-registration, must comprise theory, planned practice and clinical supervision. This approach requires a commitment from Member States to invest in good colleges and faculties of nursing and to make sure that they are of the highest quality to produce high calibre professional nurses.

Specialization in the areas of community nursing, midwifery, critical care and psychiatry all need formalized courses and entry to the Nurses' Register by examination. Subspecialization in particular health services will require specialty training, which will involve some theory in the formal setting but must also be linked to practice under the supervision of a clinical specialist, e.g. theatres, accident and emergency departments, special care units, oncology, geriatrics, cardiology and neonatal nursing. Special short courses can cover these areas of work.

Just like their medical colleagues, nurses throughout their working careers need updating through seminars and lectures, refresher courses and study tours to keep abreast of developments in nursing in general, and their practice specialty in particular.

Objectives

To professionalize nursing and midwifery by investing in the education and preparation of nurses and midwives, linking theory to practice and requiring entry to the profession by examination approved by the registration body.

Actions for Member States

Member States are urged to re-evaluate nursing and midwifery educational programmes to ensure they are appropriate for the production of high calibre staff for present and future health needs. Attrition in nursing is costly to government services and needs to be minimized by good staff selection and training programmes and job satisfaction. These can be achieved by cooperation between educational institutions (producers) and users of nurses (health service management).

Urgent action is necessary to remedy the situation and provide a more stable workforce. The following actions are recommended.

1. Member States need to establish baseline training needs by undertaking a comprehensive skills review of the current workforce and linking it to the health development plan, so that a nursing human resources educational plan covering all services for the next decade can be identified and costed.
2. Member States need to identify the capabilities needed to run courses and programmes to cover the training needs identified by the review of the current workforce.
3. Where supply cannot meet demand, arrangements should be made with other countries to supply training.
4. Member States need to agree which other countries' education and qualifications are acceptable for staff working within their boundaries.
5. Member States need to ensure that nursing colleges work closely with service providers in the preparation of college curricula and that ward supervisors are trained to manage and teach students properly in clinical practice.
6. Countries should test the feasibility of training nurses and post-registration trainees in Arabic, with basic English used only for certain activities.
7. The performance of the nursing colleges should be evaluated against agreed upon criteria, including:
 - ability to attract high calibre candidates for educational programmes
 - ability to effectively select good students
 - ability to keep attrition and failure rates below 5%
 - ability to produce a knowledgeable nurse who is competent to practise.
8. Member States should establish national standards for nursing education, taking into consideration the regional standards recommended by WHO.

Nursing leadership development

Introduction

In many countries sexual stereotyping has prevented women from being perceived as potential leaders. There have been few opportunities for women to undertake on-the-job development to prepare them for managerial or professional leadership roles. Classroom learning is important in conferring confidence, but there is also a great need to expose nurses with potential to a variety of instructors and preceptors who possess exceptional qualities and give challenging assignments while offering support and direction.

Nurses are not actively encouraged to move into higher management positions or to take on new duties in planning or health evaluation. Those who seek such opportunities are often viewed as too assertive in the organization. This situation must change if good talent is to be used in the health service.

Nursing needs to develop leaders who are visionaries and who are capable of considering all options in health care and management without feeling threatened. They need to inspire energy and enthusiasm in others. The profession needs the help of governments to develop these leaders. There must be early identification of nurses with potential, with rapid development of these individuals in a multidisciplinary setting. These selected individuals must be flexible, well educated, paid on a par with their colleagues from other disciplines, and have high morale and motivation. Ministers need to be prepared to encourage nurses who will speak up for the profession, who will also challenge it when necessary, who will question power groups such as politicians and doctors and who will undertake and use research findings. With these types of nurse, both nursing and health services will have strong professional leadership, to the benefit of patient care.

Objectives

To gain maximum participation of nurses in the governance and management of health organizations, develop collaborative relationships among health care providers and promote positive and accurate images of nurses and nursing.

Actions for Member States

1. Nursing needs executive authority and achieving this will require ministers and others to place confidence in nurses with potential. Their career development and opportunities in management should not be confined to nursing posts.

2. Medical models dominating community care services need to be modified to give nurses greater leadership roles and functions. Services offered in the community at present are predominantly those appropriate to the skills of nursing staff who take postgraduate training in midwifery, community nursing and psychiatry.
3. These practitioners should have access to the family medical practitioner and referral facilities when and if medical intervention becomes necessary.
4. Equal opportunity policies should be implemented, and the stereotyping of nurses as capable only of holding nursing posts should be changed. Doctors are encouraged to become managers and are in the top echelons of policy and management. Nurses need to be given similar consideration and support.
5. The educational needs of nursing staff for future leadership roles must be met. The best programmes are those tailored specifically for the individual concerned. Nursing leaders will be in clinical, management, education and policy-making areas.

Nursing and research

Introduction

Every Member State has a changing health service, and the creation of an appropriate environment is an important condition of change. If nurses are discouraged from questioning their practice, have no access to resource people for investigative analysis and are unable to try out new ideas or discuss research findings, change for the better cannot be expected. Practitioners must be a part of the direction of policies within which they are expected to operate. Nurses need to challenge the accepted conventions and traditions of their profession, using the tools of enquiry and reason. As nursing become more complex and specialized, the need for objectively derived knowledge becomes more important; nurses must develop the ability to defend their decisions and actions on a scientific rather than intuitive or conventional basis.

Objectives

To increase available knowledge through systematic scientific inquiry into all aspects of nursing, including nursing practice, education and management.

Actions for Member States

1. Nursing leadership and health service management need to support research that has direct and practical applications to health care.
2. Some funding by the ministry of health or health service management will be needed.
3. Some research projects should be considered for government funding and investigation as the findings will be applicable to service improvement throughout the Region.
4. Higher nurse training and education programmes should include research methodologies and practice.
5. Special attention needs to be given to in-depth investigation of issues affecting nursing, including human resources, skills mix, clinical practice and treatments, roles and relationships.
6. Every major nursing setting, for example, teaching hospitals and colleges of nursing, should have links with a recognized centre of research to gain new information and to offer a base for continuing research.

Nursing and new technology

Introduction

The nursing profession will increasingly use new technology in the direct delivery of health care in every setting, and it will be necessary to ensure that nurses are appropriately prepared for this. Technology must be used as an adjunct to care, not as a substitute for it.

Computer information systems will be a prime source of information and competence. Soon computers will be used in colleges for teaching purposes. In primary health care, computer systems are already well established in screening programmes and for management purposes. As epidemiological information is established and mapped on computers to assess population needs, nurses will use this information to target their professional practice and evaluate care given.

In hospitals computers will be used for a whole range of activities, including patient records, auditing, care planning and tracking admissions and discharges. Management will use computers for stock control, budgeting, costing and human resources development.

Objectives

To ensure that nurses of the future both understand and use computer technology to enhance the delivery of health services.

Actions for Member States

1. Health services management must ensure that nursing staff and leadership are totally involved in the development of new technology in their areas of work.
2. Training and support must be given in the use of new technology, with regular updates.
3. Nurses need to be taught the potential uses and abuses of statistical information, and understand the ways in which data collected will be used, to gain their commitment to the exercise.
4. Nurses need to be supported in the use of information for clinical audit purposes.
5. Member States should exchange information and software to minimize costs using modern networking technology.

Nursing structure

Introduction

The structure of nursing should allow individual practitioners to fulfil the mandate of professional accountability, under strong nursing leadership. This style of practice needs to be subject to a system of audit and regular individual appraisal of the practitioner against set objectives for achievement.

In all professions, practitioners have the right to guidance, support and advice from others with advanced skills and knowledge of their specialty. Ongoing professional education is essential. Also, senior clinical and managerial practitioners need regular opportunities, through education and experience, to remain updated and challenged.

Underlying the practice of all nurses, whether they are involved in management, advisory roles, direct clinical care or educational activities, lie four major principles or aims of the profession. These are:

- to promote health
- to prevent illness
- to restore health
- to alleviate suffering.

These aims can be achieved by the exercise of partnership with clients and with other professionals. Nursing both complements and reinforces the skills of these colleagues-in-care. In this team approach, each of the parties contributes distinct functions and skills. Health care professionals of the future must work in collaborative teams where one profession is not the subordinate of another.

Nurses carry out treatments prescribed for a patient by a doctor, but at all times the nurse remains responsible for his or her actions. Recognition of every individual practitioner's professional accountability and responsibility for individual patients in every health care setting is key to the future development of practice throughout the nursing profession.

Midwives' and doctors' functions are both complementary and overlapping and it is important that they work together to minimize the overlap. By clearly defining their respective roles in obstetric services, they can ensure safe and cost-effective practice. There is much room for development of this partnership to ensure comprehensive services to meet a woman's and her family's personal, social and emotional needs.

In future health services, the traditional boundaries of clinical and professional practice will need to change, as primary nurses and nurse practitioners begin to provide levels of care commensurate with their experience and qualifications.

Other existing divisions in health services will also break down and change, especially those between inpatient and outpatient services, and between hospital and community. Health care teams need to work with greater flexibility and nurses must develop new and varied skills in a system of postgraduate and continuing education. Part of the role of the nurse is to ensure that all persons receiving care are offered treatment designed to meet their individual needs.

Flexible approaches to the management of nursing are essential for the future. There is a need to use shift times more suitable to home circumstances and to attract more men into the service. A bank of nurses can be used to cover periods of leave or absence of staff. Flexible approaches are needed to reduce costly overtime work and the unnecessary turnover of well trained and experienced staff.

Nursing managers and leaders in both service and education need to work in an environment of management by objectives. They need to be party to strategic planning and operational programmes of the health service. They should know the key results and performance standards required of them. Management must agree to nurses' job improvement and personal development plans. This will require creation of new partnerships between supervisors and subordinates throughout the service. The nursing profession is ready for these changes and for all the challenges ahead; nurses are prepared for the year 2000 and beyond. Management needs to encourage and support nurses through the coming changes and to enable nurses to better understand and utilize data, human and other health resources to achieve the best outcomes for patients in the most cost-effective way. Management must work with practitioners to develop health care policy, service delivery and overall management of the organization.

Throughout the Member States, there are common problems associated with nurses and nursing. These need prompt ministerial action to advance nursing for the benefit of patient care.

Without a strong, credible, well qualified and articulate nursing voice at the core of the health service in the ministry itself, nursing will lack opportunities to effectively influence planning and delivery of services. Without an effective, flexible and resourceful chief nursing officer with direct access to the minister or chief executive running the health service, the serious problems now affecting the organization of nursing will remain unresolved, and defensive techniques will be applied to prevent useful change and keep nursing morale low.

Some Member States have recognized the importance of having nursing officers in key roles and in future will give them opportunities to attain very important managerial posts in the health service. Others have paid lip service to having a senior nursing post at the ministry of health level, but either pay little heed to this or fail to appoint people of high calibre and potential. This situation creates the worst of all scenarios because it is

divisive and keeps the profession from making a total commitment to achieving the government's goals for the health service.

The current situation in the Region reflects the history of underachievement and underinvestment in the whole area of a predominantly female occupation. The issue of strong nursing leadership tends to be high on the political agenda only during times of change and economic constraints. Yet leadership roles always hold the key to influencing and managing change; thus the role is one of dynamic flexibility.

A nursing directorate at ministry of health level is essential, with a chief nursing officer and staff to ensure:

- the professionalization of the nursing workforce
- proper controls for the profession
- positive development of the potential of the nursing workforce
- comprehensive review of the skills needed for future development plans and corresponding adjustment and development of training courses
- review of grades and job functions throughout nursing, with the introduction of a good clinical grading structure to avoid current role overlaps and confusion in function, and to gear salaries to the skills and competencies for a post (not just the grade), reducing current frustrations throughout the workforce
- establishment of standards of practice throughout the service, with specific standards for various specialty needs
- a nursing audit to improve the standards of care and health outcomes.

A good leader in post will ensure that the necessary systems are in place to achieve the goals of the service and will help pull the political levers to make the vision for nursing a reality.

Nursing leadership at the hospital unit and community unit level is also important. Here the management of nursing and the professional accountability of individuals are intrinsically linked. Even with the introduction of general management, senior nursing advice and support are needed to ensure safe practice in patient care. Poor nursing can kill patients or cause lasting debility.

The senior nursing managers at this level in the organization need to develop and organize:

- local standards and audits with quality assurance systems
- local skills mix reviews to contribute to the ministry of health human resources plan
- patient care planning linked to patient allocations, either in the form of team nursing or primary nursing.

While the concept and details of a clinical grading structure would originate from the chief nursing officer and others at the ministry of health, local senior nurse leaders would be charged with implementing the policy and establishing which staff equate to which grades. This is a necessary exercise for the future, to put nursing on a proper and sound footing. At this level in the organization, nurses with talent for management, teaching and advisory functions need to be identified promptly and individualized training programmes developed for them.

In the majority of Member States, nursing organizations need radical review to ensure that they are led by strong professional heads of service with a vision of the future and the values of the ministry. To find these leaders for the future, ministers need to take risks and look for assertive nurses who will be prepared to act independently when necessary and take full responsibility for their actions in leading the cause and profession of nursing. Urgent attention must be given to the fact that throughout the Region there are now 22 categories used in grading nursing and midwifery staff. This is detrimental to good patient care and is not necessarily cost-effective.

Some Member States have a variety of different levels of basic nurse education, all within the same health care system. The lack of sound educational criteria and targeting leads to ill prepared nursing “qualifiers”.

Objectives

- To ensure that the legal framework for nursing and midwifery and the health service organization give nurses with potential the opportunities for successful career advancement and posts.
- To ensure that a development plan for nursing and midwifery services is made operational, providing for a properly graded and designated structure for posts in the nursing workforce.
- To ensure that nursing leaders put in place the necessary infrastructure to ensure high standards, appraisal and auditing to produce good and improving health care outcomes.

Actions for Member States

1. The profession must move to one level of professionally qualified practitioners.
2. Entry requirements for basic education need reviewing and curriculum changes must be made to move to one level of practitioners.
3. Advanced nursing/midwifery practitioners should manage a case load, provide advice and support to colleagues and contribute to education, training and research.

4. Primary care and case management (team nursing) should be developed for patient assignments.
5. A comprehensive grading structure should be introduced to reward staff for competencies, skills and responsibilities of the job, not just the name of the post. A clinical grading structure will help retain nurses in clinical practice because they will not have to move to management or education for higher remuneration.
6. The post of chief nursing officer should be established, with support staff, to control the profession, set standards, promote the cause of nursing and involve nurses in policy formulation and implementation.
7. Nursing leadership skills should be developed and senior nurses designated to act as professional role models.

Targets

Regulation of nursing practice

1. A regulatory authority to be set up under a nursing registrar.
2. Full accountability of nurses and midwives, with responsibility for individual patients or clients, to be established in all health care settings.
3. Codes of discipline and practice to be set up.
4. Registration and licensing systems to be interlinked or integrated.

Nursing education

1. Colleges to review and update their curricula to produce qualifiers of the highest standards and competent to practise.
2. Colleges to be measured against success criteria.
3. Staff with potential to be given access to post-registration and continuing education and to special management training and development.
4. Colleges to be supervised by the nursing inspectorate (part of the registration authority).
5. Courses in post-registration for midwifery, community health nursing, critical care and psychiatry to be developed; other specialty courses to be linked to in-service training.

Leadership development

1. Policies and procedures to be agreed on for setting patient care standards and measuring outcomes.
2. Nursing leaders to be developed and involved in strategic and operational planning for the total/health sector organization.
3. Good role models and supervisors to be utilized for developing leaders of the future.

Nursing research

1. Clinical practice to be founded on up-to-date information and research findings. Nurses to actively participate in research.
2. Nursing colleges and larger service facilities and services to form links with research departments to develop research-based practice.

3. Networking and groups to be established and research findings to be disseminated to all nursing leaders.
4. Member States to target operational and clinical research to help with local health care services and outcomes.

Nursing and new technology

1. Information technology to be used as an adjunct to the delivery of patient and client care.
2. Nurses to be trained in the uses of information and given regular feedback.
3. Software and systems knowledge to be shared by Member States.
4. Support to be given to nurses using new technology and new systems.

Nursing structure

1. Nurses and midwives with potential to be given management and other posts, not just posts in the nursing services.
2. Practical nurses to be encouraged to take registered nurse training.
3. Development of primary nursing, nursing case management, nurse practitioners and nurse consultants to be encouraged.
4. Practitioners to be afforded personal appraisal of their performance and potential. Advice on career options and appropriate training opportunities to be given.
5. Management to set targets for the service and for individuals.
6. Health care services and facilities which can be appropriately led and managed by nurses and midwives to be identified and developed.
7. Strategic and operational human resources plans to be developed for nurses and midwives.
8. Systematic methods to be used to assess skills mix and agree on numbers and deployment of staff.
9. An appropriate grading structure for nurses and midwives to be used.
10. Nurses to be relieved of all non-nursing duties.
11. More flexibility in the management of nursing and midwifery human resources to be established.
12. The office of chief nursing officer to be established with support staff.

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