Nursing and Midwifery Workforce Management

Guidelines

World Health Organization
Regional Office for South-East Asia
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FOREWORD

Nursing and midwifery personnel are a significant and vital segment of the health care workforce. In many countries of the South-East Asia Region, they constitute up to two-thirds of the national health workforce. Large segments of our population in rural as well as urban areas rely on nurses and midwives for health care. In many rural areas, nurses and midwives are the first, and often the only, point of contact for health care, and are the only health care providers available.

The nursing and midwifery workforce in our Region needs to be well managed, so that it could contribute significantly to national health development. A multidisciplinary Regional Advisory Group was established in 2001 to provide guidance to countries in addressing critical issues confronting the management of the nursing and midwifery workforce in the Region to ensure optimal utilization of nurses and midwives.

The Advisory Group has developed these guidelines to advise countries how best they could manage the nursing and midwifery workforce. They have taken into account the outcomes of the in-depth country assessment of the nursing and midwifery workforce management undertaken in all countries of the Region. These guidelines are aimed to assist countries to find new and better ways to manage their nursing and midwifery workforce in order to improve access to health and quality health care for the people of our Region.

WHO is deeply committed to helping Member States adapt these guidelines for use within their respective national health systems. I am confident that their application will contribute substantially to achieving a well-managed nursing and midwifery workforce that can provide equitable and accessible quality health services to our people. We owe it to them to ensure that adequate numbers of competent and motivated nurses and midwives are available where and when needed. I firmly believe that our joint efforts can, and will, make a major difference to the quality and effectiveness of health care in the Region.

Dr Uton Muchtar Rafei
Regional Director
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These guidelines have been developed by the South-East Asia Regional Multidisciplinary Advisory Group on Management of Nursing and Midwifery Workforce. They are to assist Member Countries in managing priority issues confronting the nursing and midwifery workforce identified in the in-depth country assessments.

Acknowledgement is gratefully made to each member of the Group who has actively contributed to the development of these guidelines and to ensure their relevance and practicality within the regional context.

WHO gratefully acknowledges the contribution of Ms Gillian Biscoe, a consultant, who helped in developing these guidelines and Professor Dr James Buchan, a resource person, who provided valuable inputs in their development.

Sincere appreciation is extended to the International Confederation of Midwives, the International Council of Nurses and the Swedish International Development Agency for their valuable contribution to the development of these guidelines.

Deep appreciation is also due to many WHO Staff from Evidence and Information for Policy, Sustainable Development and Healthy Environments, Communicable Diseases, and Family and Community Health Departments of the Regional Office as well as from Country Offices and Headquarters who have contributed valuably throughout the process.
A. INTRODUCTION

Background

Every aspect of health care delivery, and strategies for health, depend on the education and skills of individual staff. Staff includes leaders, clinicians (doctors, nurses, midwives, others), managers, policy-developers, and others. Individually and collectively, their capacity to recognize that all resources are interdependent (people, money, equipment, assets), and to manage them accordingly, is the key to a successful health system and to health services that are of the right quality and the right cost.

It is now understood that a skilled and competent nursing and midwifery workforce is essential to a well-functioning health system. Excellence in clinical, teaching, leadership and management standards, including attitudes and behaviours, is required. It is also understood there is little point in having excellent doctors and other health staff, if nursing and midwifery services are not appropriately supportive and complementary. The often-rigid demarcations between different categories of health personnel are now also understood as barriers to responsive and flexible health services.

In many developed countries, there is now difficulty in attracting and retaining nurses and midwives. High-level government inquiries have been held in most countries (e.g. the USA, the UK, Canada, Australia) to try and find solutions. Developed countries are actively recruiting nurses and midwives from each other, and from developing countries, as their nursing/midwifery shortage crisis continues.

In light of the above, in 2001, WHO Regional Office for South-East Asia appointed an Advisory Group on Management of Nursing and Midwifery Workforce, to develop guidelines to assist Member States in managing emerging problems in their countries. In particular, the Advisory Group addressed the problem of continuing shortage and maldistribution of nursing and midwifery personnel along with an inappropriate skill mix. A list of members of the Group is provided in Annex 1.

3. Brooks P. Faculty of Health Sciences, University of Queensland. Personal communication, August 2002.
The Conceptual Framework

In its deliberation, the Advisory Group developed a conceptual framework against which to develop guidelines for Member States. The conceptual framework is fully discussed in a separate publication *Nursing and Midwifery Workforce Management: Conceptual Framework*.

The conceptual framework represents the foundation stone and pillars for effective management of the nursing and midwifery workforce. Together they lend synergy and strategy to achieving the goals and outcomes of (i) equitable distribution of competent and motivated nursing and midwifery personnel; and (ii) equitable access to quality nursing and midwifery care, contributing to the ultimate health system goal of quality, equitable and accessible health services.

The conceptual framework is diagrammatically presented below.

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For ease of description and use, the elements of the conceptual framework are described under the headings of (1) Policy and Planning; (2) Education, Training and Development; (3) Deployment and Utilization; (4) Regulation; and (5) Evidence Base for Decisions.
Purpose of these Guidelines

The purpose of these Guidelines is to assist Member Countries in strengthening the management of their nursing and midwifery workforce and, through this, to assist in strengthening health care delivery and strategies for improving health. In particular, they aim to assist Member Countries to avoid or minimize the impact of the global crisis in nursing and midwifery; by assisting them to effectively manage nursing and midwifery issues, including the problems of continuing shortage and maldistribution of nursing and midwifery personnel along with an inappropriate skill mix.

Rationale of these Guidelines

The Guidelines are based on a review of the regional and international literature (see accompanying Annotated Bibliography), on unpublished strategies that have achieved success in a variety of countries, and on the recommendations of the Advisory Group.

Using these Guidelines

The Guidelines contain a selection of priority actions to effectively develop and manage the nursing and midwifery workforce.

The Guidelines are designed for use by government policy-developers and policy-managers, and clinical multidisciplinary and nurse/midwife leaders: to debate, adapt, select, develop new priority actions, and then implement, monitor and evaluate.

There are selected priority actions, to address priority issues identified in the country assessments, for each key element of the conceptual framework (see p. 2).

Member Countries are encouraged to select a number of priority actions most relevant to them, or use the actions (cited below) to stimulate debate in their country to develop their own priority actions and then commence implementation, recognizing that sustainable change is the aim.

Ideally, each country will develop and effectively implement a National Strategic Plan for Nursing and Midwifery Development, so that priority actions can be managed in a coherent and strategic way.
Managing Change

These Guidelines will assist countries to achieve the change required. Successfully leading and managing organizational or health system change requires an understanding of best-practice approaches. A common error is to focus on operational issues only (e.g. new equipment). This is an essential focus of change management, but by itself will not achieve sustainable change.

The second essential focus is on strategic issues.

The third essential focus is on human factors: attitudes and behaviours driven by values, motivation, teamwork, leadership, which together create the cultures of nursing and midwifery, and contribute to the culture of each health service and, overall, the health system.

These three areas—operational, strategic, and attitudes and behaviours—are referred to as the three levels of system or organizational change, for which strategies and action are needed. All are interdependent. Where an action is taken, for example at the operational level, there will be a corresponding impact somewhere, either at the operational level, the strategic level, or the human (attitudes and behaviours) level, or two of them, or all of them.

All these have to be anticipated and managed. Foreseeing the consequences of management action is a key success factor for managers.

A brief description of each level of change is provided below:

1. **Operational level.** The operational level is, relatively, the easiest and quickest level to achieve change, and focuses on practices and procedures (e.g. hand-washing techniques, essential equipment, computers). It is at the operational level that fairly quick, visible results can be achieved, which are important in any change process. System or organizational change is not sustainable simply by these relatively simple actions.

2. **Strategic level.** The strategic level focuses on mid- to longer-term strategies targeting sustainable system change. The time taken to achieve change is longer at the strategic level than at the operational level (e.g. the development and implementation of a national strategic plan for nursing and midwifery development will have strategies
targeting all three levels of change. A strategic-level strategy may be the
development and implementation of national standards of practice, and
nursing and midwifery regulations to sustain these standards.)

3. **Attitudes and behaviours level.** This level—targeting individual, group,
and organizational attitudes and behaviours—is the most complex
change to achieve, and takes the longest time. Strategies here are
similarly complex for any behaviour and attitude change process, e.g.
health promotion to reduce smoking levels or increase the level of
exercise in a person. There is no ‘quick fix’ to achieve changes in
attitudes and behaviours. A sustained approach is required with carefully
thought-out strategies implemented over time, sometimes taking 3 to
10 years, sometimes longer, depending on the complexity of the
environment. This level of change is cited in the business literature as
the key reason for the majority of failures of business mergers, because
it was either ignored or poorly managed.

There may also be a difference between actions required at the national
level, and those at the local level. The Guidelines are therefore presented in
tabular form, in an attempt to clarify which level of change management is
targeted by the particular action, and to give some guidance on the
differences and relationships between national and local actions.

**Linkages with other documents**

The Guidelines are based on the *Conceptual Framework*, the international
literature (*see Annotated Bibliography on Nursing and Midwifery Workforce
Management*, unpublished successful strategies in a variety of countries, or
those in the ‘grey literature’, e.g. unpublished government documents and recommendations of the Advisory Group.

The Annotated Bibliography may be particularly helpful to SEAR Member States for two reasons. First, the literature cited provides examples of strategies and actions that may be useful and relevant. Second, wherever possible, Internet addresses are provided, and these will enable Member States to perhaps access other literature connected to these sites.

Each country’s In-depth Country Analysis (done in 2002) provided the evidence base for the Guidelines. Each country’s analysis, together with the Guidelines, should provide guidance to countries on selecting and implementing the type and number of priority actions.

Each country’s In-depth Country Analysis may also provide the baseline measure for monitoring and evaluating progress.

**B. EXISTING SITUATION OF NURSING AND MIDWIFERY WORKFORCE MANAGEMENT**

The full comparative analysis of each country’s In-depth Country Analysis, including a collation of the country’s recommendations, is provided in a separate publication (Nursing and Midwifery Workforce Management: Analysis of Country Assessments). A summary of the findings is presented below.

Considerable progress has been made in the management of the nursing and midwifery workforce in varying degrees in countries of the Region. Notwithstanding this development, key issues for effective management of the nursing and midwifery workforce are presented in this section for focused attention.

The majority of countries have serious systemic weaknesses in all areas of the Conceptual Framework, which require comprehensive and sustained strategies to resolve. Even where countries have a national nursing and midwifery strategic plan, this is being weakly implemented. Broader and more vigorous leadership and support is required if there is to be progress, with each country choosing strategies best suited to their particular circumstances and context.

A brief analysis of country assessments, against each of the components of the Conceptual Framework included the following:
1. **Policy and Planning.** The majority of countries reported inadequate involvement of nurses/midwives in policy and planning, inadequate capacity and capability of nurses/midwives to effectively contribute, and limited strategies and opportunities to develop capacity and capability. Countries might have to consider simple and cost-effective short-term strategies (such as mentoring) while concurrently developing more complex and longer-term system-change strategies.

2. **Education, Training and Development.** In the majority of countries, linkages and interdependency between the education and service sectors are absent or weak. There are few current problems with the numbers of students being recruited but there are issues in some countries with the quality and professional potential of those recruited. Achieving competency-based education and providing modern teaching methodology and skills requires substantial effort. There are few multidisciplinary learning opportunities for nurses and midwives. Other than Thailand, all countries reported difficulty in encouraging, promoting and achieving a culture of lifelong learning. Continuing education, other than in Thailand, is ad hoc and inadequate.

3. **Deployment and Utilization.** Shortage and maldistribution of nursing and midwifery personnel along with an inappropriate professional skill mix persist in most countries of the Region. There are few initiatives to strengthen the flexibility of the nursing and midwifery workforce. Rosters are nonevidence-based and in need of revision. Basic equipment is lacking in many countries. Sustainable funding is problematic and inequitably distributed, particularly between urban, rural and remote
areas. Most countries reported that nursing and midwifery professional associations are essential, but that they need strengthening, as does the leadership and management of the nursing and midwifery workforce. Working conditions need improving: salaries are low in the majority of countries; health facilities are often poor and unsafe for staff; there are inappropriate nurse/midwife:patient ratios; nurses and midwives are subject to physical and verbal abuse; housing and transport are often unsatisfactory; incentives are poor; mutual respect between nurses/midwives, and between nurses/midwives and other members of the health team need strengthening. Technical supervision is poor overall, and the approach to continuous quality improvement and encouraging motivation is weak. There are few developmental opportunities for nurses/midwives to improve technical supervision skills. Career advancement opportunities are poor and higher-level nurse/midwife clinical practitioner training is largely absent. Countries reported that there is an inadequate evidence base to accurately assess job satisfaction levels. However, in Bangladesh, UK Department of International Development (DFID)-supported survey showed that 90% of nurses were dissatisfied.

4. **Regulation.** Most countries have a nursing and midwifery or health council or other regulatory mechanism in place. The robustness of regulation for nurses/midwives is uneven across SEAR, despite the extensive evidence base now available on the impact of strengthened regulation, and best-practice approaches to regulation.
5. Evidence Base for Decisions. There are limited information systems available in SEAR countries, limited local research, and limited access to evidence bases being developed in other countries, with financial constraints cited as the most common reason for the weaknesses. A centre for evidence-based best-practices in nursing and midwifery has been established in Thailand.

C. HOW TO EFFECTIVELY MANAGE THE NURSING AND MIDWIFERY WORKFORCE

The following sections are possible priority actions, against each of the five key components of the Conceptual Framework, which countries should consider in their efforts to address identified key issues confronting the nursing and midwifery workforce management.

Recommended actions at both national and local level are provided. They are presented in tabular form at the three levels of change management, i.e. operational, strategic, and attitudes and behaviours.
1. POLICY AND PLANNING

1.1 Involvement of nurse and midwife in health policy formulation and programme planning

1.2 Strategic planning for nursing and midwifery workforce management as an integral part of human resource planning and health system development

1.3 Financing

2. EDUCATION, TRAINING AND DEVELOPMENT

2.1 Coordination between education and service

2.2 Student recruitment

2.3 Competency-based education

2.4 Multidisciplinary learning

2.5 Lifelong learning culture

2.6 Continuing education system

3. DEPLOYMENT AND UTILIZATION

3.1 Appropriate skill mix and competencies

3.2 Relevant nursing and midwifery infrastructure

3.3 Effective leadership and management

3.4 Good working conditions and efficiently organized work

3.5 Technical supervision systems

3.6 Career advancement opportunities

3.7 Incentive systems

3.8 Job satisfaction

4. REGULATION

5. EVIDENCE BASE FOR DECISIONS
1.1 Strengthen involvement of nurses and midwives in health policy formulation and programme planning

*Active involvement in health policy and programme formulation at the national and local levels*

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| Attitudes and behaviours | Provide regular feedback to nurses/midwives, and others, on health policy and planning issues, e.g. through a three-monthly newsletter. This will assist in nurses/midwives feeling valued and consulted.  
Request nurse/midwife leaders to convene national discussion groups of nurses/midwives to provide feedback to the government on health policy issues.  
Purpose:  
1. Develop critical thinking capacity and knowledge on policy and planning of nurses/midwives;  
2. Develop a coherent and integrated nursing and midwifery thinking on policy and planning;  
3. Assist in forging new relationships and a new culture in the workplace; and  
4. Build new relationships between nurses/midwives and the MOH. | As for the national level, but implemented at the local level. |
**Possible Priority Actions**

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<th>Change management level</th>
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| **Operational**         | - Identify key stakeholders in health and the broader community including the business community.  
                          - Develop key issues and discussion points on the challenges in health; identify nurse/midwife leaders to meet with key stakeholders; hold regular discussions. This will assist nurses/midwives to become more confident, articulate and knowledgeable as they gain insight into other perspectives; and assist in establishing relationships in the broader community.  
                          - Identify associations and committees in the broader community and encourage nurses/midwives to seek appointment or election to them (e.g. Rotary Clubs, school committees, etc.)  
                          | **Local strategies are the same as at the national level, but focused at the local level.** |
| **Strategic**           | - Build strategic alliance within professions.  
                          - Use information from the above actions to conduct informed debates among nurses and midwives.  
                          - Request multidisciplinary colleagues for mentoring support to build confidence in nurses/midwives, and to provide introductions for them to the wider community.  
                          - Enact legislation that makes the Nursing and Midwifery Council an independent organization, to increase strategic alliance within the profession.  
                          | **As for the national level, but focused at the local level.** |
| **Attitudes and behaviours** | - Seek mentors from the wider community, and negotiate a ‘contract’ with them to provide both mentoring and introductions of nurses/midwives to the broader community.  
                          - Hold conferences with invited speakers from the wider community, and include in it small discussion groups between nurses/midwives and key stakeholders.  
                          - Debrief regularly on the above to share experiences, provide support, and develop new contacts and new strategies.  
                          | **As for the national level, but implemented at the local level.** |
1.2 Ensure strategic planning for the nursing and midwifery workforce management as an integral part of human resource planning and health system development

**Develop a national strategic plan for nursing and midwifery development**

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| Operational              | • Generate knowledge required for national strategic planning and develop and improve national strategic planning.  
                        | • Identify nurse/midwife and non-nurse/midwife key stakeholders; meet with them to explain the purpose of developing a national strategic plan for nursing and midwifery development, and gather their ideas. This will achieve ownership and support. | • Identify nurse/midwife and non-nurse/midwife leaders at the local level.  
                        | • Hold meetings at the local level to explain the purpose of developing a national strategic plan for nursing and midwifery development, and gather their ideas. This will achieve ownership and support.  
                        | • Identify key stakeholders at the local level to invite them to the national workshop.  
                        | • Ensure that local-level ideas are included in national workshop discussions. |
| Strategic                | • Pass a regulation or set of policies to require consensus development of a strategic plan for nursing and midwifery. | • Circulate the national strategic plan to key stakeholders at the local level. |
| Attitudes and behaviours | • Conduct political advocacy for nurses and midwives on the importance of a strategic plan. | • Ensure that local-level key stakeholders receive regular feedback on progress.  
                        | • Engage local-level key stakeholders in implementation of action plans, including holding educational discussion groups to assist their successful implementation. |
### Ensure the alignment of strategic plan(s) with national development and health plans and human resources for health planning

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| Operational             | • Ensure that a strategic plan for nursing and midwifery development becomes a part of the national development and health plans.  
  - Hold meetings at the local level to explain the purpose of developing a national strategic plan for nursing and midwifery development, and gather their ideas. This will achieve ownership and support.  
  - Identify key stakeholders at the local level to invite them to the national workshop.  
  - Ensure that local-level ideas are included in national workshop discussions. |
| Strategic                | • Develop policy/regulation requiring the existence of a national strategic plan on nursing/midwifery in national development and health plans.  
  - Circulate the national strategic plan to key stakeholders at the local level. |
| Attitudes and behaviours | • Conduct political advocacy for nurses and midwives on the importance of a strategic plan.  
  - Ensure that local-level key stakeholders receive regular feedback on progress.  
  - Engage local-level key stakeholders in implementation of action plans, including holding educational discussion groups to assist their successful implementation. |
**Ensure the implementation, evaluation and renewal of the National Strategic Plan for Nursing and Midwifery Development**

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### 1.3 Advocate adequate financing

*Develop a sustained approach, including financial, to ensure that the right number of nurses and midwives, with the right skills and competencies, are working in the right place*

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| Operational             | **Establish:** 1. nurse/midwifery workforce planning within the Ministry of Health (MOH), and 2. a multidisciplinary focus on health workforce planning (e.g. a National Health Workforce Advisory Committee). | **Gather anecdotal evidence of problems, issues and successes at the local level, which influence a sustainable, effective nursing and midwifery workforce.**  
**Use:** 1. one-to-one interviews, and 2. focus groups to commence developing an ‘evidence base’ of issues. |
| Strategic               | **Choose a methodology for workforce planning (see Annotated Bibliography) to ensure an appropriate skill mix, and train MOH officials in this chosen methodology.**  
**Develop a specific budget line and ensure adequate funding.**  
**Strengthen nursing and midwifery association(s) to negotiate for special allocation of budget.**  
**Conduct an ‘investment analysis’, looking at the costs to the community, qualitative and fiscal, of achieving an effective nursing and midwifery workforce (see Annotated Bibliography for the ‘crisis’ being experienced in other countries).**  
**Use the findings of the investment analysis and workforce planning methodology:** 1. to determine whether a multidisciplinary, high-level group is required to inquire into, and make recommendations to the government on, the key issues threatening a sustainable, effective nursing and midwifery workforce; and 2. as input to the renewal and enhancement of the National Strategic Plan for Nursing Development; and 3. as the basis for determining required funding and budget strategies. | **Maintain consultation and feedback from the local to national level, and vice versa.**  
**Advocate to key community and business leaders on the importance of a sustained approach to achieving an effective nursing and midwifery workforce.**  
**Use the results of the ‘investment analysis’ as the basis for budget discussion at the local level.** |
| Attitudes and behaviours | **Consult with, and give feedback to, key nurse/midwife and non-nurse/midwife stakeholders on issues and progress, to gain their support for change.** | **As for the national level.** |
**Ensure appropriate resource allocation to maximize efficiency and effectiveness**

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| Operational             | • Study and understand international best-practice benchmarks and their utilization.  
• Establish benchmarks for nursing and midwifery services, qualitative and quantitative, e.g. nursing and midwifery costs per inpatient per day, postoperative infection rates.  
• Analyse benchmarks against current performance, including hidden costs (such as postoperative infection rates, increased length of hospital stay, increased medications, increased time required for nursing and midwifery care, low immunization rates).  
• Use these data from *investment analysis* (see 'Develop a sustained approach', p. 18) to determine any gap in current funding versus the desirable funding level of the nursing and midwifery services.  
• Examine the current budget and financial reporting systems, e.g.  
  1. centralized or decentralized or developed  
  2. whether to output or sub-output level. | • Establish and maintain relationships with those responsible for developing budgets.  
• Provide facts and information to budget officers.  
• Advocate for appropriate budget provision for the nursing and midwifery services.  
• Use the results of investment analysis (see 'Develop a sustained approach', p. 18) as the basis for advocacy and discussions.  
• Provide feedback to the national level. |
| Strategic               | • Determine the gap in funding between current funding and required funding.  
• If additional funding is needed for the nursing and midwifery services  
  1. determine whether funds can be reallocated from the wider health budget, or  
  2. whether additional funds are required.  
• Use the opportunity to strengthen budget processes (e.g. having a nursing and midwifery services budget process), financial systems, and reporting processes (e.g. budget transparency for reallocation, devolution, staff training, management of financial reports, clear chart of accounts, etc.)  
• If additional funds are required, prepare a submission to a central government finance agency for funding increases over a negotiated transition period. | • As for the national level  
• Provide input for national submission. |

(Continued)
### Possible Priority Actions

<table>
<thead>
<tr>
<th>Change management level</th>
<th>National</th>
<th>Local</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Review current budgeting methodology and if based on historical budgets, consider developing a Resource Allocation Model for budget development and allocation (see Annotated Bibliography).</td>
<td></td>
</tr>
<tr>
<td>Attitudes and behaviours</td>
<td>Hold regular consultation meetings with nurses/midwives and other key stakeholders to ensure understanding and ownership. Provide budget and financial management education to senior nurses and midwives to encourage appropriate knowledge, skills and attitudes in financial management, and cost-effective management strategies.</td>
<td>As for the national level, ensuring strong linkages from the national to the local level.</td>
</tr>
</tbody>
</table>
2. EDUCATION, TRAINING AND DEVELOPMENT
2.1 Forge strong coordination between the nursing and midwifery education and service sectors

*Establish joint education and service-coordinating mechanisms to ensure relevance of education*

<table>
<thead>
<tr>
<th>Change management level</th>
<th>National</th>
<th>Local</th>
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</thead>
</table>
| Operational             | • Review and update curriculum at regular intervals (e.g. every three years) on new and emerging issues and evidence.  
                          • Strengthen clinical education of nurses and midwives in hospital and community settings, including research-based practice.  
                          • Build professional competencies of nursing and midwifery educators, e.g. establish faculty professional practice (compulsory work in the service setting in addition to teaching).  
                          • Recruit qualified teachers from experienced nurse/midwife practitioners.  
                          • Establish specific formal linkages between education and practice.  
                          • Provide information technology and support staff to enable joint activities.  
                          • Establish adequate continuing education facilities. | • As for the national level.  
                          • Provide feedback to the national level. |
| Strategic               | • Establish a joint committee for the above activities and set policy to support joint appointments.  
                          • Establish a policy to have well-established health facilities as teaching hospitals/settings for student practice.  
                          • Appoint nurse/midwife educators and clinical nurse practitioners to Nursing/Midwifery Course Advisory Committees, or similar, for basic and post-basic education programmes.  
                          • Establish consultation processes between education and practice for regular feedback | • Appoint nurse/midwife educators and clinical nurse practitioners to Nursing/Midwifery Course Advisory Committees, or similar, for basic and post-basic education programmes.  
                          • Appoint nurse/midwife educators to clinical practice committees.  
                          • Establish continuing education programmes for clinical nurses/midwives to ensure that their knowledge is current, and that they can support new graduates.  
                          • Establish mentoring programmes, or a ‘buddy system’, for new |
<table>
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<tr>
<th>on changing service delivery, to incorporate this into education programmes.</th>
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<tbody>
<tr>
<td>• Establish joint appointments of practising nurses/midwives to the education sector, and nurse/midwife educators to clinical practice settings.</td>
</tr>
<tr>
<td>• Establish clinical practice committees in hospitals and community settings to monitor and review best practices for continual improvement.</td>
</tr>
<tr>
<td>graduates by more experienced nurses/midwives. Give mentoring training to more experienced nurses/midwives.</td>
</tr>
<tr>
<td>• Identify continuing education and professional development needs during annual performance assessments: ensure continuing education programmes are responsive to these identified needs.</td>
</tr>
</tbody>
</table>

| Attitudes and behaviours | • Establish close and continuous dialogue between nursing and midwifery education and services and foster understanding of the importance of strong relationships and cooperation with each other. |
| --- |
| • Provide continuing education programmes on how to be a mentor and provide support to new graduates and students. |
## Promote joint projects or activities between nurse/midwife educators and clinicians

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<tr>
<th>Change management level</th>
<th>National</th>
<th>Local</th>
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</thead>
</table>
| **Operational**         | • Establish joint committees for community development projects, publication, research and education.  
                           • Establish multidisciplinary continuing education programmes, e.g. on research methodology.  
                           • Conduct joint research projects in clinical and educational settings.  
                           • Ensure that any national meeting convened to discuss nursing and midwifery has representatives from education and clinical practice. | • Create opportunities for educators and clinicians to be regularly in each other’s workplaces for a variety of purposes, formal and informal.  
                           • Invite nurse/midwife clinicians to education settings to develop joint projects.  
                           • Invite educators to clinical settings to develop joint projects.  
                           • Conduct joint research.  
                           • Hold joint discussions on attraction, recruitment and retention of nurses with quality and potential. |

| **Strategic**           | • Establish a formal national agreement between education and practice for joint responsibility to achieve and maintain excellence in the nursing and midwifery services.  
                           • Allocate and/or share resources for joint activities.  
                           • Encourage implementation of research nationally and internationally.  
                           • Establish/maintain nursing research capacity (e.g. unit or programme).  
                           • Develop advanced-level nurse/midwife practitioners for primary health care in rural and remote areas. | • Establish formal, detailed agreements on joint projects at the local level (e.g. see ‘Operational’ above). |

| **Attitudes and behaviours** | • Establish and maintain strong professional relationships, dialogue and debate between the government, politicians, nurse/midwife associations and unions, and councils/regulators. | • As for the national level but at the local level. |
2.2 Recruit appropriate numbers of student nurses/midwives

*Broaden policy and strategy options to strengthen student numbers and quality as well as geographical distribution*

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<thead>
<tr>
<th>Change management level</th>
<th>National</th>
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<tbody>
<tr>
<td>Operational</td>
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<tr>
<td></td>
<td>• Boost the image of nurses and midwives in order to attract brilliant students.</td>
<td>• Provide local input to national thinking and receive feedback.</td>
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<td></td>
<td>• Examine current recruitment practices and their effectiveness (e.g. numbers, education level, attrition from training, satisfaction with new graduates).</td>
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<td></td>
<td>• Examine community perceptions of nursing and midwifery as a career for well-educated people.</td>
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<td></td>
<td>• Consider:</td>
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<td>1. raising education level for entry to nursing and midwifery courses to a ‘professional level’, including the use of a bridge course where necessary;</td>
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<td>2. establishing decentralized schools of education for nursing and midwifery;</td>
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<td>3. establishing recruitment quotas from remote geographical areas and from under-represented populations;</td>
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<td>4. increasing the number of students where appropriate;</td>
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<td></td>
<td>5. requiring all students to gain practical experience, under supervision, in remote or rural areas;</td>
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<td>6. creating incentives to work in rural and remote areas including increased salary, special allowances, safe housing;</td>
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<td>7. encouraging the use and comprehension of English as a medium for searching for relevant international literature;</td>
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<td>8. strengthening strategies to improve overall education within the country;</td>
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<td>9. providing for electives during training;</td>
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*(Continued)*
## Possible Priority Actions

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<tr>
<th>Change management level</th>
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</table>
| 10. developing a higher-level nurse/midwife practitioner for primary health care in rural and remote areas;  
11. providing strengthened management and supervision skills to more senior nurses/midwives so they can better support more junior nurses/midwives. | | |

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<tr>
<th>Strategic</th>
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<th>Local</th>
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</table>
| • Use the information given above as input to national multidisciplinary workforce planning (see ‘Develop a sustained approach’ p. 18) and to the development of the National Strategic Plan for Nursing and Midwifery Development.  
• Ensure that evidence-based student recruitment is included in the National Strategic Plan.  
• Establish an accreditation system for nursing and midwifery education institutions. | | • Provide local input to national thinking and receive feedback.  
• Provide training in change management and organizational development skills. |

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<thead>
<tr>
<th>Attitudes and behaviours</th>
<th>National</th>
<th>Local</th>
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<tbody>
<tr>
<td>• Organize regular consultations with key stakeholders including the media.</td>
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<td>• As for the national level but at the local level.</td>
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</table>
Advocate these policy and strategy options to strengthen student numbers and quality, and geographical distribution

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<th>Possible Priority Actions</th>
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<td><strong>Change management level</strong></td>
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<td>Strategic</td>
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<tr>
<td>Attitudes and behaviours</td>
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</table>
2.3 Emphasize lifelong learning and competency-based education

Develop standards of nursing and midwifery care and the competencies required to meet them

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<thead>
<tr>
<th>Change management level</th>
<th>National</th>
<th>Local</th>
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</thead>
</table>
| Operational             | • Develop country-specific nursing and midwifery standards of care, and define: 1. common core competencies of nurses and midwives required to meet the standards, and 2. core competencies specific to nurses and midwives separately.  
• Examine standards of nursing and midwifery care and competencies of other countries, against those currently used in-country (see Annotated Bibliography).  
• Consider convening a small multidisciplinary group to do this, e.g nurse/midwife educators, clinicians, researchers and regulators; a high-level government representative; a medical practitioner.  
• Analyse what needs to change, in education and practice settings, for the standards and core competencies to be implemented, e.g. 1. common core curricula for nurses and midwives based on common core competencies; 2. separate nursing and midwifery curricula for different core competencies; 3. strengthening the skills of educators; 4. strengthening clinical skills in hospitals and the community.  
• Consult widely with key stakeholders.  
• Develop costings for the changes to be implemented. | • Provide input to key persons at the national-level as required. |
| Strategic                | • Establish a quality assurance system in nursing/midwifery education with regular accreditation of educational programmes.  
• Provide multiple learning experiences for critical thinking rather than the didactic approach.  
• Specifically provide for curriculum renewal | • Provide input as required.  
• Manage the implementation. |
| Attitudes and behaviours | • Ensure wide and genuine consultation with nurse/midwife and non-nurse/midwife key stakeholders, and achieve a shared sense of vision among them.  
• Draw on the experience of other health professionals as appropriate.  
• Reach out to the international nursing and midwifery community, seeking assistance when needed (e.g. WHO SEARO, the International Council of Nurses, etc.).  
• Develop shared understanding between the government and nurses/midwives that this is a system change, and that a sustained approach over time is needed. | • As for the national level, but at the local level. |
Implement appropriate competency-based curricula for all nursing and midwifery programmes

<table>
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<tr>
<th>Change management level</th>
<th>National</th>
<th>Local</th>
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</thead>
<tbody>
<tr>
<td>Operational</td>
<td>• Establish an appropriate multidisciplinary mechanism (e.g. Course Advisory Committees).&lt;br&gt;• Provide training in curriculum development based on core competencies.</td>
<td>• Provide input on barriers to, and opportunities for, implementation.&lt;br&gt;• Provide training as for the national level.</td>
</tr>
<tr>
<td>Strategic</td>
<td>• Develop a national curricula based on core competencies.</td>
<td>• Collaboratively develop changes required in education and practice settings.&lt;br&gt;• Collaboratively develop in detail how to assess compliance with standards.</td>
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<td></td>
<td>• Provide joint training for nurse/midwife educators and clinicians in competency-based teaching and practice.</td>
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<td>• Develop and implement the changes in nursing registration requirements.</td>
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<td></td>
<td>• Establish a monitoring and evaluation mechanism.</td>
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<tr>
<td>Attitudes and behaviours</td>
<td>• Consult widely with key multidisciplinary stakeholders at the national and local level and keep them informed.</td>
<td>• Ensure that all multidisciplinary stakeholders are consulted and kept informed of progress and issues through 1. meetings, 2. newsletters, and 3. continuing education programmes.</td>
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</table>
2.4 Strive towards multidisciplinary/multiprofessional learning

**Proceed towards multidisciplinary/multiprofessional learning**

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<tr>
<th>Change management level</th>
<th>National</th>
<th>Local</th>
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</table>
| Operational             | • Assess the existing situation of multiprofessional learning.  
                          • Identify common areas for multiprofessional learning.  
                          • Facilitate interaction of nursing and midwifery students with other students.  
                          • Create fora to discuss multiprofessional education.  
                          • Create an environment for students of various professional courses to learn together, e.g. community health practicum with medical and nursing/midwifery students together. | • Hold multidisciplinary discussions.  
                          • Provide input to the national level.  
                          • Receive regular feedback on progress. |
| Strategic                | • Develop a policy framework for multidisciplinary learning. | • Establish pilot programmes.  
                          • Evaluate progress.  
                          • Provide feedback to the national level.  
                          • Receive feedback on government views, and provide ideas for further influencing the government at the local and national levels. |
| Attitudes and behaviours | • Ensure wide consultation to encourage discussion and debate. | • As for the national level, but at the local level. |
**Develop and implement multidisciplinary education programmes and shared learning**

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<th>Possible Priority Actions</th>
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<td>Change management level</td>
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<tr>
<td>Operational</td>
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<tr>
<td>- Convene a discussion group of key multi-disciplinary stakeholders to discuss opportunities and constraints to multi-disciplinary/multiprofessional education and learning.</td>
</tr>
<tr>
<td>- Initiate steps towards the future by, for example, agreeing on shared continuing education programmes, such as:</td>
</tr>
<tr>
<td>1. ethics,</td>
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<tr>
<td>2. research methodologies,</td>
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<tr>
<td>3. evidence-based practice</td>
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<tr>
<td>4. leadership and management development, etc.</td>
</tr>
<tr>
<td>- Discuss possible common core competencies between key health professionals where some basic and post-basic training could be shared, e.g. infection control, family planning, cardiopulmonary resuscitation, etc.</td>
</tr>
<tr>
<td>Strategic</td>
</tr>
<tr>
<td>- Develop a national position paper on multidisciplinary/multiprofessional learning:</td>
</tr>
<tr>
<td>1. benefits</td>
</tr>
<tr>
<td>2. opportunities</td>
</tr>
<tr>
<td>3. common core competencies</td>
</tr>
<tr>
<td>4. possible strategies for the future.</td>
</tr>
<tr>
<td>Attitudes and behaviours</td>
</tr>
<tr>
<td>- Develop, maintain and nurture professional partnerships with national leaders in education and practice from other key health professionals (e.g. doctors).</td>
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<tr>
<td>- Maintain two-way communication with local-level people.</td>
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<tr>
<td>Local</td>
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<tr>
<td>- Discuss the same issues at the local level in multidisciplinary fora, and provide ideas and thoughts to the national discussion group.</td>
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<tr>
<td>- Provide input to, and comment on, the position paper.</td>
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<tr>
<td>- As for the national level, but focused at the local level.</td>
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### 2.5 Foster a lifelong learning culture

**Develop an ethos of lifelong learning during basic nursing and midwifery education**

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<tr>
<th>Change management level</th>
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<th>Local</th>
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</table>
| **Operational**         | • Design and teach basic curricula so that it develops and requires critical thinking capacity based on evidence as an essential element for lifelong learning.  
• Throughout the basic education, stress the acceleration of health knowledge, and the professional responsibilities of nurses/midwives for lifelong learning.  
• Role model lifelong learning in senior educators, clinicians, managers and researchers.  
• Develop teaching skills of excellence that motivate and excite students for lifelong learning.  
• Expose students to relevant contextual knowledge beyond the immediate practice of nursing and midwifery skills (e.g. sociology, health economics, national development and health policy, information technology). | • Provide continuing education programmes for nurse/midwife educators in teaching skills to develop critical thinking capacity in students.  
• Provide input to curricula changes to support this.  
• Provide continuing education regularly to experienced educators, clinicians and managers to ensure that they are role models of ‘lifelong learning’ in action. | |
| **Strategic**           | • Develop a policy position of lifelong learning and promulgate it widely.  
• Consider introducing a requirement for bi- or tri-annual renewal of registration/licensing/certification based on evidence of continuing education and maintenance of competencies.  
• Establish access to the Internet, national libraries and telemedicine. | • Develop local strategies to support lifelong learning opportunities for nurses/midwives. | |
| **Attitudes and behaviours** | • Gain agreement and understanding throughout the nursing and midwifery services on the importance of developing critical thinking and lifelong learning.  
• Develop strategies in the education and service sectors to encourage a sense of professionalism among nurses/midwives so that they are interested in, initiate, and take responsibility for, their own continuing education. | • As for the national level, but implement at the local level. |
Create an organizational learning culture

<table>
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<tr>
<th>Change management level</th>
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<th>Local</th>
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</table>
| **Operational**         | - Provide leadership to strategies at the local level.  
- Establish regular continuing education programmes on new and emerging issues.  
- Encourage nurses/midwives to be innovative and develop new and cost-effective ways to improve quality, and acknowledge efforts and successes (e.g., through newsletters, meetings, etc.)  
- Create a management climate that has no ‘blame culture’; rather, if a mistake is made, the mistake should create the opportunity to learn and improve.  
- Create scholarships for postgraduate formal education qualifications and other advanced programmes for nurses and midwives. |
| **Strategic**           | - Design and deliver experiential leadership and management development programmes for senior nurses and midwives.  
- Include in it management skills to develop supportive organizational cultures, e.g. how to encourage and motivate staff to new levels of excellence. |
|                         | - Train nurse/midwife managers on how to encourage and motivate staff to new levels of excellence.  
- Appoint a nurse/midwife (e.g. in a hospital) with responsibility for encouraging and monitoring quality, innovation and research.  
- Request doctors, other health professionals and community leaders for access to relevant continuing education opportunities.  
- Lead by example, displaying interest and knowledge in new ways of doing things, and new knowledge.  
- Develop a management style that does not rely on an autocratic hierarchical approach, but where nursing and midwifery staff are consistently treated as professionals, with respect, their views listened to before a decision is made, and where a continuous quality improvement is taken to reduce errors and maximize quality.  
- Encourage and reinforce personal responsibility for lifelong learning. |
|                         | - Participate in national experiential leadership and management development programmes.  
- Establish at the local level regular continuing education programmes on new and emerging issues.  
- Create a climate of flexibility and change by;  
1. adopting new practices and approaches as they are validated.  
2. encourage nurses/midwives to |
<table>
<thead>
<tr>
<th>Attitudes and behaviours</th>
<th>Consult widely with nurses/midwives and multidisciplinary key stakeholders.</th>
<th>As for the national level, but at the local level.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Build multidisciplinary relationships based on partnership.</td>
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</table>

be innovative and develop new and cost-effective ways to improve quality, and acknowledge efforts and successes in the regular communication newsletter or similar fora.

- Create scholarships for postgraduate formal education qualifications for nurses and midwives.
### 2.6 Systematize a continuing education system

**Develop and implement a systematized, developmental approach to continuing education**

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<tr>
<th>Possible Priority Actions</th>
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<th>National</th>
<th>Local</th>
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<tbody>
<tr>
<td>Operational</td>
<td></td>
<td>• Develop guidelines to assist local-level development and implementation.</td>
<td>• Use the national guidelines to implement a systematized, developmental approach to continuing education at the local level.</td>
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<td>• Establish a national focal point/unit to be responsible for overseeing, coordination, monitoring and implementation of systematized continuing education programmes.</td>
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<td></td>
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<td>• Strengthen professional organizations to provide continuing education programmes.</td>
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<tr>
<td>Strategic</td>
<td></td>
<td>• Prepare a national policy framework for systematized continuing education at all levels.</td>
<td>• Ensure senior non-nurse/midwife management are consulted and gain their support and commitment.</td>
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<tr>
<td>Attitudes and behaviours</td>
<td></td>
<td>• Develop a system of annual feedback, monitoring and review from the local level to the national level.</td>
<td>• Analyse lessons learned, make adjustments for continual quality improvement, and provide information on successes and areas for improvement to the national level.</td>
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3. DEPLOYMENT AND UTILIZATION
3.1 Ensure appropriate skill mix and competencies and utilization

**Rationalize health worker categories to increase flexible deployment and utilization**

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<td>Operational</td>
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<tr>
<td>Strategic</td>
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<tr>
<td>Attitudes and behaviours</td>
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</table>
Advocate for appropriate number and deployment of competent nurses and midwives to meet services and education needs

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<th>Possible Priority Actions</th>
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<td><strong>Change management level</strong></td>
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<td><strong>National</strong></td>
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<tr>
<td>• Gather the data or evidence on number and distribution of nurses and midwives in the country.</td>
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<tr>
<td>• Identify the key stakeholders who need to hear the message and who can influence government decisions on numbers and quality of nurses/midwives.</td>
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<tr>
<td>• ‘Plan the campaign’ in detail: who will speak to whom, when, and where, and develop strategies to ensure feedback to ‘campaign members’. Use a team-briefing approach for consistency.</td>
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<tr>
<td><strong>Local</strong></td>
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<tr>
<td>• Participate at the local level as per the national level.</td>
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<tr>
<td><strong>Strategic</strong></td>
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<tr>
<td>• Ensure that there is a national group or mechanism (including politicians and the media) so that there is a consistent message and a well-planned campaign, with continuous feedback and communication, and development of new approaches and strategies as appropriate.</td>
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<tr>
<td><strong>Local</strong></td>
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<tr>
<td>• Provide two-way communication with the national level.</td>
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<tr>
<td><strong>Attitudes and behaviours</strong></td>
</tr>
<tr>
<td>• Consult effectively within the nursing and midwifery services to ensure understanding and ownership.</td>
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<tr>
<td><strong>Local</strong></td>
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<td>• As above.</td>
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3.2 Ensure relevant nursing and midwifery infrastructure

**Ensure appropriate infrastructure for nursing and midwifery functions**

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<tr>
<th>Change management level</th>
<th>National</th>
<th>Local</th>
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</table>
| **Operational** | • Request an audit of current infrastructure and the required infrastructure needed for nursing and midwifery staff to work effectively.  
• Analyse information for 1. evidence base of need 2. budget implications. | • Provide details on infrastructure availability and gaps, and evidence of need. |
| **Strategic** | • Develop a national policy position on 1. type of infrastructure agreed upon, 2. budget requirements (new money or reallocation), 3. number of years over which to implement, and 4. an annual budget system for nursing and midwifery requests for infrastructure upgradation and maintenance. | • Develop a joint strategy with senior management for 1. funding of required infrastructure over time (e.g. one to five years), 2. maintenance of appropriate infrastructure, and 3. system of annual budget requests for nursing and midwifery infrastructure. |
| **Attitudes and behaviours** | • Consult within the nursing and midwifery profession, other key health professionals, and central government agencies for: 1. input to national policy position paper, and 2. agreement. | • Consult widely on the above to gain ownership and commitment from nurses/midwives and other key multidisciplinary stakeholders. |
### 3.3 Strengthen effective nursing and midwifery leadership and management

**Develop a critical mass of competent nurse/midwife leaders and managers**

<table>
<thead>
<tr>
<th>Change management level</th>
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<th>Local</th>
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<tbody>
<tr>
<td><strong>Operational</strong></td>
<td>• Hold discussions with key multidisciplinary stakeholders on the critical importance of strengthening leadership and management skills in the health sector, including in nursing and midwifery to 1. reduce costs, 2. improve quality, 3. ensure that the health system is managed effectively now, and 4. managed strategically in the future. • Assess and identify in-country capacity (individual and institutional) to provide experiential leadership and management development programmes 1. for nurses/midwives, and 2. multidisciplinary. • Determine whether the programme will be for nurses/midwives only or multidisciplinary. • Seek international expert input or other support if there is no in-country capacity. • Seek funding. • Deliver experiential leadership and management training.</td>
<td>• Include nurse/midwife managers in senior executive management groups. • Develop individual performance and development plans with nurse/midwife managers. • Include leadership and management development opportunities within continuing education programmes. • Approach external experts in leadership and management to mentor nurse/midwife leaders as well as potential leaders. • Establish an internal nurse/midwife mentoring system. • Lead by example, with nurse/midwife manager and other senior managers to develop supportive approaches to the ongoing development of managers.</td>
</tr>
<tr>
<td><strong>Strategic</strong></td>
<td>• Design and implement experiential leadership and management development programmes for current and potential leaders. • Create a national plan for effective utilization of nurse/midwife managers and leaders across the country.</td>
<td>• Provide nominations to leadership and management development programmes, based on competence, commitment and potential.</td>
</tr>
<tr>
<td><strong>Attitudes and behaviours</strong></td>
<td>• Ensure that the design of programmes will strengthen and support changes in attitudes and behaviours, as well as provide technical skills (e.g. performance management, quality assurance).</td>
<td>• As for the national level, but at the local level.</td>
</tr>
</tbody>
</table>
### 3.4 Provide good working conditions

**Articulate, advocate and negotiate key elements of good working conditions**

<table>
<thead>
<tr>
<th>Possible Priority Actions</th>
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<th>Local</th>
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<tbody>
<tr>
<td><strong>Operational</strong></td>
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<tr>
<td>• Study and understand international best practices and issues in ensuring good working conditions, and understand the issues in one’s own country e.g. challenges, help, on hindrances, barriers to change).</td>
<td></td>
<td>• Provide evidence to national-level discussions on working conditions, positive and negative, that impact on 1. staff morale, motivation and job satisfaction, 2. patient care, including quality and costs, 3. staff health, 4. staff relationships, and 5. attraction to nursing and midwifery, and recruitment and retention.</td>
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<tr>
<td>• Develop consensus among nurses and midwives on key elements of good working conditions and current deficiencies.</td>
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<tr>
<td>• Advocate and negotiate for provision of those key elements.</td>
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</tr>
<tr>
<td><strong>Strategic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Develop a joint policy and plan of action to improve working conditions with 1. time lines for implementation 2. costs 3. risk analysis.</td>
<td></td>
<td>• Ensure that implementation is appropriate and possible</td>
<td></td>
</tr>
<tr>
<td>• Establish and monitor a system for ensuring a safe and violence-free working environment and provide support to involved staff.</td>
<td></td>
<td>• Develop good skills in change management for implementation (through ‘Develop a critical mass’, p. 41)</td>
<td></td>
</tr>
<tr>
<td><strong>Attitudes and behaviours</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Consult widely with nurses/midwives at the local level to ensure that the key elements identified are the essential ones.</td>
<td></td>
<td>• Actively participate in consultations.</td>
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<td>• Facilitate the involvement of senior and more junior staff.</td>
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<td></td>
<td></td>
<td>• Ensure ongoing two-way communication between the national and local levels.</td>
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</table>
Manage an organizational environment that reflects, and continuously improves, good working conditions

<table>
<thead>
<tr>
<th>Change management level</th>
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</tr>
</thead>
</table>
| Operational             | • Establish a system for regular monitoring and review of good working conditions. | • Provide multidisciplinary leadership and management development to develop a systems approach to good management.  
• Establish a staff committee to work with the management to establish, monitor and continuously improve upon agreed improvements in working conditions.  
• Include senior nurses/midwives in executive management committees.  
• Determine and negotiate budget requirements for continuous quality improvement.  
• Report on progress to the national level. |
| Strategic               | • Develop a joint plan policy and plan of action to continuously improve working conditions with  
1. time lines for implementation  
2. costs  
3. risk analysis including  
   i. attitudes and behaviours of senior managers and senior nurses/midwives  
   ii.strategies to strengthen leadership and management knowledge, attitudes, behaviours and skills. | • Provide inputs to the national policy and action plan. |
| Attitudes and behaviours | • Establish and maintain strong working relationships with key stakeholders who can influence good working conditions, e.g. unions, senior managers, external experts, professional nursing and midwifery associations.  
• Socialize with nurses and midwives to know and ask for those key elements. | • As for the national level, but implement at the local level. |
### 3.5 Strengthen effective technical supervision systems

#### Develop effective (developmental and supportive) technical supervision systems

<table>
<thead>
<tr>
<th>Change management level</th>
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</table>
| Operational             | • Review and understand technical supervision best practices, challenges and issues, regionally and internationally.  
   • Agree on a set of quality standards and measures for regular reporting to the national level, from the local level (possibly up to 10 quality measures). [Note: Quality measures might include  
   1. postoperative infection rates  
   2. incidence of decubitus ulcers  
   3. aseptic techniques  
   4. attitudes towards patients and their families, etc.]  
   • Prepare technical supervision standards and processes to support standards of nursing and midwifery.  
   • Include effective management of people to achieve and maintain standards in experiential leadership and management development programmes. | • Adopt, or adapt, a hierarchy of national quality standards and quality measures in local facilities for monitoring and reporting at the 1. hospital ward level, or local community district level for PHC services, say, weekly.  
2. hospital level or wider community level for PHC services, say, monthly.  
• Provide regular reports on the nationally required quality measures, say every 3 months  
• Include supportive technical supervision development in individual performance and development plans and provide individual and group coaching. |
| Strategic                | • Communicate to all, and gain ownership for, national standards and performance measures. | • Link continuing education programmes to supportive technical supervision of national standards.  
• Implement nurse/midwife clinical teaching ‘rounds’ as a learning and continuous quality improvement approach. |
| Attitudes and behaviours | • Provide feedback to the local level on  
1. overall national performance  
2. each organization’s performance relative to others (and thus begin to establish national and organizational benchmarks).  
• Ensure that multidisciplinary and nurse/midwife leaders and managers are encouraged to develop a supportive management culture. | • Give formal feedback to nurses/midwives on individual, team, and organizational performance.  
• Discuss and implement strategies for improving performance, including  
1. surveying more junior nurses and midwives on their satisfaction with technical supervision and areas for improvement,  
2. surveying more senior nurses on their difficulties and challenges to provide supportive technical supervision. |
3.6 Ensure career advancement opportunities

**Develop options for clinical career progression for nurses and midwives**

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<thead>
<tr>
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<th>Local</th>
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</table>
| Operational              | ● Develop and establish principles for clinical career progression at all levels.  
                             | ● Explore the potential for introducing nurse practitioners, particularly in rural and remote areas, and PHC and midwifery generally.  
                             | ● Determine the impact of funding and management.  
                             | ● Provide input to the national development of clinical career progression options.  
                             | ● Implement planned changes.  |
| Strategic                | ● Establish a policy on nurse/midwife career progression with key stakeholders.  
                             | ● Provide leadership for local implementation.  
                             | ● Implement planned changes, e.g.  
                             | 1. advertising for new positions  
                             | 2. assessment of applicants  
                             | 3. appointment to new positions  
                             | 4. providing coaching, support and continuing education to nurses/midwives appointed.  |
| Attitudes and behaviours  | ● Consult widely with nurse/midwife key stakeholders and others and give feedback.  
                             | ● Particularly recognize, and manage, fears of older nurses/midwives who may have graduated a long time ago, and ensure a transition period when they have the opportunity to upgrade their skills and knowledge, and thus compete for new positions.  
                             | ● Consult locally and provide input to the national level.  |

![Image of healthcare workers]
### 3.7 Improve motivation by strengthening incentive systems

**Develop and implement a package of incentives for individuals, teams and organizations**

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</table>
| Operational               | • Determine a package of incentives, specific to the country, e.g.  
1. safe housing for all rural and remote staff including nurses/midwives  
2. remote area allowances  
3. certificate of merits when quality indicators (see ‘Develop effective technical supervision systems’, p. 44) are met  
4. special educational opportunities for nurses/midwives and others of proven potential and excellence  
5. annual quality of care award for reduction in infection rates or decreased length of hospital stay  
6. hospitals retaining a percentage of cost-savings  
7. annual awards for the best innovations and improvements in health services  
8. hospital accreditation and community services accreditation programmes  
9. annual management award based on taking low sick leave and achieving high productivity (e.g. patient throughput). | • Conduct job satisfaction and motivation surveys for nurses/midwives.  
• Analyse data.  
• Develop and submit advice or recommendation to the national level on key issues and possible solutions regarding incentives. |
| Strategic                  | • Analyse funding implications and other possible constraints and opportunities and develop strategies to overcome them (e.g. share funding for local incentives between the national and local levels).  
• Develop policy and guidelines on incentives at the:  
  1. national level (e.g. remote area housing)  
  2. local level (e.g. hospital certificates of merit).  
• Create systems for recognizing good work. | • Implement local-level incentives.  
• Monitor their impact and review incentives as necessary.  
• Report on progress to the national level as appropriate. |
| Attitudes and behaviours   | • Ensure that incentives target motivational factors appropriately. | • As for the national level. |
3.8 Foster job satisfaction

*Develop and implement strategies to increase job satisfaction based on evidence*

<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| **Operational**         | • Review and identify conditions fostering satisfaction.  
                          • Conduct regular surveys to understand the current situation.  
                          • Develop strategies based on survey information. | • Conduct local surveys as part of a national study to determine what nurses/midwives see as job satisfiers and dissatisfiers. |
| **Strategic**           | • Develop national strategies and policies based on evidence, recognizing that the following are the usual key elements that increase and support job satisfaction:  
                          1. excellence in leadership and management;  
                          2. educational opportunities;  
                          3. incentives to do good work;  
                          4. systems to recognize good work;  
                          5. good working conditions, and a fair salary and wage; and  
                          6. treating nurses/midwives with genuine courtesy and respect.  
                          • Present the findings to the government including implications for policy changes.  
                          • Provide advice, guidelines and support to the local level. | • Implement national advice and guidelines as appropriate to each local situation. |
| **Attitudes and behaviours** | • Ensure that studies and surveys are valid and reliable and that results can be relied upon, gaining commitment and trust from nurses/midwives. | • As for the national level.  
                          • Provide input to the national level. |
1. POLICY AND PLANNING
   1.1 Involvement of nurse and midwife in health policy formulation and programme planning
   1.2 Strategic planning for nursing and midwifery workforce management as an integral part of human resource planning and health system development
   1.3 Financing

2. EDUCATION, TRAINING AND DEVELOPMENT
   2.1 Coordination between education and service
   2.2 Student recruitment
   2.3 Competency-based education
   2.4 Multidisciplinary learning
   2.5 Lifelong learning culture
   2.6 Continuing education system

3. DEPLOYMENT AND UTILIZATION
   3.1 Appropriate skill mix and competencies
   3.2 Relevant nursing and midwifery infrastructure
   3.3 Effective leadership and management
   3.4 Good working conditions and efficiently organized work
   3.5 Technical supervision systems
   3.6 Career advancement opportunities
   3.7 Incentive systems
   3.8 Job satisfaction

4. REGULATION

5. EVIDENCE BASE FOR DECISIONS
### 4.1 Strengthen regulation

*Develop and periodically review regulations necessary to create an enabling environment for quality education and practice*

<table>
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</table>
| Operational | • Review the strengths and weaknesses of the current approach in-country, and international experience and evidence.  
• Update standards and regulations related to the practice of nursing and midwifery as required, including response to curricula changes. | • Provide inputs as requested to the national level.  
• Include professional accountability and responsibilities in continuing education programmes. |
| Strategic | • Develop, strengthen, or update national government policy on nurse/midwife regulation.  
• Establish or strengthen a national regulation body for nursing and midwifery.  
• Determine and implement sustainable funding mechanism.  
• Build up or strengthen accreditation systems for nursing and midwifery education.  
• Ensure the quality of nursing care through systems of health service/facility accreditation.  
• Assist the regulatory body with policy and operational advice when/if establishing a new or strengthened body. | • Participate in the consultation process. |
| Attitudes and behaviours | • Ensure appropriate skills transfer to nurses and midwives for sustainable advocacy and create awareness among nurses and midwives about licensing and re-licensing mechanisms. | • Include professional accountability and responsibilities to assist in strengthened technical supervision. |
Forge strong partnerships with the government and other key stakeholders to strengthen the regulation

<table>
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</thead>
<tbody>
<tr>
<td>Operational</td>
<td>• Create opportunities for information and experience-sharing with other countries.&lt;br&gt;• Enhance the knowledge and capacity of nurse/midwife professional bodies and leaders in building up partnerships with key stakeholders.&lt;br&gt;• Ensure active participation of nurses/midwives in the multidisciplinary health profession team to advocate/strengthen health regulations.&lt;br&gt;• Consult on, and communicate, key issues to all stakeholders (including public/consumer groups) using a ‘team briefing’ or other effective approach.</td>
<td>• Ensure two-way communication with the national level.&lt;br&gt;• Provide input to the national level based on formal and informal discussions and debate with key stakeholders.</td>
</tr>
<tr>
<td>Strategic</td>
<td>• Encourage and promote political participation of nursing and midwifery leaders. &lt;br&gt;• Develop positive working relationships and networks with members of parliament/legislature and other stakeholders, and educate or sensitize them on nursing and midwifery issues. &lt;br&gt;• Generate public support through working closely with the mass media on effective strategies. &lt;br&gt;• Develop regulations based on the principle of safety and protection of the public through a skilled and competent professional nursing and midwifery workforce.</td>
<td>• Same as national, but at the local level, and maintaining two-way national–local communication.</td>
</tr>
<tr>
<td>Attitudes and behaviours</td>
<td>• Build and maintain long-term, sustainable relationships between government officials, key nurses/midwives, politicians/parliamentarians, and multidisciplinary key stakeholders.</td>
<td>• Same as the national level, but at the local level, and maintaining two-way national–local communication.</td>
</tr>
</tbody>
</table>
QUALITY, EQUITABLE AND ACCESSIBLE HEALTH SERVICES

1. POLICY AND PLANNING
   1.1 Involvement of nurse and midwife in health policy formulation and programme planning
   1.2 Strategic planning for nursing and midwifery workforce management as an integral part of human resource planning and health system development
   1.3 Financing

2. EDUCATION, TRAINING AND DEVELOPMENT
   2.1 Coordination between education and service
   2.2 Student recruitment
   2.3 Competency-based education
   2.4 Multidisciplinary learning
   2.5 Lifelong learning culture
   2.6 Continuing education system

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   3.1 Appropriate skill mix and competencies
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   3.3 Effective leadership and management
   3.4 Good working conditions and efficiently organized work
   3.5 Technical supervision systems
   3.6 Career advancement opportunities
   3.7 Incentive systems
   3.8 Job satisfaction

4. REGULATION

5. EVIDENCE BASE FOR DECISIONS
### 5.1 Use evidence for decision-making

**Develop/strengthen information systems**

<table>
<thead>
<tr>
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<th>Local</th>
</tr>
</thead>
</table>
| Operational             | • Assess and develop management information systems to evaluate and improve the benchmark of each element of the conceptual model.  
                          | • Develop a research package to produce key evidence additional to the management information system. | • Assess what information is currently available in the health facility or service for local decision-making and national input.  
                          |                                                                                                   | • Participate in surveys.                                                                          |
|                         |                                                                           | • Participate at the national level in defining key performance measures and assessing available and relevant information, and using it for planning and decision-making. |
| Strategic               | • Include nursing and midwifery information systems in national health information systems. | • As for the national level, but implement at the local level.                                  |
| Attitudes and behaviours| • Keep key stakeholders informed of issues, challenges, constraints and progress.            | • As for the national level, but implement at the local level.                                  |
Develop nurses’ and midwives’ capacity to take professional responsibility to develop and use an evidence base for decision-making: clinical, managerial and policy

<table>
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<tr>
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</table>
| Operational             | • Include the use of an evidence base for decision-making in the curriculum and standard practice.  
• Develop continuing education on the use of evidence base in the decision-making.  
• Communicate evidence acquired to create public support/awareness. | • As for the national level, but implement at the local level. |
| Strategic               | • Include an evidence base for decision-making in the accreditation, regulation and standards development processes. | • Effective implementation of all elements of the National Strategic Plan at the local level, resulting in taking professional individual and collective responsibility for using evidence for clinical, management and policy decision-making. |
| Attitudes and behaviours| • Create role models and reward systems for nurses and midwives (individual) and nursing and midwifery (institutional) who are successful in using an evidence base for decision-making. | • Replicate at the local level. |
ANNEX 1: List of Advisory Group Members

Ms Mamataz Begum
Director, Directorate of Nursing Services
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(Ms N S Musbir)

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Ms Eileen Barbaro
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Chief Specialist, Policy Planning and International Cooperation Division
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Principal
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Mrs Daya Kumarage*
Director of Nursing (Public Health Services)
Ministry of Health, Nutrition and Welfare
Colombo, Sri Lanka
(Replacing Ms Arachchie)

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Nonthaburi, Thailand
(Member of the WHO Global Health Workforce Strategy Group)

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Chiang Mai University
Chiang Mai, Thailand
(Member of the WHO Global Advisory Group on Nursing and Midwifery)
**RESOURCE PERSON**

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Professor  
Faculty of Social Sciences and Health Care  
Queen Margaret University College  
Edinburgh, UK

**SPECIAL INVITEES**

Ms Judith Oulton or representative  
Chief Executive  
International Council of Nurses  
Geneva, Switzerland  
(Provided technical input)

Ms Petra Ten Hoope-Bender or representative  
Secretary General  
International Council of Midwives  
The Hague, The Netherlands  
(Provided technical input)

Dr Kyllike Christensson  
SIDA Headquarters  
Stockholm, Sweden  
(SIDA Delegate—Attended 2nd meeting)

Dr M Prakasamma  
Director  
Academy for Nursing Studies  
Hyderabad, India  
(SIDA Delegate—Attended 2nd meeting)

**SECRETARIAT**

Dr Kumara Rai  
Director  
Health Systems and Community Health  
WHO/SEARO

Dr Monir Islam#  
Director, Family and Community Health  
WHO/SEARO  
(Replacing Dr Kumara Rai)

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Regional Adviser  
Nursing and Midwifery  
WHO/SEARO

Ms Pat Hughes  
Short-Term Professional  
Nursing and Midwifery  
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(Participated in 2001)

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WHO/SEARO

Ms IR Johnsen  
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Dr Khaled Hassan#  
Short-Term Professional  
Human Resources for Health  
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Dr Naeema Algassee  
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# joined the Group in 2002