Guidelines on Planning Human Resources for Nursing
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INTRODUCTION

The vitality of a nation is dependent upon the health of its citizens. The right of access to health care has been internationally recognized and is dependent to substantial degree on the availability of adequate numbers of sufficiently educated and trained health personnel and the ability of health services to retain them in active employment.

ICN Position Statement on Socio-Economic Welfare of Nurses\(^1\)

Effective human resources planning and development strategies must be introduced, regularly reviewed and maintained to ensure a balance between the supply and demand of nurse human resources. While it is essential that local and national planning, management and development lead to the self-sustainability of national health workforces, globalisation will increasingly highlight the importance of human resources planning and development at the international level.

ICN Position Statement on Ethical Nurse Recruitment\(^2\)

A skilled and competent nursing workforce is essential to a well-functioning health system. The availability of adequate numbers of sufficiently trained health personnel calls for application of sound human resources development which incorporate three broad functional areas: planning, production and management.\(^3\)

Human resources planning (HRP) is essential for any organisation to ensure that its human resources are capable of meeting its operational objectives. This planning ensures that an organisation obtains the (right) quality and (adequate) quantity of staff it requires; makes the optimum use of its human resources; is able to anticipate and manage surpluses and shortages of staff; and develops a multi-skilled, representative and flexible workforce, which enables the organisation to adapt rapidly to a changing operational environment. When adapted specifically to
nursing personnel, the objective of such planning is to provide the right number of nurses with the right knowledge, skills and attitudes performing the right tasks in the right place at the right time to achieve the right predetermined health targets.

Nursing shortages are not a new phenomenon. Many countries have experienced cyclical shortages, usually caused by an increased demand for health services and nurses due to aging populations, increasing population growth rates, and a growing burden of chronic and non-communicable disease. At the same time the supply of available nurses in some countries is dwindling and is expected to worsen due to an aging nursing workforce, inadequate funding to support new recruits into the profession and the growth of alternative career opportunities for women. The shortage of qualified nurses has become one of the greatest obstacles to achieving the United Nations Millennium Development Goals (MDGs). Strengthening health systems and attaining the MDGs is critically dependant on increasing efforts to address the current nursing shortage.4

The accuracy of planning mechanisms and forecasts, however, will depend on the quality of data available and the expertise of the individuals interpreting them. Unfortunately, reliable information on nursing personnel is often unavailable nationally and remains almost non-existent internationally. Furthermore, nurses are frequently absent from the decision-making bodies which undertake planning exercises.5

It is the responsibility of nursing leadership to encourage the development of the profession and improve the quality of nursing services. The national nurses associations (NNAs) must be supported in their efforts to facilitate human resources planning nationally and internationally. ICN hopes that these guidelines will provide the basic framework for human resources planning so that nursing organisations can effectively meet the challenge of ensuring that there are sufficient numbers of competent and motivated nurses to meet their country’s need now, and for the foreseeable future.

**PURPOSE**

The purpose of these guidelines is to assist NNAs and nurse leaders in strengthening the management of their professional workforce and, through this, to assist in strengthening health care delivery and strategies for improving health. These guidelines have been developed to enable the nursing leadership to:

1. Influence policy and negotiate knowledgeably on the need for sound, effective human resources planning for nursing.
2. Assist in the assessment of nursing human resources issues at the national and international level.
3. Facilitate the development of comprehensive and reliable nursing human resources data in every country.
4. Assist in the collection and analysis of nursing human resources data at the national and international level.
5. Implement policies which support the development of nursing resources.

**KEY MESSAGES**

Nurses’ strengths are channelled, reinforced and made more effective through the proactive programmes of national nurses associations. Every NNA must generate or facilitate access to needed data and lobby for effective health human resources planning, including nursing personnel. Globally coherent and consistent messages have the greatest impact. For example:

1. It is important to develop the HRP process for nursing at the national and international level.
2. Countries may take different approaches to HRP, with the various sectors (public, private, professional) playing different roles.
3. Nursing must actively participate in the early planning process and influence the formulation, implementation, monitoring and revision of policy.
WHY HUMAN RESOURCES PLANNING IS IMPORTANT FOR NURSING

4. National nurses organisations need accessible, comprehensive and accurate information regarding the human resources development process in order to ensure quality strategic planning.

5. Nursing should facilitate the development and application of an information system that will produce the data required in planning.

WHY HUMAN RESOURCES PLANNING IS IMPORTANT FOR NURSING

Nursing has been on the agenda of the World Health Organization (WHO) for more than 40 years. The World Health Assembly resolution WHA 59.27 on ‘Strengthening Nursing and Midwifery’ expressed serious concern at the continuing global shortage of employed nurses and midwives, and its serious negative impact on health care. In many countries, nursing suffers from:

- Numerical imbalance: geographic, occupational, specialty and institutional
- Unethical recruitment, abusive management practices
- Discrepancies in the types and quality of care provided
- Misqualification (including over/under-qualification)
- Misutilisation (including over/under-utilisation)
- Inequitable access to occupational health protection or professional education
- Demotivation
- Absenteeism
- High attrition
- Unemployment, and
- Delayed response to health care trends (i.e. new technology, procedures, etc.)

These issues confronting the nursing workforce need to be critically addressed in order to provide equitable and accessible quality health services. Nurses, by virtue of their large number and close and continuous contact with the individual, family and community, particularly in times of illness, have a significant role to play in national health development, especially in scaling up health system responses for achieving the Millennium Development Goals and national or local health targets.

In consequence, resolution WHA 59.27 on ‘Strengthening Nursing and Midwifery’ urges Member States to confirm their commitment to strengthen nursing and midwifery by:

1. Establishing comprehensive programmes for the development of human resources which support recruitment and retention, while ensuring equitable geographical distribution, in sufficient numbers of a balanced skill mix, and a skilled and motivated nursing and midwifery workforce within their health services.

2. Actively involving nurses and midwives in the development of their health systems and in the framing, planning and implementation of health policy at all levels, including ensuring that nursing and midwifery is represented at all appropriate governmental levels, and have real influence.

3. Ensuring continued progress toward implementation at country level of WHO’s strategic directions for nursing and midwifery.

4. Regularly reviewing legislation and regulatory processes relating to nursing and midwifery in order to ensure that they enable nurses and midwives to make their optimum contribution in the light of changing conditions and requirements.

5. Providing support for the collection and use of nursing and midwifery core data as part of national health-information systems.

6. Supporting the development and implementation of ethical recruitment of national and international nursing and midwifery staff.
EFFECTIVE HUMAN RESOURCES PLANNING: CONCEPTUAL FRAMEWORK

It is both a national and international responsibility to maintain the supply and demand of nursing personnel in balance, to correct any imbalance and investigate any ensuing complications. Planning human resources for nursing is more than simply improving education and training, pay, working conditions and performance and career development; it is an integral part of health policy-making, and multidimensional in nature. Good planning facilitates the creation of effective multi-disciplinary health teams at every level of the health services.

HRP implies a series of deliberate actions. In order to strengthen nursing workforce management, a multidisciplinary Advisory Group was established by WHO, South-East Asia Region to develop guidelines to advise countries how best to manage the nursing workforce. The Advisory Group developed a conceptual framework to assist countries develop strategies to ensure a strong and effective nursing workforce. These strategies should help achieve the right numbers of nursing personnel with the right knowledge, skills and attitudes at the right location and the right time.

The conceptual framework represents the foundation stone for effective management of the nursing workforce. Optimally, the conceptual framework lends strategy to achieving the goals and outcomes of equitable access to quality nursing care, contributing to the ultimate health system goal of quality, equitable and accessible health services. The conceptual framework is diagrammatically presented below.


Using this conceptual framework and a rapid assessment of human resources for health tool developed by WHO, crucial questions in each of the dimensions can be used for each country to rapidly assess human resources for nursing (HRN) and formulate actions as required.

1. POLICY AND PLANNING

National development and health plans must provide for adequate nursing and midwifery services and expertise. Governments should strengthen those mechanisms relating to human resources policy intervention and planning in order to contribute to the maintenance of adequate levels of nursing and midwifery personnel so that health systems may function more effectively.

Nurse leaders in collaboration with other health professionals must mobilize policy-makers, the general public, partners and health practitioners to support changes designed to strengthen nursing and midwifery services and to enhance their contribution to health systems performance and outcomes. Governments should foster an environment that enables all health...
workers, including nurses and midwives, to make decisions and be directly involved in policy-making (including allocation of funds) at all levels and thus support more efficient health outcomes. Involvement of all health personnel in policy development at all levels of the health care delivery system is crucial in order for countries to develop informed policies and plans. This element focuses on the following: policy, nurses' involvement in health policy, strategic planning for nursing workforce management, and financing.

**Questions for rapid assessment and action**

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<th>Dimension</th>
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| **1. Policy** | Q1. Is there a national health policy of human resources for nursing (HRN) (or equivalent)? How would you describe it (e.g. the building process, content, last update, other relevant issues)?  
Q2. Is HRN acknowledged in broader development policies?  
Q3. Are there HRN policies at each level, from national to local?  
Q4. Are there strategies to ensure that the most vulnerable populations receive nursing services? |
| **2. Nurses' involvement in health policy formulation and programme planning** | Q1. Is there a position as ‘Director of Nursing’ in the Ministry/Department of Health (MOH/DOH)?  
Q2. Is there a nurse acting as a key national policy player in HRN?  
Q3. Are nursing organisations and/or the Director of Nursing involved with HRN policy making?  
Q4. Are there any education or other development opportunities for policy and planning, including succession planning?  
Q5. Are nurses and midwives involved in health policy formulation and programme planning at national and local level? |
| **3. Strategic planning for nursing workforce management** | Q1. Does the country have a strategy or plan for HRN? Is it periodically updated?  
Q2. Does strategic planning for nursing and midwifery workforce management become an integral part of national human resource planning and health system development?  
Q3. Does the country have a HRP or management unit within the MoH?  
Q4. In the planning units at national and local level, is there enough personnel with adequate HRN planning skills?  
Q5. Does the existing staff correspond to the target staffing levels?  
Q6. What kinds of tools/methods of planning are used in the country?  
Q7. Does an established cycle exist for planning, implementation and evaluation in the health sector?  
Q8. Does the country establish performance measurement for implementation, evaluation and renewal of the National Strategic for Nursing and Midwifery Development? |
| **4. Financing** | Q1. Who are the main actors involved in funding HRN policies and plans?  
Q2. What is the share of government health expenditure in the total health expenditure?  
Q3. What share of government health expenditure is devoted to nursing personnel?  
Q4. Do HRN plans correspond to the available resources? If not, has the gap been measured? |
**Questions for Rapid Assessment and Action**

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<tr>
<td>Q5.</td>
<td>What are the education costs of each of the main human resources for health categories? Is it much less for nursing personnel?</td>
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<td>Q6.</td>
<td>Does national human resource planning for nursing and midwifery 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?</td>
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**Education, Training and Development**

Health systems are labour-intensive and require well-educated and experienced staff to function effectively. Health care provision requires that practitioners possess appropriate knowledge and skills to effectively and efficiently respond and adapt to current and future health care priorities and needs, available resources, and the broader factors that shape the current health systems. New and rapidly changing challenges in health care demand that the education of nursing and midwifery practitioners be continuously evaluated and updated. Other challenges include epidemiological and demographic shifts, medical and technological advances, rising public demand, health systems reforms, and a need to surmount obstacles of poverty, gender and human rights. Ensuring the appropriate combinations of skills required to practice within different health delivery contexts requires multidisciplinary and multisectoral collaboration. This element focuses on the following: coordination between education and service sectors, student recruitment, competency-based education, multidisciplinary learning, lifelong learning culture, and continuing education system.
Access to quality nursing and midwifery services must be improved as an integral part of health services, including deployment and utilization, aimed at individuals, families, communities and particularly vulnerable populations. There is need to identify and adapt innovative management approaches to bridge gaps between the health system and the needs of the community, specifically in terms of home-based care, palliative care, health promotion, disease prevention, rehabilitation and emergency care.16 This element focuses on the following: recruitment and retention, appropriate skill mix and competencies, job description, workload, imbalance and equity, relevant nursing and midwifery infrastructure, effective leadership and management, good working conditions and efficiently organized work, technical supervision systems, career advancement opportunities, incentive system, job satisfaction, and unions.

Questions for rapid assessment and action

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<tr>
<td>1. Recruitment and retention</td>
<td>Q1. What level (national, local government) is in charge of recruitment of nurses?</td>
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<td>Q2. What is the level of vacancy and absenteeism rates for nurses?</td>
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<td>Q3. Is there a problem of shortage or oversupply of nurses?</td>
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<td>Q4. What are the main problems for recruitment and retention at national and local level? Briefly describe, including the reasons in each issues.</td>
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<td>Q5. What are indicators for assessing recruitment and retention problems?</td>
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<td>(i.e. vacancy rate, turnover rate, staff survey, absenteeism rates)</td>
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<td>Q6. Is the number of nurses sufficient to meet needs? What is the number of nurses per 10,000 population?</td>
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<td>What is the physician to nurse ratio?</td>
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<td><strong>Q7.</strong> Is there a specific recruitment policy (such as zero-growth recruitment)?</td>
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<td><strong>Q8.</strong> Is there a specific policy to improve recruitment and retention? (i.e. career development, opportunities for continuous education, rural recruitment)</td>
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<td><strong>Q9.</strong> What share of graduates is recruited each year?</td>
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<td><strong>Q10.</strong> What are the main reasons for leaving the posts for nurses?</td>
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<td><strong>Q11.</strong> Do current rules and procedures for hiring affect the ability to recruit and deploy staff where needed?</td>
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<td><strong>Q12.</strong> Does the country have a ‘ghost workers’ problem?</td>
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<td><strong>Q1.</strong> Does national policy and practice ensure appropriate skill mix and competencies and utilization of nurses and midwives?</td>
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<td><strong>Q2.</strong> Is there a national nursing staff deployment strategy?</td>
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<td><strong>Q3.</strong> How does it fit with the needs of poor/vulnerable settings and people?</td>
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<td><strong>Q4.</strong> Are there major segments of the population that are seriously underserved by nurses?</td>
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<td><strong>Q5.</strong> Are HRN distributed appropriately among the different types and levels of health services (hospital, home care, preventive care, etc.)?</td>
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<td><strong>Q1.</strong> Are there detailed job descriptions for every category of nursing personnel?</td>
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<td><strong>Q2.</strong> Is there appropriate skill mix and competencies for HRN?</td>
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<td><strong>Q3.</strong> Are job descriptions discussed by staff and periodically revised?</td>
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<td><strong>Q4.</strong> Are performance assessments based on job descriptions?</td>
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<td><strong>Q5.</strong> Is there a career structure for nurses?</td>
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<td><strong>Q1.</strong> How many hours per week do nurse and midwifery personnel work? How does this compare with other professionals?</td>
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<td><strong>Q2.</strong> What are the trends in average numbers of patients seen weekly for each nurse and midwifery personnel?</td>
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<td><strong>Q1.</strong> Is there a national nursing staff deployment strategy?</td>
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<td><strong>Q2.</strong> How does it fit with the needs of poor/vulnerable settings and people?</td>
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<td><strong>Q3.</strong> Is there a significant HRN distributional imbalance across settings?</td>
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<td><strong>Q4.</strong> Are there major segments of the population that are seriously underserved by nurses?</td>
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<tr>
<td><strong>Q1.</strong> Does national policy and practice ensure appropriate infrastructure for nursing and midwifery functions?</td>
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<td><strong>Q1.</strong> Does the national strategic plan strengthen effective nursing and midwifery leadership and management?</td>
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<td><strong>Q2.</strong> Is there any effort to set standards and supervise staff and monitor provider performance? By whom?</td>
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<td><strong>Q3.</strong> What management and supervision systems / mechanisms now exist? Are they adhered to?</td>
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<td><strong>Q4.</strong> How are these mechanisms used to improve performance and optimise productivity?</td>
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<td><strong>Q5.</strong> Are there incentives based on staff performance?</td>
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### Dimension | Questions
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8. Good working conditions and efficiently organized work | Q6. Are programme managers trained in leadership? Are needs identified in leadership training? Are there programmes to train health leaders and managers?
Q1. Does policy articulate, advocate and negotiate key elements of good working conditions for nurses and midwives?
Q2. Does the national plan promote an organizational environment that reflects, and continuously improves, good working condition?
Q3. Are the living and working conditions of nurses adequate to attract, retain and motivate them? Are they deployed effectively?
Q4. Did the staff experience delayed payment in the last 12 months?
Q5. Did nurses go on strike in the last 12 months?

9. Technical supervision systems | Q1. Does the national plan develop effective (developmental and supportive) technical supervision systems?

10. Career advancement opportunities | Q1. Does the national plan develop options for clinical career progression for nurses and midwives?

11. Incentive systems | Q1. Does the national plan develop and implement a package of incentives for individuals, teams and organisations?
Q2. Are there any pay or non-pay incentive schemes to work in difficult/underserved locations or with particular patient groups or health needs?

### Dimension | Questions
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12. Job satisfaction | Q3. What types of working environment incentives and other types of incentives exist in the country? (i.e. flexible working hours, work autonomy, improved management)
Q4. What is known about motivation levels? Have there been surveys? If yes, by whom?
Q1. Does the national plan develop and implement strategies to increase job satisfaction based on evidence?
Q2. What is the level (%) of job satisfaction?
Q3. What are the average annual salaries of nurses in comparison to salaries of comparable job titles?
Q4. What methods are used for salary disbursement, and how efficient are they?
Q5. How many hours per week do nurses work (including on-call hours)?
Q6. How does this compare to the official number of hours per week?

13. Unions | Q1. Do nurses have their own unions?
Q2. Is there a common union of all HRN?
Q3. To what extent are these unions involved in developing policy and plan?
4. **Regulation**

To ensure quality care and public safety, effective regulatory mechanisms are required. This element focuses on the effective regulation and management of nursing workforce migration.

### Questions for Rapid Assessment and Action

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| 1. Effective regulation | Q1. Are there periodic regulations reviews?  
Q2. Do the regulations create an enabling environment for quality education and practice?  
Q3. Does national policy ensure strong partnerships between the government and other key stakeholders to strengthen the regulation on nursing?  
Q4. What are the main regulatory bodies in the area of human resources for nursing?  
Q5. What categories of HRN are required to be registered in order to practise?  
Q6. What professional associations exist? What are their criteria for membership?  
Q7. Besides the national regulations, are there specific regulations at the local level?  
Q8. What accreditation and licensing requirements and procedures now exist? Are they adhered to? |
| 2. Management of nursing workforce migration | Q1. Is international migration perceived as a major problem in the country?  
Q2. Do you identify or establish sources of accurate information on the number of nurses entering the registry from abroad and the number of nurses leaving each year? What percentage of employed nurses are foreign educated?  
Q3. What are the main factors causing international migration?  
Q4. Are employment and career-development options for health care workers examined with a view to encouraging them to remain in the country?  
Q5. To what extent does internal migration of staff create distributional imbalance of HRN?  
Q6. Does internal and international migration affect the decision to educate more nurses or new types of providers?  
Q7. Does the country monitor migration-management policies and review experiences from other countries so that lessons can be learnt? |
5. Evidence for Decision-making

In order to ensure that the right nurse and midwifery personal is in the right place with the right skills, countries need accurate data on human resources for health. The accuracy of planning mechanisms and forecasts will depend on the quality of data available and the expertise of the individuals interpreting them. Unfortunately, reliable information on nurse and midwifery personnel is often unavailable nationally and remains almost non-existent internationally. Furthermore, nurse and midwifery are frequently absent from the decision-making bodies which undertake planning exercises.17

Any specific efforts to improve overall workforce productivity need to be based on reliable data about workforce level, distribution and skill mix, coupled with information on the factors thought to be constraining better health worker performance and intelligence on potential policy options.18

Data needed to be collected can be classified in two categories: supply and demand/need. Uniform databases must be developed so that useful information may be collected and standardized for comparison studies at a later stage (see box).

Suggested Minimum Data Set-Supply

- Age
- Sex
- Place of Birth
- Type of nursing education
- Year of graduation
- Licensure status (if applicable)
- Post-basic education/certification
- Institutional or health facility setting
- Geographic location
- Type of work experience (job description)
- Job title and classification
- Employment status (full/part time, active/inactive/retired)

Suggested Minimum Data Set-Demand/Need

- Size of population by age group
- Size of the urban population (by city)
- Size of the rural population (by village, country, province)
- Birth rate
- Infant mortality rate by geographical area
- Population covered by various types of health facilities
- Number of health facilities (by category)
- Distribution of health facilities (by category)
- Utilization data of the health facilities (by category)
- Work hours of health personnel by category: full-time equivalents
- Vacancy/retention/turnover rates by health facility and category
- Costs of employed human resources
- Costs of education
- Costs of continuing education
- Number of training institutions and programmes
- Number of graduating students/year

Note: A comparison of data sets taken from various years will highlight the demographic as well as health service trends.
This element, *Evidence for Decision-making*, focuses on the following use of evidence for decision-making and information on Human Resources Planning.

**Questions for rapid assessment and action**

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<tr>
<td>1. Use evidence for decision-making</td>
<td>Q1. Have the policy planning units tried to identify their research needs?</td>
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<td>Q2. Are results of research used for policy development and planning?</td>
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<td>Q3. Are HRN plans or policies based on evidence?</td>
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<td>Q4. Who performs research on HRN issues in the country?</td>
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<tr>
<td>2. Information on Human Resources Planning</td>
<td>Q1. What HRN information/data is available? Is it representative? Reliable?</td>
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<td>Reliable?</td>
<td>Q2. Are HRN data included as part of a general Health Information System?</td>
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<td></td>
<td>Q3. Are HRN data presented in clear and effective language to policymakers, health managers, other health professional and the general public?</td>
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Human resources planning requires a great deal of cooperation and coordination among all those involved. Nursing organisations will need to identify what resources are available for such exercises, how such resources are most effectively put to use and where the participants’ energies should be directed. The following roles are proposed (see Figure 2).

**Figure 2.** Potential roles of nursing organisations in Human Resources Planning
1. Lobbying for policy decisions influencing HRP

It is the responsibility of nursing leadership to encourage the development of the profession and of nursing services. Stimulating discussion on relevant human resources issues, reinforcing positive initiatives and attaching negative positions, is useful as well as vital. Please refer to ICN Guidelines on Shaping Effective Health Policy (2005) to prepare nurses and nursing for policy making.

If a HRP exercise is to be undertaken, nursing organisations should be involved in the preparation stages, as well as throughout the entire study process, in order to ensure that the objectives and methodology selected will address nursing needs and concerns.

2. Facilitating the process of defining the responsibilities and accountability of nursing personnel

One of the basic obstacles in HRP for nursing is often the lack of clear definitions of the functions and scope of practice for the numerous categories of personnel providing care. Logically, the first major task of the professional organisation should be to determine the profile of each category of nursing personnel, its role, function, responsibilities, career structures and level of autonomy.

Although official registering bodies can greatly facilitate the process, national nurses associations (NNAs) must actively participate in the decision-making. If a registering body has not been prescribed by health legislation or if its present functions are no longer appropriate, the nursing organisation will then need to propose well-supported arguments in order to create the competent agencies or internal programmes and negotiate their acceptance.

Professional consensus needs to be reached on these issues if health authorities are to be persuaded to apply the national nurses association definitions.

3. Analyzing the situation

HRP is a complex and often long-term process. The focus on each HRP exercise must therefore be determined if effective results are to be achieved. Health personnel represent a large number of workers, frequently mobile and employed throughout the geographic territory and at all levels of the sector.

The specific categories of personnel to be included in the study need to be identified. The complexity of the nursing profession’s infrastructure is compounded by its interdependent relationship with a multitude of other professionals and various patient populations. Furthermore, the distinctions between demand (i.e. budgeted positions) and need must be explored and clear direction given to the planning exercise.

The balance between demand (related to affordability) and need (related to health goals) must be established and nursing organisations have an important role to play in this determination. The chosen focus will necessarily influence the HRP methodology and database to be applied. The situation analysis is therefore crucial to the development of a sound planning exercise and nurses’ need to influence this decision-making process.

4. Participating in data gathering

Nursing organisations must facilitate access to appropriate sources of data (e.g. registering body, universities, field research results) and encourage their mem-
biership to cooperate in the generation of useful information. Data needed to be collected can be classified under two categories: supply and demand/need.

Information is a source of power. Data, in and of themselves, are useless. The accurate interpretation of data must be an essential element of all HRP exercises. In many cases, committees of experts are created to carefully study the facts collected, identify trends as well as problems and finally develop a strategic plan. The composition of these committees may vary depending on the need. Nursing needs to actively participate at all levels in order to ensure the development of appropriate HRP policies. Nursing organisations must take advantage of their broad membership base and communication network to participate at various levels of studies.

If possible, nursing organizations may initiate or sponsor nursing research in these areas. The recognized preference of nurses for qualitative studies should permit the development of quality indicators that will inevitably contribute to improving the reliability and accessibility of data for planning exercises.

5. VERIFYING THE ACCURACY OF DATA COLLECTED

The quality of the study’s conclusions will necessarily depend on the reliability of the data collected. Human resource studies may be undertaken at various levels (national, regional, or institutional) depending on the purpose and scale. They can be focused on specific programmes (e.g. maternal/child health, health education) or professional concerns (e.g. nursing education, recruitment of nursing students). Governments may undertake such studies as a means to identify cost-containment measures while professional organisations may focus on workload and service delivery considerations. The nursing leadership must verify the purpose of studies referenced and the accuracy of data collected. Sponsoring agencies have been known to bias study findings by including inaccurate data or by omitting facts that do not conform to their desired outcome. If this is the case, discrepancies must be identified and a search for reliable data must be incorporated into the planning.

6. ANALYSIS OF THE WIDER NEEDS

Effective HRP is necessarily multidisciplinary, intersectorial and integrated within a total system. Nursing’s input and expertise should be considered in the estimation of the wider health system needs as nursing personnel provide services at all levels. Nurse leaders can share nursing knowledge and professional concerns through their participation in various planning committees (executive, advisory or technical) often created to facilitate the analysis of collected data by selected experts.

7. ASSISTING IN THE DEVELOPMENT OF A STRATEGIC PLAN

After considering the full range of available nursing personnel and health workers within the context of the population’s need for health services, nursing organisations can submit options for discussion within the policy-making bodies. They need to respond quickly to proposed plans so that every possible mechanism is used to influence the development and implementation mechanisms of the final strategic plan. Associations and professional unions may also wish to negotiate acceptable working conditions for nursing personnel as part of the development of an effective human resources plan.

8. MONITORING THE IMPLEMENTATION OF THE STRATEGIC PLAN

Nursing organisations must assist in the development of relevant indicators that will monitor the implementation of the strategic plan as well as its impact on the population’s health and the performance of health personnel.
Diallo and colleagues developed indicators for HRH monitoring and evaluation. \(^\text{19}\) They can be classified in terms of the level of achievement, distribution (equity), and efficiency (productivity) of HRH; and by health service provision (current supply) and resources generation (future supply) – see box below.

**Selected indicators for HRH assessment**

<table>
<thead>
<tr>
<th>Level</th>
<th>Distribution</th>
<th>Efficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Services Provision</td>
<td>• Distribution of HRH by location / gender/ other</td>
<td>• Provider productivity</td>
</tr>
<tr>
<td>• Renewal and loss of nursing and midwifery personnel</td>
<td>• Distribution of entrants by location/ gender/ other</td>
<td>• Training costs</td>
</tr>
<tr>
<td>• Education and training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources Generation</td>
<td></td>
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**Evaluating the planning process**

In addition to monitoring the implementation of the strategic plan, nursing organisations must also be actively involved in evaluating the planning process. Effective planning is an ongoing process and future exercises will be facilitated by taking into account the constructive criticism of the parties concerned.

**Conclusion**

Human resources planning is a complex and often long-term process which requires nursing input. The nursing leadership must be familiar with the fundamental process of human resources planning and participate actively in its development, keeping in mind the health goals set for the population.

The political will to consider and implement change needs to be encouraged and supported if strategic planning is to be successful. In certain countries however, the will to change is guided primarily by economic factors, and nursing organisations will need to safeguard quality levels within the health services.

The professional responsibility of nursing organisations to stimulate and facilitate human resources studies is linked to their basic objectives, which are to improve the community’s health status and develop the profession. The challenge is clear. The choice of potential role(s) will depend on the national context and the organisation’s resources.

Nursing’s close relationship to the population in general and the health community in particular reinforces the need for its leadership to become involved in effective health human resources planning.
REFERENCES


18. WHO (2006b), Ibid.