

Strategic directions for nursing in the Region of the Americas



Pan American
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FOREWORD

The high levels of socioeconomic inequality in Latin America and the Caribbean constitute the main obstacle to reducing poverty, strengthening social cohesion, and improving health in the Region of the Americas.

Adoption of the Millennium Development Goals (MDGs) in 2000, the Sustainable Development Goals (SDGs) in 2015, and the Health Agenda for the Americas 2008-2017 has guided the countries of the Region in the development of national health plans and strategic plans to respond to the health needs of the population. Implementation of these plans has led to reductions in maternal mortality and in the incidence of tuberculosis, malaria, and mother-to-child transmission of HIV, among other accomplishments. Furthermore, primary care teams have been strengthened and the number of health professionals has increased.

In socioeconomic and political terms, this Region has long been one of the most dynamic worldwide, and, in the course of the last 20 years, significant and sustained progress has been made both with the determinants of health and in improving the health of the population. Achievements such as reducing infant mortality from vaccine-preventable diseases and diarrhea, reducing maternal mortality, and increasing access to birth control, are largely due to collective and individual health interventions in communities and in primary-care facilities. However, these efforts have not been sufficient to adequately address the growing health challenges in the Americas.

The Strategy for Universal Access to Health and Universal Health Coverage—a legacy of the Declaration of Alma-Ata—and the strengthening of primary health care (PHC)—defined as “a whole-of-society approach to health that aims equitably to maximize the level and distribution of health and well-being by focusing on people’s needs and preferences (both as individuals and communities)... along the continuum care, and as close as feasible to people’s everyday environment”—point the way for the countries of the Region to direct their efforts, both to sustain the achievements already made and to continue advancing toward guaranteeing the right to the highest attainable standard of health, with equity and solidarity.

In this regional context, PAHO/WHO develops initiatives that support the strengthening of PHC-based health systems, fosters opportunities to give voice to those who are not heard, promotes social participation and intersectoral work, and helps countries address their priority



challenges. PAHO/WHO is fundamentally committed to achieving universal access to health and universal health coverage, recognizing the importance of promoting changes in health system response in the Region in order to reduce inequities in health. There are many persistent obstacles to access and coverage of comprehensive, adequate, timely, and high-quality health services for all: more than 80% of the population of low-income countries in the Region cannot access health services, and insufficient human resources are one of the most significant barriers to achieving universal health and the SDGs.

Nursing services are an essential component of SDG target 3.c, which states: “substantially increase health financing and the recruitment, development, training, and retention of the health workforce in developing countries, especially in least developed countries and small island developing States”. Nursing professionals are the core of PHC teams (whose composition is defined by the model of care); in many parts of the world, they are the first and sometimes the only human resource in direct contact with patients. In all settings, nursing is an important component that must be expanded to improve access to and coverage by health systems.

To invest in nursing is to advance towards universal access to health and universal health coverage, with a profound effect on global health and wellbeing. Furthermore, investing in training of motivated professionals who are committed to the values of equity and solidarity help to close the current gaps in people’s access to health services.

As a result of ongoing collaboration and dialogue with stakeholders, we now present these Strategic Directions for Nursing in the Region of the Americas, within the framework of universal health, reflecting the ongoing commitment of PAHO/WHO to strengthening nursing practice and education and to empowering nursing professionals, raising awareness, and acknowledging their role as transformative health agents for people, families, and communities.

Carissa F. Etienne
Director
Pan American Health Organization

EXECUTIVE SUMMARY

Reducing the existing human resources deficit in the Region of the Americas and ensuring that countries achieve their health goals requires an adequate number of motivated, well-distributed health professionals, with the necessary technical and scientific skills, working mainly in primary care settings.

At the 29th Pan American Sanitary Conference, held in Washington, DC, from September 25 to 27, 2017, PAHO/WHO approved the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage, designed to guide the development of health policies in the countries of the Region while recognizing that the availability, accessibility, acceptability, relevance, and competence of human resources are essential to achieving goals related to universal access to health and universal health coverage.

Nursing personnel constitute the largest portion of the health workforce; accordingly, improving the quality of health care requires investment in this segment and acknowledgment of its contributions.

This document provides strategic guidance for the advancement and strengthening of nursing in health systems and services, along the following lines of action:

- 1.** Strengthening and consolidating leadership and strategic management of nursing in the context of health systems and in policy-making and monitoring.
- 2.** Addressing the working conditions and capacities of nurses to expand access and coverage with equity and quality, in order to promote a people-, family-, and community-centered model of care and strengthen both the primary level of care and integrated health services networks.
- 3.** Improving the quality of nursing education to respond to the needs of health systems focused on universal access to health, universal health coverage, and the SDGs.



The eight objectives which underpin these lines of action require regional and national interventions, as well as interventions by partners or stakeholders. PAHO and other regional actors, in addition to governments, health services, schools of nursing and midwifery, nursing associations, and other partners are expected to join forces to achieve the proposed objectives and transform health care and nursing in the medium term.



INTRODUCTION

These Strategic Directions for Nursing in the Region of the Americas are provided within the context of the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage (1) and the Sustainable Development Goals (SDGs) (2), with consideration given to key PAHO/WHO resolutions, as well as relevant global initiatives (3) and recommendations for strengthening nursing work (4-6).

This document, designed to present strategic guidance for the advancement and strengthening of nursing in health systems and services, is technical guidance based on the current situation of nursing in the Region of the Americas. It addresses issues such as leadership, working conditions, and personnel skills, training, and distribution, and is expected to prove useful for the various countries of the Region in contextualizing objectives and activities aimed at strengthening nursing practice and nursing education based on the needs and challenges of each nation.

The interventions presented here are the product of an extensive process of consultation and synthesis of the available evidence, and their purpose is to contribute to the achievement of the SDGs, universal access to health, and universal health coverage, and to strengthen the work of nursing professionals in the countries of the Region.

Within the context of the aforementioned lines of action, this guidance addresses the following questions: How do we meet the current challenges and develop strategic regional solutions? How can we predict and forecast a nursing workforce composition and optimization that is relevant to health systems? How can we ensure accountability in gathering, measuring, and reporting essential data for predicting and forecasting nursing workforce needs?

The framework and interventions proposed in this document consist of potential initiatives for managers, professionals, policymakers and others to face the challenges related to nursing, design and implement strategic actions, and plan and improve the distribution of the labor force. In addition, this document aims to contribute to accountability regarding essential data on the needs of nursing personnel.



1. BACKGROUND



In 2013, the 52nd Directing Council of PAHO/WHO approved the resolution *Human Resources for Health: Increasing Access to Qualified Workers in Primary Health Care-Based Systems (7)*, which called on Member States, taking into account their particular contexts and priorities, to promote reforms in the education of health care professions so as to support PHC-based health systems and increase the number of health providers relevant to PHC, including family physicians, advanced practice nurses, and nonmedical clinical specialists, in accordance with local priorities and public policies for PHC, among others.

In October 2014, PAHO/WHO and its Member States adopted the *Strategy for Universal Access to Health and Universal Health Coverage*, which defines universal access as the absence of geographical, economic, sociocultural, organizational, or gender barriers; and health coverage as the capacity of the health system to serve the needs of the population, including the availability of infrastructure, human resources, health technologies (including medicines) and financing (8). Universal access to health and universal health coverage require robust health systems, supported by motivated, well-distributed health personnel with an appropriate set of skills, to provide quality services based on the needs of the population. Nurses represent more than half of the health workforce, which highlights the importance of the role played by nursing in the context of universal access to health and universal health coverage.

At the global level, in May 2014, the Sixty-seventh World Health Assembly (WHA) adopted the *Resolution on Follow-up of the Recife Political Declaration on Human Resources for Health: Renewed Commitments towards Universal Health Coverage (9)*, in which the Member States requested the Director-General of the WHO to develop and submit a new global strategy for human resources for health for consideration by the WHA.

In 2016, the *Global Strategy on Human Resources for Health: Workforce 2030 (3)* was completed and approved in 2016 at the Sixty-ninth WHA. Other key WHO resolutions in this respect included *Health Workforce: Update (10)* and the *WHO Global Code of Practice on the International Recruitment of Health Personnel: second round of national reporting (11)*.

In 2016, WHO launched the *Global Strategic Directions for Strengthening Nursing and Midwifery 2016-2020 (5)* as a complement to the *Global Strategy on Human Resources for Health: Workforce 2030 (3)*. The Strategic Directions were the result of an extensive consultative process, with the vision of accessible, available, acceptable, quality, cost-effective nursing and midwifery care for all, based on population needs, in support of universal access to health and universal health coverage and the SDGs. The document notes: “Although nurses and midwives constitute more than 50% of the health workforce in many countries, they are also affected by the challenge of shortages”. Of the estimated 43.5 million health workers in 2013, 20.7 million were nurses and midwives, but more than 50% of the shortfall in personnel was among this group. By 2030, the global shortage of nurses and midwives is expected to see a modest decline, to 7.6 million. However, if current trends continue, the shortfall may actually worsen in the African Region and the Eastern Mediterranean Region (3, 5).



Also in 2016, the report of the High-Level Commission on Health Employment and Economic Growth was published (12). Prior to the launch of the report, the 70th Session of the United Nations General Assembly adopted resolution A/RES/70/1, Transforming our world: the 2030 Agenda for Sustainable Development (2), which calls on countries to increase health financing and to recruit, develop, train, and retain the health workforce, especially in least developed countries and small island developing States.

In September 2017, the 29th Pan American Sanitary Conference approved the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage (1), intended to guide national policies on human resources for health, taking into account that the availability, accessibility, acceptability, relevance, and competence of these resources are key for achieving the objectives of universal access to health and universal health coverage (8) and the 2030 Agenda for Sustainable Development (2). The lines of action of the Strategy are: 1) strengthen and consolidate governance and leadership in human resources for health; 2) develop conditions and capacities in human resources for health to expand access to health and health coverage, with equity and quality; and 3) partner with the education sector to respond to the needs of health systems in transformation toward universal access to health and universal health coverage.

Finally, in September 2018, the 56th Directing Council of PAHO adopted the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018–2023, which seeks to reduce the shortfall of approximately 800,000 health workers in the Region and set a course that countries can follow in order to secure the human resources necessary to achieve the global goal of universal health by 2030 (13).

The above-mentioned regional and global resolutions and frameworks on human resources for health set the stage for these Strategic Directions for Nursing in the Region of the Americas.

As the largest segment of the health workforce, nurses are critical to the delivery of high-quality health services, play a core role in strengthening health systems, and are a cornerstone for the achievement of universal health. Without an adequate complement of technically and scientifically competent, motivated, and well-distributed nursing professionals, the Region of the Americas is highly unlikely to achieve universal access to health, universal health coverage, or the SDGs.

2. THE SITUATION OF NURSING IN THE REGION OF THE AMERICAS



Over the past 15 years of work in pursuit of the health-related Millennium Development Goals, the Region of the Americas has achieved sustained progress in improving the health of its population (14, 15). Nevertheless, the Region still faces important health gaps and emerging issues that need to be addressed (14, 15).

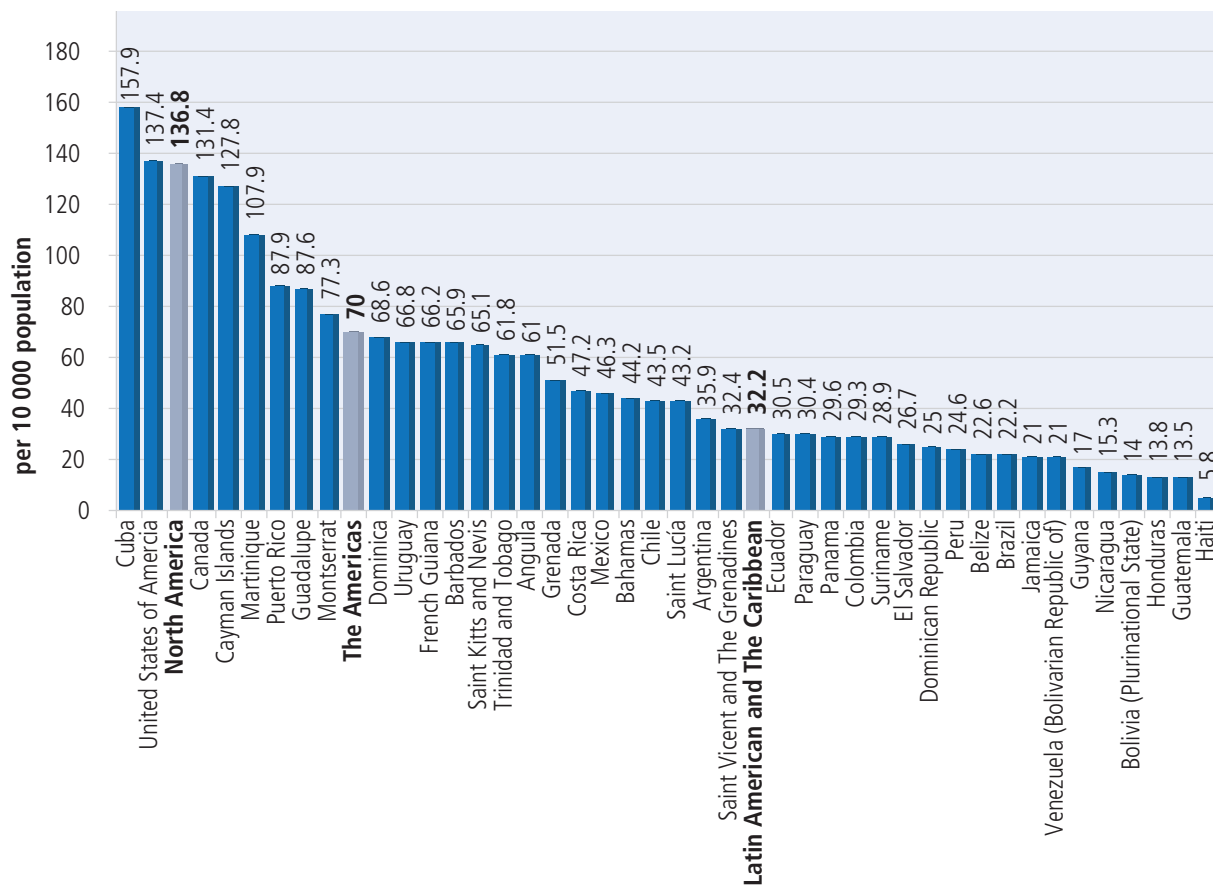
Inequalities among countries affect especially the most vulnerable and underserved populations, such as those living in extreme poverty, those living in rural areas, and ethnic minorities (14, 15). Although infant and maternal mortality rates continue to decline, the goal of a 75% reduction in maternal mortality has yet to be achieved. In addition, morbidity and mortality rates attributable to HIV have been declining, as well as those attributable to malaria (58% and 70% reductions in malaria morbidity and mortality, respectively) (14, 15). Nonetheless, the burden of noncommunicable diseases and violence remains high. Despite gains in health, wide variations in patterns of health and disease remain both within and among the 35 Member States of the Region (2, 14, 15).

In this context, the shortage of human resources for health can compromise the achievement of universal health. There is a major gap in the availability and accessibility of human resources for health, of which nursing is an essential cadre. This personnel shortage jeopardizes the possibility of meeting the new global estimated threshold of 44.5 health workers (physicians, nurses, and midwives) per 10,000 population (3) (figure 1).

There is a major gap in the availability and accessibility of human resources for health, of which nursing is an essential cadre.



Figure 1. Availability of physicians and nurses per 10,000 population in the countries of the Region of the Americas



Source: PAHO/WHO. *Health Situation in the Americas: Core Indicators 2016* (16). Data may be underestimated and refer to medical doctors and nurses. The latter do not include assistants or unregistered professionals.

Mobility and migration, misdistribution, lack of regulation, lack of encouragement for career advancement and under-recognition, poor education, and inappropriate workplace environments are growing problems that affect human resources for health worldwide (3, 15, 17, 18).

Migration is a component of the human right to mobility and the search for a better personal and professional life. In this regard, it is important to recognize the need to invest in strategies for the retention of human resources, especially in least developed countries and small island developing States. The implementation and strengthening of national information databases with data and statistics on migration can help governments monitor the flow of health personnel and plan necessary responses (19, 20).

Nurses play important roles at all levels of health care, from policymaking and management through the redesign of health systems to coordination of teams and direct delivery of care to patients, families, and communities. Across the countries of the Region, the density of nursing

personnel (which includes registered nurses, licensed nurses, technicians, and assistants) varies widely (table 1, figure 2) (21, 22).

Table 1. Density of nursing personnel and nurse: physician ratios in the Region of the Americas, 2017

Subregion/ country (latest year available)	Nurses per 10 000 pop ^a	Nurse physician ratio ^a	Registered nurses		Technicians		Assistants		Total
			n	%	n	%	n	%	
North America	110.90	4.30	3 612 842	58.8	985 097	16.0	1 545 200	25.2	6 143 139
United States of America (2012)	111.40	4.30	3 316 111	58.2	832 619	14.6	1 545 200	27.2	5 693 930
Canada (2013)	106.40	4.30	296 731	66.1	152 478	33.9	0	0.0	449 209
Mexico (2011)	25.10	1.18	120 603	33.4	201 165	55.7	39 671	11.0	361 439
Central America	8.90	0.80	34 463	35.5	36 444	23.7	36 946	40.9	108 053
Belize (2012)	11.10	0.70	943	79.6	0	0.0	241	20.4	1 184
Costa Rica (2014)	24.40	1.07	16 640	55.9	6 276	21.1	6 864	23.0	29 780
El Salvador (2014)	11.20	0.70	5 451	18.4	17 810	60.1	6 361	21.5	29 622
Guatemala (2014)	6.00	0.80	2 212	16.4	0	0.0	11 308	83.6	13 520
Honduras (2013)	3.80	0.40	1 486	18.2	0	0.0	6 667	81.8	8 153
Nicaragua (2014)	6.30	0.70	2 593	29.4	1 909	21.6	4 322	49.0	8 824
Panama (2014)	13.60	0.85	5 138	30.3	10 649	62.8	1 183	7.0	16 970
Andean Region	10.10	0.70	146 327	31.2	60 856	13.0	261 286	55.8	468 469
Bolivia (2013)	5.10	0.57	2 013	58.8	0	0.0	1 409	41.2	3 422
Colombia (2014) ^b	10.80	0.58	50 548	17.3	0	0.0	241 621	82.7	292 169
Ecuador (2014)	10.10	0.50	16 931	48.1	0	0.0	18 256	51.9	35 187 137
Peru (2014)	12.70	1.07	76 835	55.8	60 856	44.2	0	0.0	691
Southern Cone	14.80	0.60	81 555	17.3	216 877	46.1	171 911	36.6	470 343
Argentina (2015)	4.24	0.56	19 729	11.0	73 373	41.0	86 073	48.0	179 175
Brazil (2011)	7.10	0.47	471 924	23.8	1 081 610	54.6	427 125	21.6	1 980 659
Chile (2015)	22.00	1.02	35 670	16.9	129 116	61.1	46 682	22.1	211 468
Paraguay (2013)	14.60	0.92	19 980	40.0	14 388	28.8	15 550	31.2	49 918
Uruguay (2015)	18.90	0.39	6 176	20.7	0	0.0	23 606	79.3	29 782
Latin Caribbean	34.90	1.10	69 722	62.6	24 302	21.8	17 379	15.6	111 403
Cuba (2014)	81.30	1.06	64 722	72.0	24 302	27.0	879	1.0	89 903
Dominican Republic (2014)	3.80	0.18	4 000	21.1	0	0.0	15 000	78.9	19 000
Haiti (2013)	3.50	1.52	1 000	40.0	0	0.0	1 500	60.0	2 500
Non-Latin Caribbean	21.30	1.50	8 073	65.9	0	0.0	4 170	34.1	12 243
Barbuda (2012)	44.00	2.00	900	68.6	0	0.0	411	31.4	1 311
Guyana (2010)	10.10	1.50	871	55.3	0	0.0	703	44.7	1 574
Jamaica (2013)	11.40	1.20	3 185	82.5	0	0.0	674	17.5	3 859
Suriname (2012)	18.60	1.81	1 104	53.2	0	0.0	973	46.8	2 077
Trinidad and Tobago (2011)	35.10	1.30	2 013	58.8	0	0.0	1 409	41.2	3 422
Total	50.60	2.40	4 545 509	47.1	2 606 551	27.0	2 503 688	25.9	9 655 748

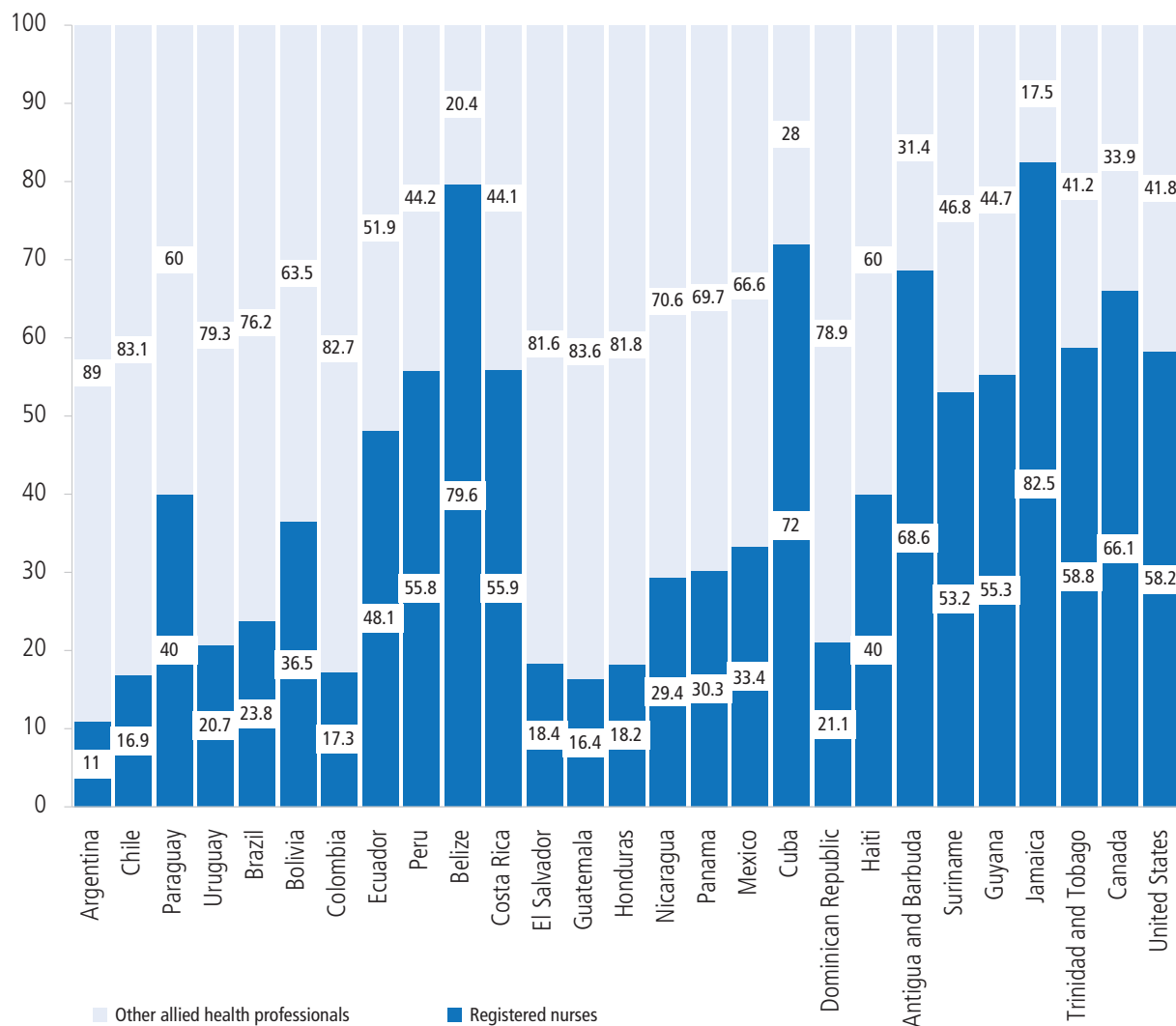
^aNurses: in this specific case, only registered or licensed nurses or nursing technicians are considered, as listed in the PAHO Health Information Platform (PHIP).

^bNo separate data are available for the number of technicians and technologists. This is a pooled figure and includes all assistants, technicians and technologists in Colombia.

Source: Cassiani SHB, Hoyos MC, Barreto MFC, Sives K, da Silva FAM. (22)



Figure 2. Proportion of registered nurses and nursing technologists, technicians and assistants by country and subregion



Source: Cassiani SHB, Hoyos MC, Barreto MFC, Sives K, da Silva EAM. (22)

Forecasts show that, by 2022, there will be far more registered nurse jobs available in the United States than for any other profession—more than 100,000 per year. Considering that more than 500,000 registered nurses are expected to retire by 2022, the U.S. Bureau of Labor Statistics projects the need for 1.1 million new nurses to expand the workforce while replacing retirees. The fact that there is no current nursing shortage in the United States is attributable to the development of national strategies for training of new nurses, appropriate retention policies, investment in the workforce, and promotion of professional autonomy (23).

The density of registered nurses in the countries of the Region is generally low, which jeopardizes the conditions and capacity to expand access and coverage with equity and quality. A positive impact on the performance of health systems and on the lives of people, families, and communities can be achieved through more robust public policies and management, while increasing the number and qualifications of registered nurses, improving their regulation and education, and expanding the labor market for nurses and nurses' scope of practice (24-28).

The quality and competence of nursing personnel is another key issue (24, 26, 28). In Latin America, approximately 70% of the nursing workforce is composed of technologists, technicians, and aides or assistants (21). Conversely, in the United States, approximately 80% of the total workforce is composed of registered nurses; in Canada, that figure is close to 70%, and in Mexico, only 30%. In some countries, substantial investments have been made in training and hiring nursing assistants, to the detriment of the workforce of registered nurses who have more years of training and, consequently, are more qualified professionals.

Expanding and regulating the role of registered nurses in primary care will help improve access to health care in areas with a limited supply of physicians and will maximize access by elderly populations and patients with chronic diseases such as cancer, diabetes, high blood pressure, and mental health problems (depression, substance abuse, etc.).

To overcome the problems described here, it is important to concentrate on areas such as regulation, scope of practice, accreditation of nursing schools, workplace environments, and financial and non-financial incentives for nursing practice, with a renewed focus on public health and primary care.

PAHO proposes that the role of advanced practice nurses be expanded in response to the growing health needs of the population, considering registered nurses and advanced practice nurses as graduate-level providers within multidisciplinary PHC teams, who contribute to the management of patients with risk factors, non-serious acute conditions, and established chronic disorders, according to clinical protocols. This scope of practice is broad and starkly distinct from that of general nurses who provide primary care services, especially concerning the degree of autonomy in decision-making for diagnosis and treatment of patients' conditions (6). In the near future, the presence of nurses with expanded scopes of practice, advanced training, and participation in multidisciplinary health teams should become a reality in all countries, not only in developed nations, where such providers are already recognized, highly valued, and integrated into the health care model.

Regulation of practice is important, since health care delivery systems have become more complex in response to changing population needs and epidemiological and demographic transitions. In some countries, the lack of regulations governing the scope of practice has led to widespread job dissatisfaction and attrition. Therefore, country-specific regulation of practice needs to be implemented and enforced.



In terms of nursing education and practice, there is a need to ensure better distribution of nurses in remote and rural areas; better ratios of nurses to population groups; greater incentives for interprofessional practice (29); more accreditation of education programs; better regulation of practice to improve access to trained health workers; and more academic and clinical rigor (4, 24, 27-30). Technology has had an impact on teaching methods and can make in-service training and continuing health education more accessible than in the past (3, 4, 29, 31). Continuous development of teaching faculty is also essential to ensure the quality of nursing education (3, 4, 32, 33).

The quality of nursing education should continue to be strengthened in the Region of the Americas. In Latin America, this process began in the 1930s with programs connected to universities (33-34). Degree programs were developed in the 1960s, and postgraduate studies in the 1980s (33). Brazil has had doctoral programs for more than 30 years, and several other countries have started doctoral programs within the last 15 years (32). Nevertheless, in most countries, there are very few nursing schools and doctoral-level programs (figure 3, table 2) (33).

Figure 3. Number of nursing schools in each country of the Region of the Americas (33)

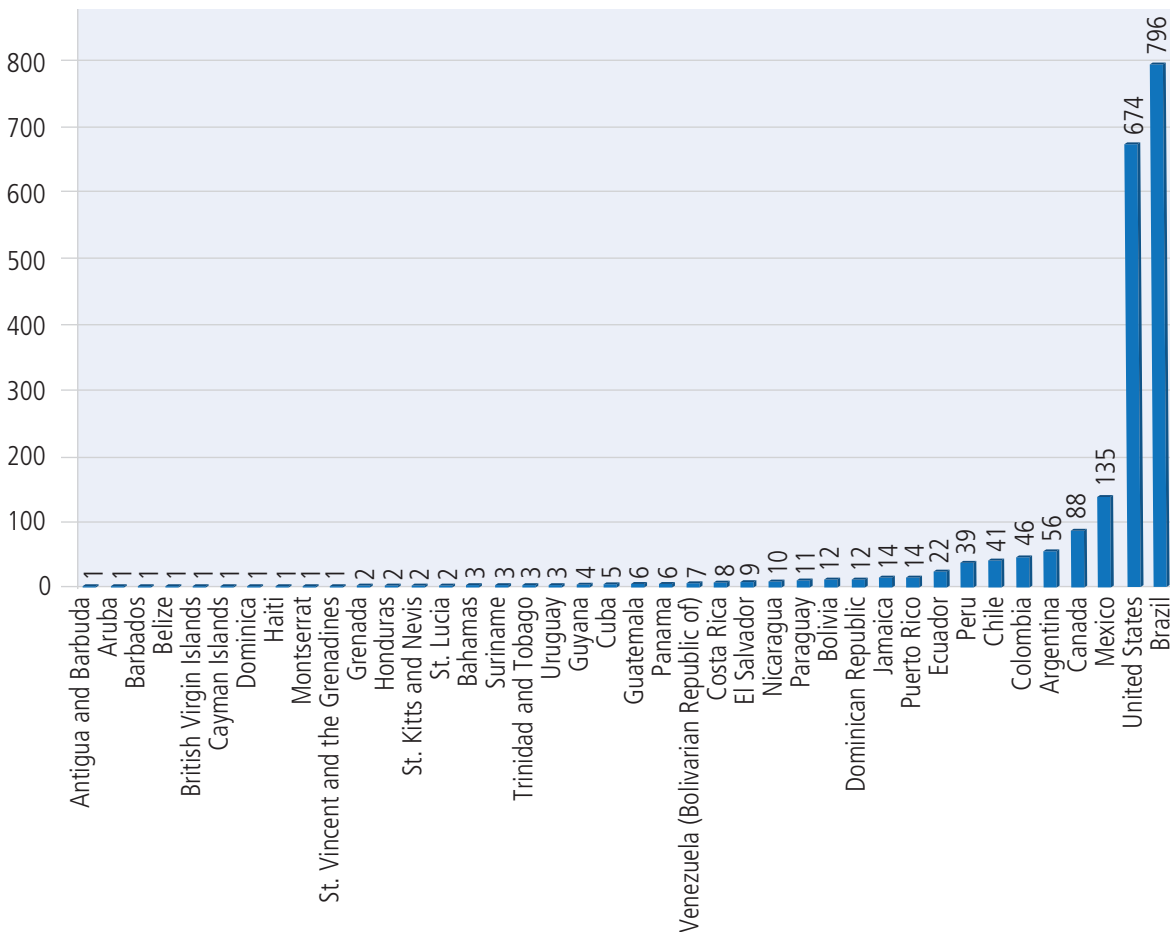


Table 2. Number of doctoral programs in nursing in Latin America and the Caribbean, 2017

Country	No. of doctoral programs
Argentina	2
Brazil	37
Colombia	2
Cuba	1
Chile	2
Jamaica	1
Mexico	2
Panama	1
Peru	1
Puerto Rico	1
Venezuela (Bolivarian Republic of)	1
Total	51

In 2017, PAHO/WHO devised a plan of action to promote doctoral-level training in nursing practice in the countries of Latin America and the Caribbean through the creation, development, and consolidation of doctoral programs that support the generation, use, and transfer of knowledge and innovation. The strategic areas are cooperation and internationalization, academic training consistent with the contexts and health needs of the countries of the Region, knowledge generation translatable into practice and sustainability (33).

In many countries of the Americas, nursing students are getting more clinical expertise in hospitals than in primary care facilities (35). This is related to the structure of the labor market, as well as the countries' different health care models. Several measures, including transformation of nursing curricula toward clinical experiences in primary care, recruitment of faculty with experience in primary care settings, and investment and employment of nurses in these settings, can improve the situation. The training of students in primary care services must be ensured from the very start of professional training. Strengthening of leadership at all levels of education should be emphasized during nursing education. To raise global awareness of these issues, in 2018, the UK All Party Parliamentary Group in Global Health, the International Council of Nurses, and the World Health Organization launched the "Nursing Now", which proposes to increase investment in improving education, professional development, regulation, and working



conditions for nurses; expand the influence of nurses on national and international policies; increase the number of nurses in leadership positions, with more development opportunities at all levels of leadership; generate evidence to support policies and work so that nurses are able to practice to the fullest extent of their abilities; and multiply and improve the dissemination of effective and innovative nursing practices (36-40).

PAHO/WHO has made efforts to strengthen the steering role of nursing (40). Chief nursing officers from 17 Member States of the Caribbean reviewed and discussed several priorities to enhance their leadership and governance (41). Their concerns included gap analysis of various nursing staff according to the need of the service provider; development of national policies and plans for human resources in health; development of an information system to support planning of human resources in health; and capacity building in health leadership and planning. They also supported the development of a 2019–2023 strategic plan by the Regional Nursing Body of the Caribbean.

Finally, the proportion of registered nurses is generally low across all countries of the Region when compared to elsewhere in the world. The total nursing workforce in Latin America and the Caribbean shows great disparities in distribution across subregions. Brain drain of specialist nurses, especially from the Caribbean, has an impact on the health needs of the population. In addition, there are significant differences in training of nursing personnel between countries.

Educational level of different nursing professions in the Region of the Americas	
Registered nurses	Four to five years of higher education
Technologists	Secondary education followed by three years of vocational or technical training
Technicians	Secondary education followed by eighteen months to three years of technical education
Assistants	Primary education followed by 12 to 18 months of formal training

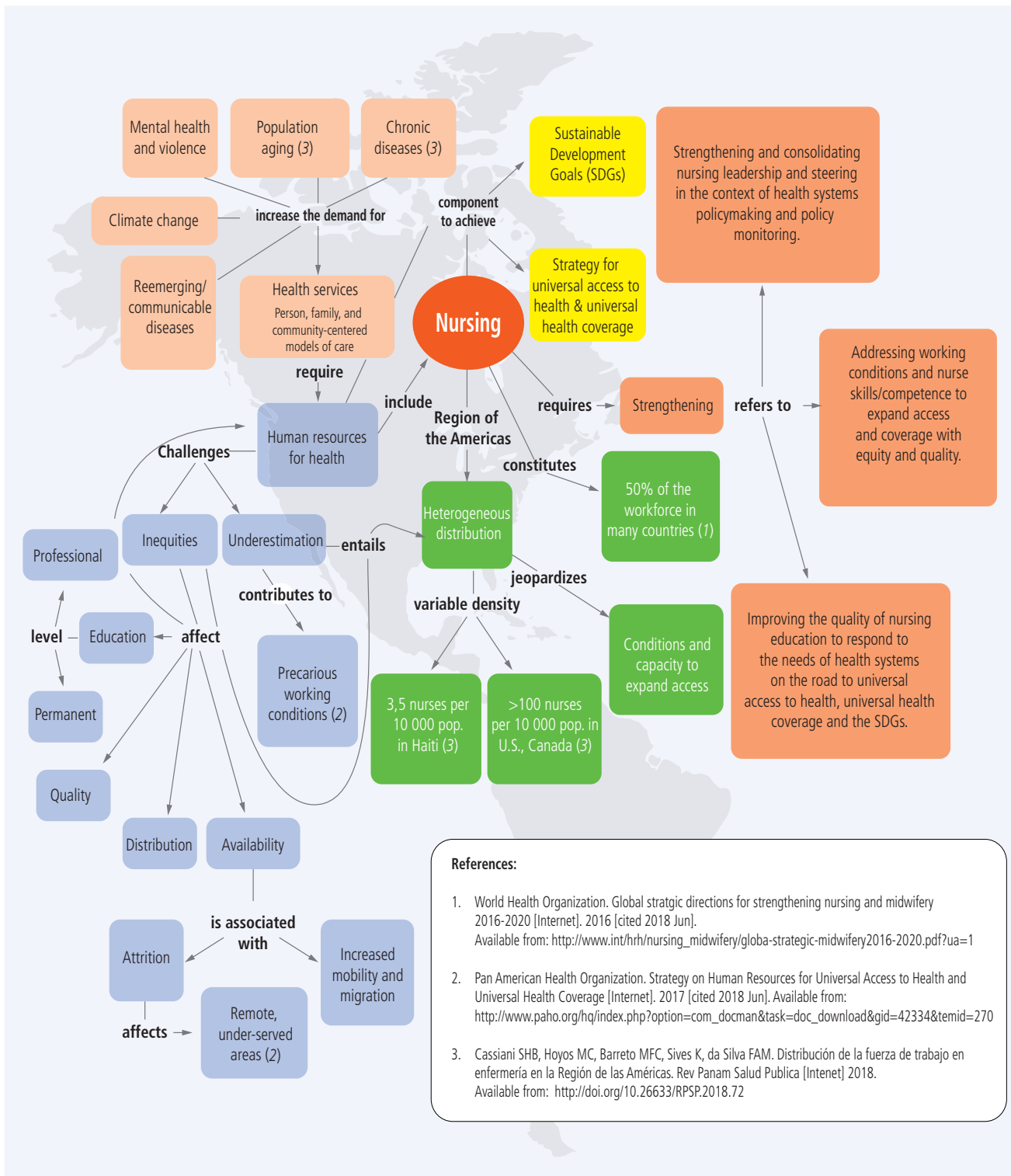
Generally, the critical demands for nursing in the Region of the Americas include: 1) reorienting educational programs for future professionals; 2) updating profiles and expanding roles and scopes of nursing performance, especially in primary care; 3) offering continuing education and training throughout the nursing career; 4) regulation and setting of standards, guidelines, and tools for competent practice and regulation; 5) having positive practice environments; 6) ensuring continuing faculty development and increasing dialogue between practice and research; 7) recognizing and supporting the steering roles of nurses; 8) crafting expanded roles for nurses and regulating these roles; and 9) distributing and retaining professionals.

Positive practice environments are settings that support excellence and decent work. In particular, they strive to ensure the health, safety and personal well-being of staff, support quality patient care and improve the motivation, productivity, and performance of individuals and organizations (42).

Addressing these issues is key to achieving the goal of universal access to health and universal health coverage, as well as target 3c of the SDGs. In this sense, these Strategic Directions for Nursing in the Region of the Americas can provide guidance to minimize current challenges and maximize the contribution of nurses in addressing the health needs of the populations of the Region. Figure 4 summarizes the current situation of human resources for health and, in particular, of nursing in the Region of the Americas.



Figure 4. Challenges faced by nursing in the Region of the Americas



Source: Pan American Health Organization (1); World Health Organization (5); Cassiani SHB, et al (22); Pan-American Health Organization (43).

3. STRATEGIC DIRECTIONS FOR NURSING IN THE REGION OF THE AMERICAS



The goal of the PAHO Strategic Plan (14) is to reduce inequalities in health, whereas SDG 3 (2) focuses on fostering healthy lives and promoting well-being for all people at all ages. In view of the foregoing and seeking to address current challenges, these Strategic Directions for Nursing have been developed through collaboration and dialogue with nurses, especially chief nursing officers (CNOs), and PAHO/WHO collaborating centers.

The initial consultation process, coordinated by PAHO/WHO, was held in Washington, D.C., in August 2016, with CNOs from Barbados, the Dominican Republic, Honduras, Jamaica, Mexico, and Saint Vincent and Grenadines. In October 2016, the second consultation meeting took place in Mexico City to further refine the strategic lines, with CNOs from Antigua, Barbados, Belize, Cayman Islands, Costa Rica, Chile, Cuba, Dominican Republic, Jamaica, Mexico, Panama, Paraguay, Saint Vincent and Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos, and the United States. Also present were representatives from WHO and other organizations.

In accordance with the resolutions cited elsewhere in this document, and especially with the Global Strategic Directions for Strengthening Nursing and Midwifery 2016-2020, six crosscutting themes were highlighted: policy, leadership, regulation, research, practice, and education (table 3).



Table 3. Crosscutting themes of the Strategic Directions for Nursing

Themes	Description
Policy	Refers to the decisions, plans, and actions undertaken to achieve specific health care or public goals within a society. An explicit health policy can achieve several things, such as defining a vision for the future, which in turn helps to establish targets and points of reference for the short and medium term.
Leadership	Refers to the activity of leading a group of people or an organization to establish a clear vision; share that vision with others so they will follow willingly; provide the information, knowledge, and methods to realize that vision; and coordinate and balance the conflicting interests of all members and stakeholders.
Regulation	Refers to a set of rules based on and meant to carry out a specific piece of legislation, such as the protection of patients and populations by health workers. Typically, regulations are enforced by a regulatory agency formed or mandated to carry out the purpose or provisions of legislation.
Research	Refers to the systematic investigation into, and study of, health-related problems in order to allow decision-making and evaluation of outcomes.
Practice	The practice of nursing requires specialized knowledge, competences, skills, and capacity independent decision-making.
Education	Refers to the required background of the right mix of skills and competencies so that health professionals can respond to the ever-changing and evolving needs of populations around the world. The ultimate goal is a transformative and interdependent professional educational system that enables health professionals to deliver equity in health (32).

The crosscutting issues defined above are in harmony with the various strategies and resolutions of PAHO, as well as with the priorities determined during the consultation process. This publication, as well as the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage (1), have the following objectives: 1) strengthen and consolidate governance and leadership in human resources for health; 2) develop conditions and capacities in human resources for health to expand access to health and health coverage, with equity and quality; and 3) partner with the education sector to respond to the needs of health systems in transformation toward universal access to health and universal health coverage.

The strategic questions that this document sets out to answer are as follows:

- 1. How do we meet the current challenges and develop strategic regional solutions for the advancement of nursing?**
- 2. How can we predict and forecast a nursing workforce composition and optimization that is relevant to health systems?**
- 3. How can we ensure accountability in gathering, measuring, and reporting essential data for predicting and forecasting nursing workforce needs?**

Specifically, this document supports the four thematic areas of the WHO Global Strategic Directions for Strengthening Nursing and Midwifery 2016-2020 (5): 1) ensuring an educated, competent, and motivated nursing and midwifery workforce within effective and responsive health systems at all levels and in different settings; 2) optimizing policy development, effective leadership, management, and governance; 3) working together to maximize the capacities and potential of nurses and midwives through intra- and interprofessional collaborative partnerships, education, and continuing professional development; and 4) mobilizing political will to invest in building effective, evidence-based nursing and midwifery workforce development.

VISION

Nursing will collaboratively strengthen systems and services toward universal access to health, universal health coverage, and the Sustainable Development Goals.



GUIDING PRINCIPLES

- **Ethics.** Nursing leaders, working in tandem with the health, education, and labor authorities, plan, provide, and advocate safe, accountable, high-quality health care services based on equity, integrity, fairness, and respectful practice, in the context of gender and human rights.
- **Partnerships.** Working respectfully together on common goals and objectives, collaborating with relevant stakeholders, and supporting each other's efforts.
- **Quality.** Adopting mechanisms and standards based on evidence for best practice that promotes relevant education and research, competent practice, effective professional regulation, and dynamic leadership.
- **Accessibility.** The ability of populations to access comprehensive, appropriate, timely, quality health services when they are needed. These services are actions directed at populations and/or individuals that are culturally, ethnically, and linguistically appropriate, with a gender approach, and that take into account differentiated needs in order to promote health, prevent disease, provide care (diagnosis, treatment, palliative care, and rehabilitation), and offer the necessary short-, medium-, and long-term care across different scenarios.

4. LINES OF ACTION AND OBJECTIVES

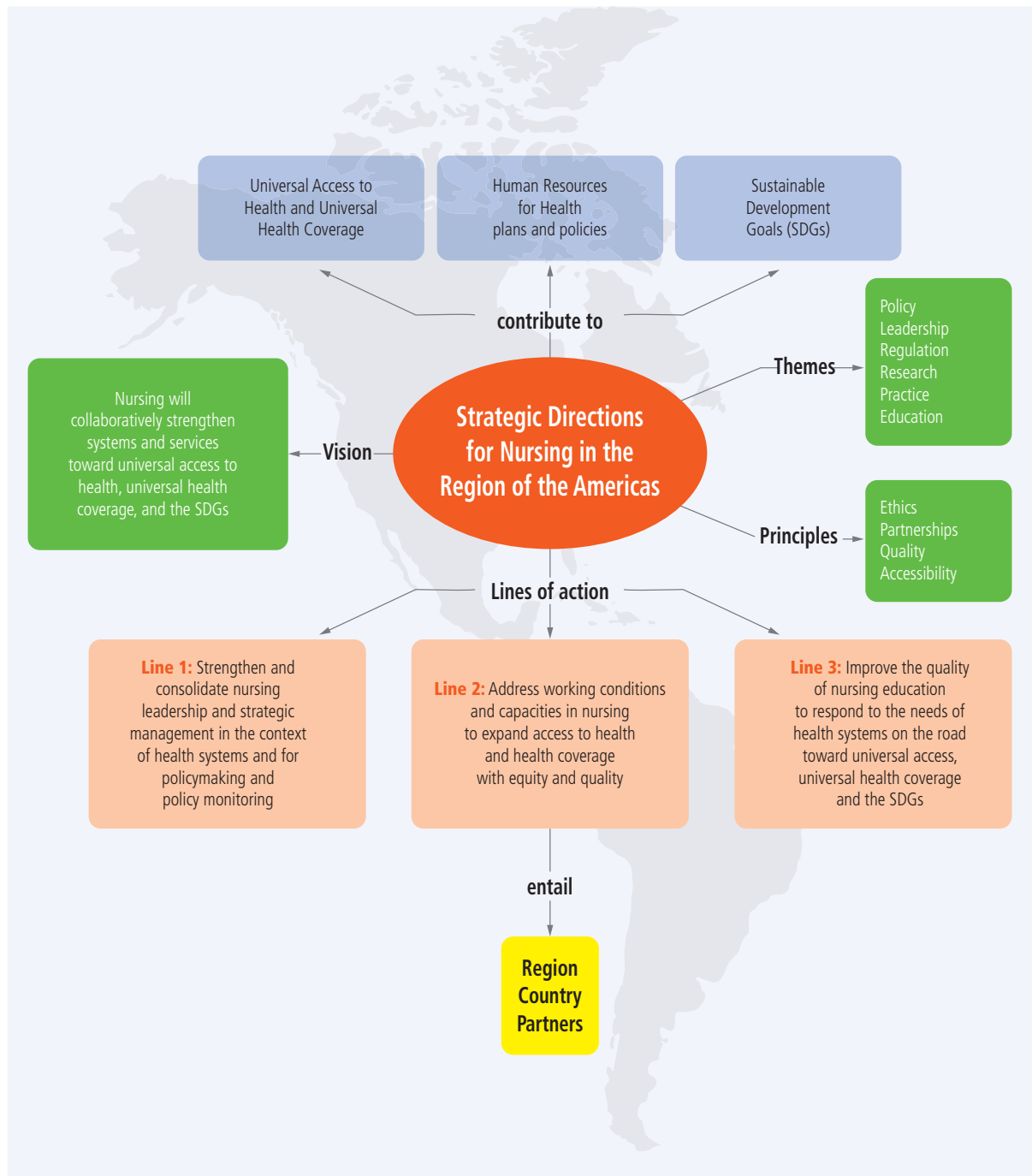


Lines of action	Objectives
<p>1. Strengthen and consolidate nursing leadership and strategic management in the context of health systems and for policymaking and policy monitoring.</p>	<p>1.1 Strengthen capacity of nurses to work in collaboration with all partners, to drive positive and sustainable change in health systems.</p> <p>1.2 Strengthen nursing representation in human resources for health units responsible for the development and monitoring of policies and plans.</p>
<p>2. Address working conditions and capacities in nursing to expand access to health and health coverage with equity and quality, as part of fostering a people-, family-, and community-centered model of care and strengthening both the primary level of care and integrated health services networks.</p>	<p>2.1 Promote adequate workforce resource planning and management to ensure an appropriate number, distribution, and skill mix of nursing personnel to meet community needs within the various existing models of care.</p> <p>2.2 Strengthen nurse roles and nurse-led coordination within interprofessional teams to promote PHC.</p> <p>2.3 Foster positive practice environments with attractive and safe labor conditions, and financial and nonfinancial incentives to recruit and retain nurses and increase employment options.</p>
<p>3. Improve the quality of nursing education to respond to the needs of health systems on the road toward universal access to health, universal health coverage and the SDGs.</p>	<p>3.1 Transform education to increase the capacity of health systems and nursing, with a focus on people-, family-, and community-centered models of care, on the management of integrated health services networks, and on strengthening primary care.</p> <p>3.2 Improve the quality of nursing education through regulation and accreditation of nursing schools.</p> <p>3.3 Promote leadership and management training courses and continuing education programs.</p>

Figure 5 shows a concept map of these three lines of action, the overarching vision, their linchpins, guiding principles, and objectives.



Figure 5. Strategic directions for nursing in the Region of the Americas



This document provides a framework to strengthen nursing work in the Region of the Americas. It is envisaged that this document will be used by governments, health services schools of nursing and midwifery, nurses' associations, and any other entity working with nursing personnel and other stakeholders.

Country stakeholders include nursing personnel; nursing unions, councils and professional associations; regulatory bodies; ministries of health, labor, and education; ministries of technology and development; legislators; and politicians.

The successful implementation of this plan will require a comprehensive, interprogrammatic, multisectoral response to promote regional strengthening of the nursing work force. The innovative approach of these strategic lines of action is not exhaustive, and partners can implement nursing activities based on their specific mandates and purposes.

It is recommended that national and regional organizations, governments, and partners work with nursing personnel to achieve the three lines of action and the eight objectives, interventions, and indicators within the next 10 years.

The lines of action presented below contain tasks for PAHO/WHO and for other regional actors, for the ministries of health of each country, and for any partners that wish to join forces in this endeavor, including boards of nursing and nurses' associations, alliances and coalitions, health committees, academic organizations and research groups, patient associations, the private sector, civil society at large, and national and local media.

Every three years, the Pan American Health Organization (PAHO/WHO), together with the ministries of health, associations, boards, and other partners, will analyze the data and information and measure the progress made. Based on this data analysis, a final progress report for the Strategic Directions at the regional and national levels will be prepared. During the course of this analysis, suggestions can be made (including for revision of the interventions and indicators).



LINE OF ACTION 1: STRENGTHEN AND CONSOLIDATE LEADERSHIP AND THE STEERING ROLE OF NURSING IN THE CONTEXT OF HEALTH SYSTEMS AND FOR POLICYMAKING AND POLICY MONITORING.

OBJECTIVE 1.1: Strengthen capacity of nurses to work in collaboration with all partners, to drive positive and sustainable change in health systems.

REGIONAL INTERVENTIONS	COUNTRY INTERVENTIONS	PARTNER INTERVENTIONS
<ul style="list-style-type: none"> • Create regional guidelines for nursing human resources planning. • Disseminate information about regional plans to strengthen the nursing workforce. • Promote the Regional Forum for Chief Nursing Officers to enhance leadership capacity. • Exchange knowledge and best practices in leadership and workforce management. 	<ul style="list-style-type: none"> • Develop, implement, and evaluate the human resources plan. • Foster and support nursing education and continuing professional development. • Engage community leaders and professional associations in the establishment and development of policies and plans. 	<ul style="list-style-type: none"> • Develop strategic partnerships to strengthen the professional development of Chief Nursing Officers and other leaders. • Collaborate with or participate in the development of workforce planning and training. • Engage actively in steering these lines of action in each country.

INDICATORS

- Number of countries with national nursing workforce plans linked to human resources for health plans.
- Number of activities related to the exchange of knowledge and best practices in nursing governance and leadership.
- Number of strategic partnership networks with nursing schools and colleges, nursing unions, regulatory bodies, councils, and associations.

OBJECTIVE 1.2: Strengthen nursing representation in human resources for health units responsible for the development and monitoring of policies and plans.

REGIONAL INTERVENTIONS	COUNTRY INTERVENTIONS	PARTNER INTERVENTIONS
<ul style="list-style-type: none"> • Provide technical cooperation to the countries, emphasizing the importance of nursing representation in human resources for health (HRH) units, and the importance of planning and organizing health services responsible for developing and monitoring policies and planning. • Use social media to disseminate countries' best practices. • Support the establishment of a minimum nursing data set and disseminate it through the relevant channels. • Report on regional progress in workforce scale-up. • Broker a strategic partnership network with nursing schools, nursing unions, regulatory bodies, councils, and associations. 	<ul style="list-style-type: none"> • Establish units responsible for HRH and for planning and organization of health services, with nurses being responsible for the development and monitoring of policies and plans. • Ensure the analysis and integration of nursing minimum data sets. • Utilize the country database indicators to monitor the implementation and planning of human resources for health. 	<ul style="list-style-type: none"> • Advocate for nursing representation in units responsible for HRH and for planning and organization of health services, and in other health management groups. • Strengthen nursing participation in policymaking and policy evaluation. • Engage nursing leaders in discussions with internal and external actors to determine best practices in health systems.

INDICATORS

- Number of countries that have CNOs or nursing representation in the Ministry of Health.
- Percentage of the countries with a minimum data set on the nursing workforce.
- Number of countries with nursing representation in health steering groups.



LINE OF ACTION 2: ADDRESS WORKING CONDITIONS AND CAPACITIES IN NURSING TO EXPAND ACCESS TO HEALTH AND HEALTH COVERAGE WITH EQUITY AND QUALITY, AS PART OF FOSTERING A PEOPLE-, FAMILY-, AND COMMUNITY-CENTERED MODEL OF CARE AND STRENGTHENING BOTH PRIMARY CARE AND INTEGRATED HEALTH SERVICES NETWORKS.

OBJECTIVE 2.1: Promote adequate workforce resource planning, regulation, and management to ensure an appropriate number, distribution, and skill mix of nursing personnel to meet community needs within the various existing models of care.

REGIONAL INTERVENTIONS	COUNTRY INTERVENTIONS	PARTNER INTERVENTIONS
<ul style="list-style-type: none"> Determine patterns of nursing workforce distribution and migration. Determine minimum data about employment of nurses and labor markets. Use social media to disseminate best practices and incentives to recruit and retain nurses. Disseminate best practices for labor projections and forecasting and human resources policy. 	<ul style="list-style-type: none"> Identify and implement policies and plans to improve nurse distribution. Develop and implement plans to attract and retain nurses in different settings and locations. Establish a national agreement on standards of professional practice. Analyze the supply of and demand for nursing professionals. Increase public investment in the nursing workforce to improve access to qualified personnel. Attract nurses to work in primary health care. Invest in nursing services to strengthen the quality of health systems at the first level of care. Monitor nurse migration flows. 	<ul style="list-style-type: none"> Compile existing evidence for workforce development and distribution. Invest in labor markets for nurses. Advocate and ensure the implementation of good strategies for nursing supply and forecasting. Identify and analyze patterns of nursing personnel migration.

INDICATORS

- Number of countries that have policies, plans, or strategies in place to improve nurse distribution.
- Number of countries that have standards or a plan for nursing workforce development.
- Number of countries that have retention policies for nurses.
- Number of countries that have recruitment strategies for nurses.
- Number of countries that monitor nurse migration.

OBJECTIVE 2.2: Strengthen nurse roles and nurse-led coordination within interprofessional teams to promote organization and management of integrated health services networks and strengthening of primary health care.

REGIONAL INTERVENTIONS	COUNTRY INTERVENTIONS	PARTNER INTERVENTIONS
<ul style="list-style-type: none"> • Develop a framework for interprofessional education, practice, and research. • Provide technical cooperation to strengthen and/or develop models of nursing care. • Disseminate best practices for the design and development of management competencies in health services networks. • Provide technical cooperation to strengthen the scope of practice of nurses. • Define the core competencies of nurses in interprofessional teams. • Disseminate collaborative best practices and models of nursing care in PHC. • Develop interprofessional education guidance for nursing educators. • Foster development of interprofessional education alliances and monitor outcomes. • Disseminate models of care which include advanced practice nurses. 	<ul style="list-style-type: none"> • Review the roles and responsibilities of nurses. • Develop, implement, and evaluate nursing care models with a focus on PHC. • Increase employment options in PHC. • Foster regulation and responsibilities to expand the role of nurses in PHC. • Implement core competencies in interprofessional teams. • Increase opportunities for collaborative practices. • Reinforce collaborative practice. • Create or strengthen interprofessional education. • Incorporate interprofessional core competencies in curriculum and continuing education programs. 	<ul style="list-style-type: none"> • Invest in, implement, and disseminate successful models of collaboration. • Assemble existing evidence about nursing outcomes and impact. • Advocate for positive practice environments. • Monitor the efficacy of health care delivered by nurses in PHC. • Advocate for new roles in PHC. • Ensure an interprofessional approach to maximize patient satisfaction, quality of care, and resources in PHC. • Review the roles and responsibilities of nurses in interprofessional teams. • Promote a culture of interprofessional education in health settings.

INDICATORS

- Number of countries with established roles and responsibilities for community health nursing.
- Number of nurses working in primary health care per 1,000 population.
- Number and types of effective models for nursing care in primary care settings.
- Number of partners supporting and investing in PHC nursing.
- Number of countries investing in PHC nursing services to support universal access to health, universal health coverage, and the SDGs.
- Number of countries that have defined core competencies for nurses working on PHC interprofessional teams.
- Number of countries that identify roles and responsibilities of nurses in interprofessional teams.
- Number of countries implementing models of interprofessional education.



OBJECTIVE 2.3: Foster positive practice environments with attractive and safe labor conditions, and financial and nonfinancial incentives to recruit and retain nurses and increase employment options.

REGIONAL INTERVENTIONS	COUNTRY INTERVENTIONS	PARTNER INTERVENTIONS
<ul style="list-style-type: none"> • Conduct a study to determine the current state of nursing regulation in the Region. • Investigate the roles and responsibilities of nursing professionals in groups of countries in the Region. • Provide technical cooperation regarding professional regulation. • Develop a guideline about positive practice environments. 	<ul style="list-style-type: none"> • Assess and update on the current status of nursing regulation. • Analyze and update the nomenclature, roles, and responsibilities of nursing professionals. • Identify and implement policies and plans to improve working conditions for the health workforce. • Provide incentives for nurse recruitment and retention. • Implement and monitor processes to ensure compliance with standards in regulatory agencies. 	<ul style="list-style-type: none"> • Advocate and support positive practice environments. • Investigate the relationships between labor conditions, care quality outcomes, and nursing work. • Invest and cooperate in strengthening nursing regulatory models.

INDICATORS

- Number of countries that seek technical cooperation for regulation of nursing practice and education.
- Number of countries with a developed and updated regulatory framework for nursing.
- Number of countries with established regulatory bodies for health professionals.
- Number of partners that foster a positive practice environment with attractive and safe labor conditions.
- Number of partners strengthening, and advocating for regulatory models for nursing.

LINE OF ACTION 3: IMPROVE THE QUALITY OF NURSING EDUCATION TO RESPOND TO THE NEEDS OF HEALTH SYSTEMS ON THE ROAD TOWARD UNIVERSAL ACCESS, UNIVERSAL HEALTH COVERAGE AND THE SDGS.

OBJECTIVE 3.1: Transform education to increase the capacity of health systems and nursing, with a focus on people-, family-, and community-centered models of care, on the management of integrated health services networks, and on strengthening primary care.

REGIONAL INTERVENTIONS	COUNTRY INTERVENTIONS	PARTNER INTERVENTIONS
<ul style="list-style-type: none"> • Provide technical cooperation to governments, associations, and other regional bodies to develop guidelines, policies, and recommendations to transform nursing education, with an emphasis on PHC. • Foster continuing education programs. • Promote the use of a publication on nursing research priorities (43) • Promote an expanded role for nurses through the implementation and regulation of advanced practice nursing. 	<ul style="list-style-type: none"> • Develop, implement, and evaluate policies that transform nursing education. • Incorporate alternative models of education to foster nursing continuing education programs (e.g., part-time, distance, or e-learning, leveraging information and communication technologies) • Advocate, acquire, and allocate resources for learning opportunities in community health nursing. • Set a national research agenda and advocate for its funding. • Increase access to innovative nursing in-service training, with a focus on universal access to health, universal health coverage, and the 2030 Agenda for Sustainable Development. • Modify curricula so that content highlights universal access to health, universal health coverage, and country-specific needs. • Promote training of advanced practice nurses. • Advocate for an expanded role of nurses in PHC. 	<ul style="list-style-type: none"> • Mobilize financial, human, and material resources and increase awareness to transform nursing education. • Partner with academic colleagues and service providers to create continuing education opportunities for nursing. • Widely disseminate the findings of nursing research.

INDICATORS

- Number of countries with initiatives in place to transform nursing education.
- Number of countries with initiatives in place to implement advanced practice nursing in PHC.
- Number of nursing schools in each country which have modified their curricula in the last 5 years.
- Number of countries with participants accessing nursing courses on the PAHO Virtual Campus for Public Health.
- Number of partners per country involved in the transformation of nursing education.



OBJECTIVE 3.2: Improve the quality of nursing education through regulation and accreditation of nursing schools.

REGIONAL INTERVENTIONS	COUNTRY INTERVENTIONS	PARTNER INTERVENTIONS
<ul style="list-style-type: none"> • Encourage accreditation of educational programs that train nurses. • Determine the number of accredited nursing education programs per country. • Collaborate on the development of an accreditation framework for nursing education. 	<ul style="list-style-type: none"> • Establish, strengthen, and/or maintain national accreditation standards for nursing education. • Promote accreditation standards in nursing schools. • Determine the number of accredited nursing education programs. • Promote the regulatory aspects of nursing education with regard to nursing schools. 	<ul style="list-style-type: none"> • Advocate for increased investment in accreditation of nursing schools. • Promote mechanisms to encourage and guide the capacities and quality of nursing education. • Disseminate information about quality assurance in the educational system. • Design strategies to improve the regulatory process for nursing education.

INDICATORS

- Number of accredited nursing schools per country.
- Number of countries with established national accreditation standards for nursing education.

OBJECTIVE 3.3: Promote leadership and management training courses and continuing education programs.

REGIONAL INTERVENTIONS	COUNTRY INTERVENTIONS	PARTNER INTERVENTIONS
<ul style="list-style-type: none"> Cooperate in building nursing leadership capacity by promoting nursing education curricula that include core content on leadership development. Facilitate opportunities for CNOs and other key stakeholders to drive positive and sustainable changes in health systems. 	<ul style="list-style-type: none"> Invest in and improve nursing education to include leadership courses in curricula and continuing education programs. Disseminate best practices in nursing leadership. 	<ul style="list-style-type: none"> Develop, implement, and evaluate leadership courses and professional development opportunities for nurses. Advocate for nurses to collaborate with other partners to drive positive and sustainable change in health systems.

INDICATORS

- Number of countries that have initiatives in place for nursing leadership capacity building.
- Number of partners engaged in advocacy efforts for nursing leadership capacity building.



CONCLUSIONS

The nursing profession is essential to transforming care systems, but myriad challenges must be faced in the process. These include reformulating nursing curricula to encourage an interdisciplinary approach; improving the labor market for PHC with attractive working conditions; developing leadership capacity and recognizing nurse leaders; investing in the regulation and accreditation of nursing schools; and promoting positive work environments.

Strengthening the role of nurses in the Region of the Americas will require the development of strategies that include close ties between health, education, work, and the community; promoting the active participation of municipalities and social organizations in the regulation of nursing practice and education; empowering individuals and communities; fostering active participation of individuals and communities in policymaking; and increasing access to and use of scientific publications to transform practice.

Along with recognizing the contribution that nursing makes to reaching countries' goals, it is necessary to provide economic and non-economic incentives, promote continuing medical education for nursing professionals, and create positive work environments that retain and value these professionals. Interprofessional education and collaborative practice are also key to teamwork, provision of quality services, recognition of the capacity of other human resources, and mutual respect.

Throughout this document, we have constantly emphasized that without the cooperation of nurses—considering the relative size of the nursing workforce within health systems—it will be simply impossible to achieve universal access to health and universal health coverage, as well as other global mandates. The time has come to invest in nursing in the Americas.

Finally, these Strategic Directions for Nursing in the Region of the Americas aim to strengthen the role of nurses through a series of interventions by PAHO and other regional organizations, as well as interventions by countries and partners.

Consequently, it is necessary for organizations, health systems, and countries to develop their own national plans to strengthen the nursing workforce. These must be aligned with national plans for the development of human resources and national priorities, and they must include the perspectives of patients, professionals, and national boards and associations, based on evidence and analysis.



As noted earlier in this document, the Pan American Health Organization (PAHO/WHO), will work with ministries of health, professional boards and associations, and other partners to analyze data and measure progress. Based on this analysis, a final report on the progress made toward the strategic directions at the regional and national levels will be prepared and presented. The development of this plan, together with the political will to strengthen nursing work, can contribute to the transformation of health care in the Region of the Americas.



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