



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**



***European strategic directions
for strengthening nursing
and midwifery towards
Health 2020 goals***



Address requests about publications of the WHO Regional Office for Europe to:

Publications

WHO Regional Office for Europe

UN City, Marmorvej 51

DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office website (<http://www.euro.who.int/pubrequest>)

© **World Health Organization 2014**

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

CONTENTS

1. INTRODUCTION	2
2. HEALTH TRENDS AND CHALLENGES IN THE REGION.....	2
3. TOWARDS A NEW ERA	3
3.1 Health 2020	3
3.2 Moving forward in the spirit of the Munich Declaration.....	4
4. EUROPEAN STRATEGIC DIRECTIONS FOR NURSING AND MIDWIFERY.....	5
4.1 Priority action areas	7
4.1.1 <i>Scaling up and transforming education and training</i>	7
4.1.2 <i>Workforce planning and optimizing skill mix</i>	8
4.1.3 <i>Ensuring positive work environments</i>	9
4.1.4 Promoting evidence-based practice and innovation.....	10
4.2 Enabling mechanisms	11
4.2.1 <i>Regulation</i>	11
4.2.2 <i>Research</i>	12
4.2.3 <i>Partnerships</i>	13
4.2.4 <i>Management and leadership</i>	14
5. IMPLEMENTING AND MONITORING THE FRAMEWORK.....	14
REFERENCES.....	15

1. INTRODUCTION

Nurses and midwives have key and increasingly important roles to play in society's efforts to tackle public health challenges and in delivering safe, high-quality, effective and efficient health services. These professions are vital to protecting and improving health by supporting people to manage their own health, and ensuring access and continuity of care when patients need it. This dual approach is central to meeting changing health care needs.

This document aims to guide Member States in enabling and enhancing the contribution of nurses and midwives to achieving the Health 2020 goals of improving the health and well-being of populations, reducing health inequalities, strengthening public health and ensuring sustainable, people-centred health systems. It builds on the values and principles endorsed in *Health 2020: a European policy framework and strategy for the 21st century* (1) and outlined in the global *Strategic Directions for Strengthening Nursing and Midwifery Services 2011–2015* (2).

This is a framework to strategize action – the first of its kind in the WHO European Region. It sets out how to maximize nursing and midwifery potential, and enables their full contributions for supporting Health 2020 implementation with clear action lines. It identifies 12 objectives, four priority action areas and four enabling mechanisms that align policy and practice with the Health 2020 vision, and helps Member States to strengthen nursing and midwifery within the context of their own country plans (see Section 4). Annexes 1 and 2 present a suggested plan of work by which Member States and stakeholders can work with the WHO Regional Office for Europe in implementing the actions needed to deliver these objectives.

2. HEALTH TRENDS AND CHALLENGES IN THE REGION

Wide variations exist in the patterns of health and disease in the 53 Member States of the Region. While positive health gains were reported in the last 20 years, not all countries have benefited to the same extent. Health-related inequities exist between and within countries and populations according to ethnicity, gender, socioeconomic status, educational level and geographical area. In 2012, the infant mortality rate in the poorest countries in the Region was nine times higher than that in the richest. While wider determinants of health, e.g. social factors and education, are the biggest factors affecting health outcomes and inequalities, health care and thus supply of health care professionals are significant contributors (3). Health workforce maldistribution and shortages are clearly associated with poor health outcomes (4). This situation is exacerbated by the growing problem of health workforce mobility and migration in many countries across the world, including many European countries, which can lead to a strain on services.

Noncommunicable diseases are the leading causes of mortality and morbidity in the Region and account for 86% of deaths and 77% of the disease burden (5). Cardiovascular diseases and cancer are the main killers, with disadvantaged populations displaying the highest prevalence and mortality. Mental health disorders are also on the rise and are among the most common contributors to chronic conditions in Europe. The current number of older people and predictions for their increased numbers are particular challenges for the health and social sectors, requiring governments to support people in remaining as healthy and independent as possible. Furthermore, preventing communicable diseases such as tuberculosis and HIV/AIDS and outbreaks of pandemics continue to be priority areas.

Primary health care remains a cornerstone of health systems in the 21st century. Recognizing patients as partners in their own care, and extending supported self-care and community-based solutions require re-

newed emphasis on the need for effective primary health care. Primary care innovations need to include extending the use of technologies for communication, decision support, and remote health and care support (for example, patients with chronic illness monitoring their own conditions and discussing results and actions with nurses on line). Integrated care is important, providing the best quality care for patients and the best value. Interprofessional collaboration in education, practice and research is a priority and a means of fostering team work and mitigating the health workforce imbalances and shortages (6). WHO recognizes that interprofessional education in particular enables effective collaborative practice, which is key in optimizing the skills of team members, case management and in the provision of better health services, which leads to improved health outcomes.

The next decade is likely to be challenging for Member States due to the consequences of the international financial and economic crisis and the continued problems of social exclusion, and health inequality. According to research on recent previous economic downturns, the main impacts tend to be on health and social issues, with poorer areas taking longer to return to previous levels (7).

3. TOWARDS A NEW ERA

3.1 Health 2020

Health 2020 is the European policy framework for health and well-being, adopted by the 53 Member States of the Region in September 2012. It aims to support action across government and society to “significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality” (1). Health 2020 builds on the previous Health for All policies including Health 21 (8), the Tallinn Charter: Health Systems for Health and Wealth (9) and the United Nations Millennium Development Goals (10). Fig. 1 presents four priority action areas of Health 2020; one of which is strengthening people-centred health systems and public health. The policy framework is also inextricably linked with the renewed emphasis on primary health care set out in *The World Health Report 2008. Primary Health Care – Now More Than Ever* (11). The European action plan *Strengthening public health services and capacity* (12) focuses on this action area, as do people-centred health systems (13), which presents operational products and services under the programmes of the Regional Office.

Health 2020 supports integrated whole-of-government and whole-of-society approaches, as well as a global partnership in order to successfully address the disease burden, and enable people to improve their health by tackling the determinants of health. Good health benefits all sectors through increased productivity and healthier ageing. Fostering collaboration with civil society and communities ensures that health systems are person centred, comprehensive, accessible and integrated and that primary health care is strengthened. Health 2020 highlights nurses and midwives as having key roles to play in society’s efforts to tackle public health challenges and in ensuring access to health services and continuity of care, as well as addressing people’s rights and changing needs.

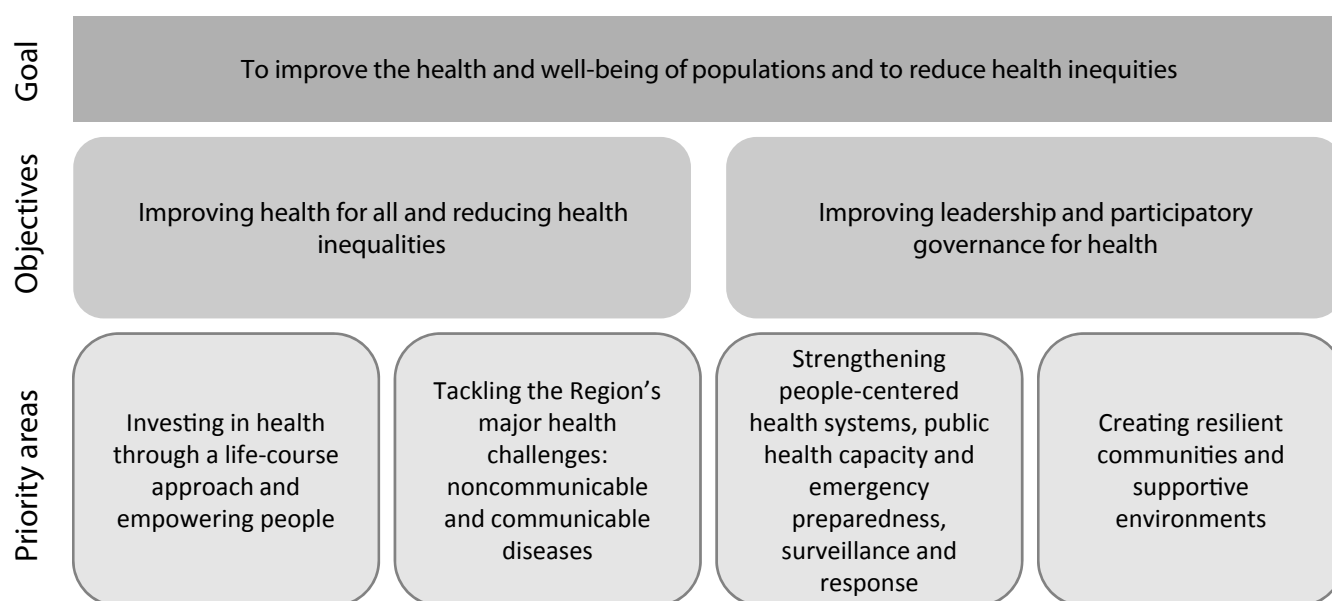


Fig. 1. Health 2020 policy framework

3.2 Moving forward in the spirit of the Munich Declaration

The *Munich Declaration: Nurses and Midwives: A Force for Health, 2000* (14) was only the second WHO policy statement on nursing and midwifery in the Region endorsed by ministers of health. The first, the *Vienna Declaration on Nursing in Support of the European Targets for Health for All, 1998* (15), focused on nurses' and midwives' roles in achieving the Health for All targets.

Health 2020 provides an opportunity for the Regional Office and Member States to re-engage with the sentiments expressed in the Munich Declaration, which recognizes that nurses and midwives are a real force in public health and effective contributors within health systems. Despite the enormous social and economic changes over the past decade, the principles highlighted by the Munich Declaration are just as relevant today.

Nurses and midwives deliver the highest proportion of direct patient/client care and have close contact with large numbers of the population. There are therefore clear benefits to nurses and midwives understanding the social determinants of health, and being competent in the principles and practice of public health. Throughout the Region, the roles and scope of practice for all nurses and midwives should be focused on supporting optimal health in people of all ages and preventing noncommunicable diseases and/or the complications of noncommunicable diseases by means of health promotion; primary, secondary and tertiary prevention; and empowering people in self-care and changing their health behaviours. Some nurses and midwives should also be educated as specialists in public health to work solely in this field alongside other public health specialists.

Nurses and midwives together form the largest group of health professionals in all countries, and they are central to delivering safe, high-quality, effective and efficient health services. A wide variation in the composition of the health workforce, in education, regulation and the scope of practice for nurses and midwives exists between countries.

Health policy priority areas regarding integrating health services and implementing the life-course strategy are setting new requirements for advanced nursing and midwifery practices. Nurse- and midwife-led services are being developed to provide equal and improved access and better continuity of care, as well as improved health outcomes. Innovative roles such as the family health nurse (16), launched by the Regional Office, is focused particularly on promoting and protecting people's health throughout the life-course, and reducing the incidence of and suffering from the most common and preventable diseases and injuries.

Nurses and midwives are recognized as essential members of multidisciplinary teams and interdisciplinary, working to tackle the social determinants of health, give children a healthy start in life, promote health literacy, empower self-care, support healthy ageing and reduce health inequalities through the Health for All approach. Interprofessional learning should be used to create a structured, supportive more nurturing climate for all professions to work in an integrated way for the benefit of patients and the community.

In recent years, several WHO resolutions (17,18) and progress reports (19,20) recognized that improving and sustainable health service systems require educated, valued and properly rewarded nurses and midwives. The importance of a robust health workforce in the strengthening of health systems was recognized by the Regional Committee in Europe in 2007 and 2009 (21,22).

A strong interconnection exists between Member States – this has been evident in the current financial crisis and extends to health policy and the impact of health policies across boundaries. This applies particularly to the health workforce, and the ultimate goal is for Member States to have national health workforce sustainability.

Evidence shows that healthy, well-supported, well-educated and motivated staff improves the care experience and health outcomes. Therefore creating positive work environments, career opportunities, professional recognition and rewards for nurses and midwives are important. This reduces sick leave and encourages their active engagement in the workplace and in the delivery of quality health services. Building health workforce capacity (23) and reducing the brain drain of qualified health personnel from developing countries are supported by the *WHO Global Code of Practice on the International Recruitment of Health Personnel* (24). Additionally health organizations that provide health promoting environments and health professionals with good health and well-being are role models in their communities.

4. EUROPEAN STRATEGIC DIRECTIONS FOR NURSING AND MIDWIFERY

The common goal of Health 2020 and this framework is to improve the health and well-being of populations and to reduce health inequalities. This framework could help guide Member States in enhancing the contribution of nurses and midwives in achieving the Health 2020 goals. It aims to support Member States in strengthening and sustaining their nursing and midwifery workforces so these professions can actively contribute to improving health outcomes. This contribution spans from providing care to protecting and promoting health to participating in national health policy implementation and planning. It was created by the Regional Office following extensive consultations from nursing and midwifery experts. It is built on the principles of Health 2020 (1), the global *Strategic Directions for Strengthening Nursing and Midwifery Services 2011–2015* (2) and the Munich Declaration (14). The sentiments endorsed by the Sixty-fourth World Health Assembly in resolution WHA647 on strengthening nursing and midwifery in 2011 (18) and the findings of *A global survey monitoring progress in nursing and midwifery* (20) in 2010 were also taken into account.

This framework (Fig. 2) outlines four priority action areas and 12 objectives underpinned by four enabling mechanisms to strengthen nursing and midwifery services within the context of each Member State’s own country plans and in collaboration with the Regional Office.

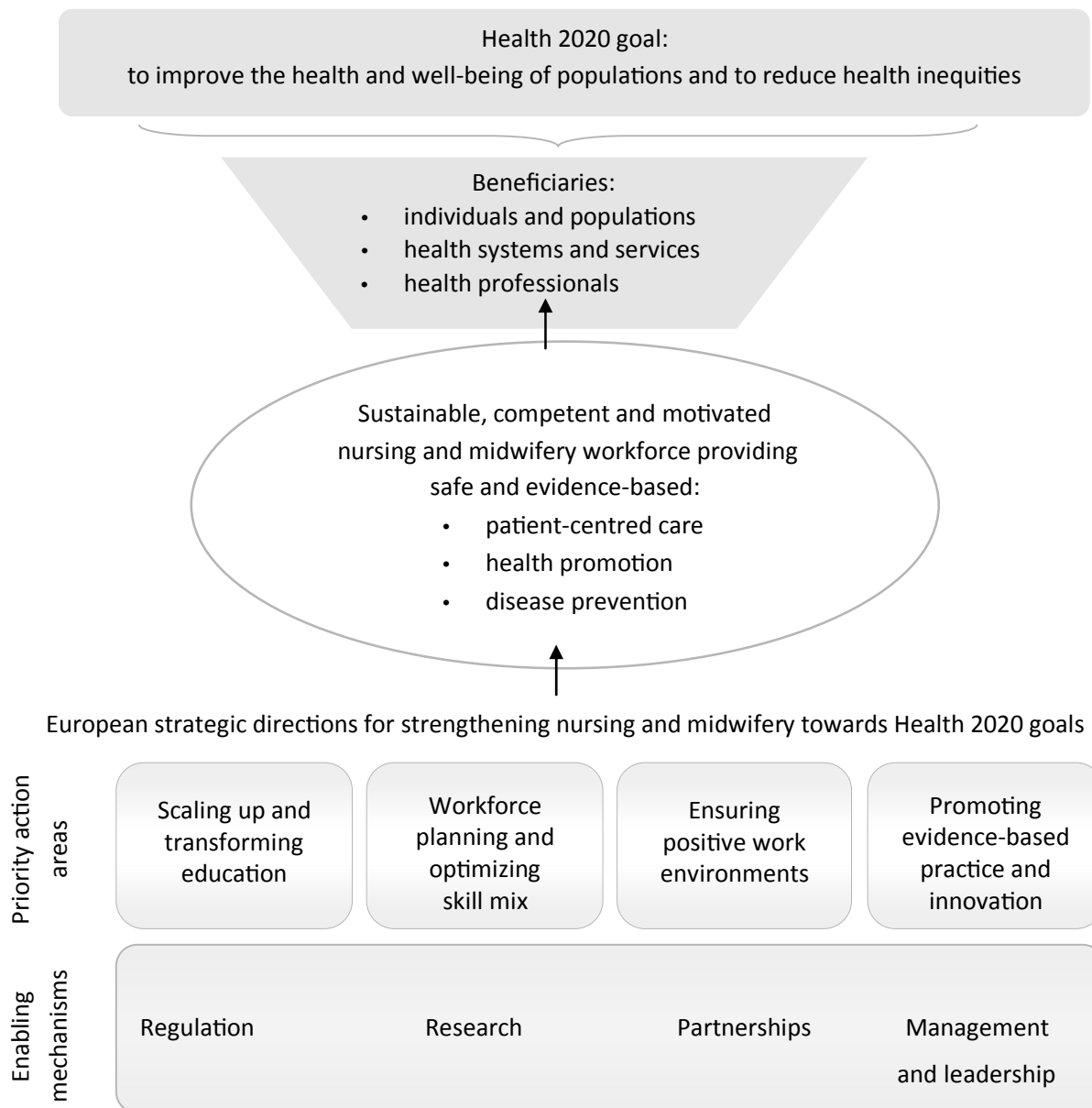


Fig. 2. European strategic directions for strengthening nursing and midwifery towards Health 2020 goals framework

Fig. 2 shows how this framework supports the implementation of Health 2020 through strengthened and sustainable nursing and midwifery workforces and services. The remainder of this section sets out information and suggested action lines to achieve the 12 objectives and ultimately contribute to the implementation of Health 2020. Each of the objectives aligns with particular priority action areas and enabling mechanisms (Table 1), detailed below. Annex 1 shows a suggested framework for implementation between Member States and the Regional Office.

Table 1. Priority action areas, enabling mechanisms and objectives

Action area or mechanism	Objective
Priority action areas	
Scaling up and transforming education	1: Standardize the initial education of nurses and midwives at degree level to get the best outcomes for patients and populations.
	2: Develop education and regulation that enables and ensures that nurses' and midwives' core competencies are in line with the basic principles of Health 2020.
	3: Strengthen continuing professional development and career development.
Workforce planning and optimizing skill mix	4: Develop workforce planning strategies and policies to ensure a sufficient and sustainable nursing and midwifery workforce.
	5: Ensure that workforce redesign and skill mix provides safe and effective care.
Ensuring positive work environments	6: Promote positive work environments.
Promoting evidence-based practice and innovation	7: Facilitate the culture of evidence-based practice in nursing and midwifery.
	8: Develop, transform and adapt the roles of nurses and midwives in line with the goals of Health 2020.
Enabling mechanisms	
Regulation	9: Ensure that the definitions of nursing and midwifery are embodied in legislation and that mechanisms are in place to safeguard the public.
Research	10: Build nursing, midwifery and multidisciplinary research capacity.
Partnerships	11: Build interdisciplinary and intersectoral collaboration and partnerships across society to develop and provide person-centred care and improved health outcomes.
Management and leadership	12: Strengthen nurses' and midwives' inclusion in health policy and service delivery decision-making at local, government and international levels.

4.1 Priority action areas

Based on consultations with experts in nursing and midwifery, four priority action areas were identified as necessary for supporting nurses and midwives in contributing effectively to the health of their communities. They are scaling up and transforming education and training, workforce planning and optimizing skill mix, ensuring positive work environments and promoting evidence-based practice and innovation. Each will progress the Munich Declaration and significantly contribute to the realization of Health 2020 goals.

4.1.1 Scaling up and transforming education and training

It is important that initial training of nurses and midwives promotes a commitment to evidence-based practice, and competence development and maintenance through engagement in life-long learning as an integral component of ongoing professional practice (Box 1). Such life-long learning is not restricted to the academic setting and can be pursued through innovative learning models, such as virtual education.

Box 1. Scaling up and transforming education and training

Priority: the education of nurses and midwives is aimed at ensuring that a supply of qualified and competent nurses and midwives is available to meet changing population needs, health technology and health care delivery models.

Objective 1: standardize the initial education of nurses and midwives at degree level to get the best outcomes for patients and populations.

Objective 2: develop education and regulation that enables and ensures that nurses' and midwives' core competencies are in line with the basic principles of Health 2020.

Objective 3: strengthen continuing professional development and career development.

Undergraduate and postgraduate curricula for nurses and midwives should provide for graduates who are competent to meet the needs of a variety of patient groups and of changing health services (25). Public health competencies should form part of core requirements in both undergraduate and postgraduate curricula in order to scale up health promotion and disease prevention competencies throughout the life-course. All curricula should address the key determinants of health, specifically a healthy start for all children, management of chronic conditions, long-term care, supporting healthy ageing, as well as people empowerment and self-care.

Research indicates that the degree level of a nursing education and the patient to nurse ratio are associated with reduced preventable hospital deaths (26). It is of utmost importance that patient safety, quality of care and the ability to apply evidence-based clinical practice are central to nursing and midwifery professional education.

In order to enhance skills in collaborative teamwork and intersectoral cooperation, undergraduate nursing and midwifery programmes should be guided by the *Framework for action on inter-professional education and collaborative practice* (6). For example, interdisciplinary education opportunities should be developed around specific health topics such as the management of noncommunicable diseases.

4.1.2 Workforce planning and optimizing skill mix

Aligning supply with demand, now and into the future, requires effective workforce planning (Box 2). At present, workforce planning methodologies, purposes, approaches and timeframes vary greatly between countries (27). Variations also exist among the professions and sectors included in these processes. Workforce planning should move from traditional unidisciplinary models to multiprofessional integrated workforce planning and ensure all relevant health professions – including nurses and midwives – are part of the planning process. National tools and planning processes can be informed and complemented by recent initiatives. Firstly, the WHO action framework for health workforce planning gives access to a range of models and tools (28). Secondly, the European Union Joint Action on Health Workforce Planning and Forecasting provides a platform for information sharing and learning between countries (29). In addition, it is essential that Member States collaborate in contributing to the effective design and implementation of policy support tools such as the human resources for health databases and the WHO Global Code of Practice on the International Recruitment of Health Personnel (30). Member States need to use accurate and complete data, appropriate methods and relevant tools to make evidence-based decisions to monitor and plan the nursing and midwifery workforce. This not only informs the assessment of workforce demand, supply and mobility but also guides appropriate matching of skills with changing health needs.

Box 2. Workforce planning and optimizing skill mix

Priority: a sufficient supply of nurses and midwives is central for ensuring the sustainability of health care systems, for enabling health systems to respond to the increasing pressure of changing demographics and patterns of disease, and for fully utilizing current and future technologies.

Objective 4: develop workforce planning strategies and policies to ensure a sufficient and sustainable nursing and midwifery workforce.

Objective 5: ensure that workforce redesign and skill mix provides safe effective care.

Effective service delivery requires processes to ensure that sufficient staff will be available at the right time, and with the right skill mix, competencies and flexibility to deliver high-quality health care. Member States would need to determine an appropriate skill mix between professions and occupations as a critical component of effective service delivery. Skill mix can refer to the mix of occupations, the demarcation of roles among different categories of staff and the combination of skills available or needed (31). Because health care is a labour-intensive industry, identifying the most effective mix within available resources is important.

International literature provides a range of methodologies for determining the appropriate skill mix as part of a broader approach of resource planning. Reviewing data on skill mix, such as the mix between physicians and nurses/midwives or the mix between specialist and generalist physicians, can help inform strategies to ensure the most appropriate and cost-effective combination of roles and staff (32).

Since no universal, ideal mix of health personnel exists, skill mix should be determined by identifying the care needs of a specific patient population. It is also important to examine organizational and system contexts, which define the opportunity for change, such as introducing new roles or developing current roles. For example, evidence suggests that the scope of practice of nurses can be extended in many service systems based on the needs of patients and populations and the delivery of countries' health reforms (33).

4.1.3 Ensuring positive work environments

Evidence exists that healthy, well-supported, well-educated, motivated staff improves the care experience and outcomes for patients. Therefore creating positive work environments, career opportunities, professional recognition and rewards for nurses and midwives are important (Box 3). This reduces sick leave and encourages their retention and active engagement in the workplace and in the delivery of health care.

Box 3. Ensuring positive work environments

Priority: positive work environments have been shown to improve both patient and organizational performance outcomes.

Objective 6: promote positive work environments.

Positive work environments for nurses and midwives are defined as practice settings that maximize the health, safety and well-being of health workers and improve and/or sustain their motivation (34). They ensure that nurses and midwives can conduct their work in ways that are effective, efficient, safe and timely. They impact positively on performance, supporting good patient experience and outcomes and organizational performance indicators, and contribute to wider societal outcomes. Financial benefits to organizations include reductions in: absenteeism, lost productivity, organizational health care costs and costs arising from

adverse patient/client outcomes. Additionally, health organizations providing health promoting environments and health professionals with good health and well-being are role models in their communities.

Governments are responsible for legislation, e.g. to ensure health and safety in the workplace and non-discriminatory treatment, to set national policy frameworks that support healthy workplaces and protect employees from bullying and harassment, and to set expectations on staffing for high-quality care.

Organizations are responsible for implementing legislation and developing local plans and policies to meet national expectations and local needs, and promoting health and well-being and good work life balance for their staff. They are also responsible for ensuring occupational health services and work counselling are in place to assist with the emotionally straining and physically demanding work of nurses and midwives.

Professional staff are responsible for understanding and using policies to keep themselves and their patients safe, for taking responsibility for their own health choices and seeking help and support when needed.

Healthy workplace practice needs to be monitored and evaluated so that information is available to continuously improve working conditions through research and development. The prevention of work-related injuries and the importance of healthy work environments should also be included in basic nursing and midwifery education.

The level of dissatisfaction expressed by nurses with respect to educational opportunities and career advancement is of major concern. Thus developing retention strategies is vitally important to ensure a sufficient and sustainable nursing and midwifery workforce. Prioritizing career development that improves patient care and increases participation in the development of health services is essential. The opportunity to contribute as leaders to the overall service delivery decisions promotes a sense of organizational loyalty. This can be achieved by placing organizational structures to enable dispersed leadership and bring together multiple disciplines to share experience in development and governance.

Remuneration, including appropriate salaries and flexible contracts, is a basic requirement to retain the nursing and midwifery workforce.

The nursing and midwifery workforce demographic is ageing. In addition to encouraging new entrants to these professions, retention of the current workforce is a major issue and will require sustainable solutions, such as longer work careers and higher retirement ages. This will mean new roles for older nurses and midwives, for example, mentoring and different working practices and patterns. (35).

4.1.4 Promoting evidence-based practice and innovation

Evidence-based practice is every nurse's and midwife's concern. It should be enabled by means of education, research, leadership and access to evidence sources. All Member States should strive to enable their nurses and midwives to apply evidence-based practice in their clinical roles (Box 4). Applying evidence in decision-making involving patient care requires that nurses and midwives:

- use the best available evidence
- apply their clinical expertise and professional judgement
- recognize and incorporate patients' needs and values
- effectively utilize available resources.

Box 4. Promoting evidence-based practice and innovation

Priority: health care should be delivered using the best available evidence to make decisions, which is important to promote the effectiveness of health services.

Objective 7: facilitate the culture of evidence-based practice in nursing and midwifery.

Objective 8: develop, transform and adapt the roles of nurses and midwives in line with the goals of Health 2020.

The goal is to provide the best possible care for patients and populations based on their needs. Furthermore, evidence-based practice standardizes clinical care and strengthens the nursing and midwifery knowledge base.

Nurses and midwives have varied roles and responsibilities in line with organizational expectations as outlined in job descriptions/role profiles and in line with scope of practice. Different roles often require different levels of education, competencies and authorized scopes of practice. Health policy-makers and leaders in nursing and midwifery should clearly identify these roles. A framework can be used to explain these roles in terms of their scope of practice, expected competencies, and responsibilities in disseminating, developing, evaluating and supporting the use of evidence-based practice. For example, a nurse with a basic nursing degree and an advanced practice nurse with a doctoral degree working in the same clinical setting will have very different responsibilities.

Changing and advancing roles are particularly relevant in a world where demographic trends and patterns of diseases are challenging health systems to redefine the scope of different health professions (36). Keeping up with community needs and expectations requires commitment and active participation not only from policy-makers but also from all health professional groups, including nursing and midwifery. These roles need to be adjusted or developed in line with Health 2020. For example, roles should be adjusted to accommodate the transition from institutional to primary health and community-based care settings. Similarly, with additional education, new roles can be developed for nursing and midwifery to improve access to health promotion, treatment, non-invasive care and surgical care. These roles should be explored and integrated in all relevant WHO technical programmes. It is important that role development occurs in a planned manner within the context of clinical and regulatory standards, giving consideration to required competencies and supports.

4.2 Enabling mechanisms

In order to deliver the priority actions and meet the 12 objectives, four specific enabling mechanisms – regulation, research, partnerships, and management and leadership – need to be in place. They are linked with one or more specific objectives when there is a direct relationship. The enablers, of course, also underpin other objectives.

4.2.1 Regulation

Regulation in nursing and midwifery should be in place for public protection, and needs to encompass entry to practice, scope of practice and professional conduct (Box 5). It is essential that Member States define regulatory frameworks in legislation (e.g. Nursing and Midwifery Act). This should include the establishment and function of regulatory bodies responsible for maintaining professional registers, setting standards of entry to the profession, instituting codes of conduct and making decisions of professional fitness to practice.

A professional register is essential as a means to safeguard the public; a code of practice provides professional guidelines and sets public expectations for those in the register. It is also important that the scope and authority of regulatory bodies extends to nurses and midwives working in enhanced roles, as specialists and advanced practitioners.

Box 5. Regulation

Regulation is essential to ensure patient safety and quality care.

Objective 9: ensure that the definitions of nursing and midwifery are embodied in legislation and that mechanisms are in place to safeguard the public.

Guidelines should be available for nurses, midwives and health sector stakeholders to define the standards of practice and disseminate best practice. Countries with guidelines in place have demonstrated improved efficiency of care and health outcomes (37). In order to develop practice guidelines and conduct audits in line with international quality assurance criteria, time and resources need to be devoted to enabling all disciplines to participate in this process. Nurses and midwives should be fully engaged in the process, providing professional expertise, research skills and leadership.

4.2.2 Research

Establishing and developing nursing and midwifery research is an important way of understanding and improving health care delivery. Nurses and midwives need to undertake both research into nursing and midwifery care, and research that brings nursing and midwifery knowledge into understanding wider health care systems (Box 6). Depending on the research design, nursing and midwifery research can bring the insights and perspectives of frontline workers and patients to whole-systems redesign. Both areas require growth in capacity. Research has the potential to improve and increase community/public confidence in nursing and midwifery care, and also to enhance the entire health system. It generates a richer source for evidence-based practice and a strong tradition of analytical skills.

Box 6. Research

Nursing and midwifery-based **research** is necessary both to develop the scientific knowledge base in the professions and to apply this knowledge to renew the practices in health care.

Objective 10: build nursing, midwifery and multidisciplinary research capacity.

It is equally important to promote research that provides a multidisciplinary approach including all health professionals. Practice that applies the best available findings in multidisciplinary research can introduce innovative ways of improving safety and promote evidence-based health care delivery. Such research can improve continuity of care for patients and ensure comprehensive care, thereby improving health outcomes. Additionally nursing and midwifery research should be used at national level to inform health strategy and policy.

As with any sound, knowledge-based discipline, it is important that nurses and midwives are in the position to lead, participate and inform research. Postgraduate training is necessary to lead. This, therefore, requires universities to develop appropriate programmes, which may require funding from government and health institutions. Academic institutions can help too by providing opportunities for research career paths. Employers need to allocate time and resources, and also establish structures for nurses and midwives to participate and conduct research where appropriate alongside their practice.

Researchers in nursing and midwifery should also be engaged by policy-makers to inform policy and research funding decisions. Governments should support health care services including community-based services that incorporate partnerships with nursing- and midwifery-based and multidisciplinary research. As nurses participate in diverse areas and directly support delivery of care, nursing researchers can help governments develop targets and indicators on a variety of health issues. Similarly, midwives are integral players in sexual and reproductive health care. Research from both of these disciplines can only expand and enrich evidence for decision-makers in government and nongovernment institutions.

4.2.3 Partnerships

Health challenges in Europe require new approaches and new relationships across government, and between government and citizens and the wider community. Societies are reassessing the value of health and adopting approaches to support individuals to make healthier choices, thereby leading to more productive societies. Nurses and midwives are important enablers of such approaches through their life-course approach to health promotion, which spans from a healthy start in life to healthy ageing (Box 7).

In the health service setting, partnership also exists by way of interdisciplinary collaboration. This involves an approach to patient care that engages multiple professionals with different functions as needed to ensure that various aspects of a patient's physical, social and psychological needs are integrated and addressed. For this reason, an interdisciplinary approach leads to quality patient care, maximizing resources and facilities, and patient satisfaction.

Box 7. Partnerships

Effective **partnerships** in health should integrate whole-of-government and whole-of-society approaches.

Objective 11: build interdisciplinary and intersectoral collaboration and partnerships across society to develop and provide patient-centred care and improved health outcomes.

For successful interdisciplinary collaboration to occur, team members should understand and respect each other's credentials, scope of practice and function. The team should prioritize communication and learning between professionals. Interdisciplinary teams also shift leadership responsibilities as a case dictates. Leadership in an interdisciplinary team should be assigned to the most appropriate professional given the patient's individual circumstance. This often requires a paradigm shift and involves delegation of responsibility and trust to professionals who traditionally may not have held leadership positions. In this way, interdisciplinary teams are innovative and efficient.

Governments and institutions can support an interdisciplinary approach by identifying it as a necessary component when planning health targets and monitoring health service performance. For example, interdisciplinary education should be prioritized in all health professionals' initial training and education. The interdisciplinary approach should then be continuously re-enforced in the workplace. In terms of expanding roles and making health care more efficient, interdisciplinary teams can inform the process of identifying the most appropriate roles for nurses and midwives. Wherever possible, institutions should devote research and project efforts to seek out opportunities for an interdisciplinary approach.

4.2.4 Management and leadership

Nursing and midwifery professions need to develop capacities to engage in strong management and clinical leadership in order to perform at their highest standards. This requires adequate educational opportunities, leadership programmes and management structures at all levels (Box 8).

Box 8. Management and leadership

Leadership opportunities and **management** structures that engage nurses and midwives at all levels are essential to realize the full potential of nursing and midwifery workforce.

Objective 12: strengthen nurses' and midwives' inclusion in health policy and service delivery decision-making at local, government and international levels.

Governments play a crucial role in assuring the adequacy of their health workforce through key functions including regulation, education, financing and health policy. Nurses and midwives should be included at this level of decision-making because their expertise is vital for contributing towards the achievement of better health outcomes in their societies. Governments can achieve this by appointing chief nurses and midwives. Government chief nurses and midwives (GCNMs) can provide leadership for transforming health workforce and health care systems. GCNMs are crucial to improving health for all and decreasing health inequities through the development of nursing, midwifery and health care policy and action plans aligned to national health policy plans.

Organizations – whether academic, public or private – benefit from embedding strong nursing and midwifery management and leadership in the organizational culture and management systems. Nurse and midwifery leaders will ensure that nurses and midwives are competent and meet the requirements of safe, high-quality and evidence-based care, as well as contributing to corporate policy and service delivery. Supporting nurses and midwives in leadership roles is just as important for the sustainability and retention of these professional groups. Nurses and midwives in leadership roles bring clinical knowledge, experience of frontline care and ongoing connection to frontline staff and patients to organizational decisions promoting high-quality patient care.

5. IMPLEMENTING AND MONITORING THE FRAMEWORK

Ensuring the successful implementation of this framework is a priority of the Regional Office. The implementation is guided by a plan of work (see Annex 1), consisting of 12 objectives associated with four priority action areas and four enabling mechanisms. Each objective is aligned with activities for Member States and the Regional Office. Results will be monitored on the basis of defined indicators.

Member States are encouraged to use the plan of work as a guide for strengthening nursing and midwifery services within the context of their own country plans. National nursing and midwifery action plans, coordinated by GCNMs, can also be built on the plan of work. This will further guide the development of nursing and midwifery to align it with this framework and Health 2020, thus delivering both high-quality patient care and the best health outcomes for populations.

The implementation of this framework in Member States will be monitored through WHO nursing and midwifery country profiles. The profiles will define the baseline and national targets for nursing and midwifery. These profiles will be updated every five years and used as a tool for monitoring progress and development.

By 2020, the progress and achievements in terms of implementation will be assessed. Correspondingly, the progress of WHO activities defined by the plan of work will be reported to the Regional Office.

The Regional Office will also generate evidence on the contribution and impact of nurses and midwives through a European compendium of good nursing and midwifery practices. Information on the achievements and innovations will be disseminated and shared through learning opportunities, such as WHO workshops.

Furthermore, the plan of work defines mechanisms to engage Member States in this implementation, in partnership with the Regional Office, and to mainstream nursing and midwifery across WHO technical programmes. Engagement of nurses and midwives will be facilitated through the establishment of WHO expert groups, such as a steering group of GCNMs for planning policies, and expert groups for developing education and generating research evidence. Creating a platform that includes GCNMs, the European Forum of National Nursing and Midwifery Associations, WHO collaborating centres and other experts of nursing and midwifery will provide further opportunities for the Regional Office to request consultation whenever needed. For mainstreaming, new opportunities for nursing and midwifery leaders representing health policy, education and research should be identified to contribute to the WHO technical programmes.

With the Member States' support and commitment to implementing this framework, nurses and midwives can achieve a greater voice in national health policy and planning, and an enhanced role in improving health and well-being and reducing health inequities throughout the Region by 2020.

REFERENCES¹

1. Health 2020: a European policy framework and strategy for the 21st century. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2013/health-2020-a-european-policy-framework-and-strategy-for-the-21st-century>).
2. Strategic Directions for Strengthening Nursing and Midwifery Services 2011–2015. Geneva: World Health Organization; 2010 (<http://www.who.int/hrh/resources/nmsd/en/>).
3. European health for all database [online database]. Copenhagen: WHO Regional Office for Europe; 2014 update (<http://www.euro.who.int/hfadb>).
4. The World Health Report 2006 - Working together for health. Geneva: World Health Organization; 2006 (<http://www.who.int/whr/2006/en/index.html>).
5. Gaining health. The European Strategy for the Prevention and Control of Noncommunicable Diseases. Copenhagen: WHO Regional Office for Europe; 2006 (<http://www.euro.who.int/en/publications/abstracts/gaining-health.-the-european-strategy-for-the-prevention-and-control-of-noncommunicable-diseases>).
6. Framework for action on interprofessional education and collaborative practice. Geneva: World Health Organization; 2010 (http://whqlibdoc.who.int/hq/2010/WHO_HRH_HP_N_10.3_eng.pdf).
7. Interim first report on social determinants of health and the health divide in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2010 (<http://www.euro.who.int/en/what->

¹ All websites accessed 14 October 2014.

- [we-do/health-topics/health-determinants/socioeconomic-determinants/publications/interim-first-report-on-social-determinants-of-health-and-the-health-divide-in-the-who-european-region](http://www.euro.who.int/en/what-we-do/health-topics/health-determinants/socioeconomic-determinants/publications/interim-first-report-on-social-determinants-of-health-and-the-health-divide-in-the-who-european-region)).
8. Health 21 – health for all in the 21st century. Copenhagen: WHO Regional Office for Europe; 1998 (European Health for All Series No. 5; <http://www.euro.who.int/en/publications/policy-documents/health21-health-for-all-in-the-21st-century>).
 9. The Tallinn Charter: Health Systems for Health and Wealth. Copenhagen: WHO Regional Office for Europe. WHO European Ministerial Conference on Health Systems. Tallinn, 25–27 June 2008 (<http://www.euro.who.int/en/media-centre/events/events/2008/06/who-european-ministerial-conference-on-health-systems/documentation/conference-documents/the-tallinn-charter-health-systems-for-health-and-wealth>).
 10. Millennium Development Goals Reports. In: United Nations [website]. New York: United Nations; 2014. (<http://www.un.org/millenniumgoals/reports.shtml>).
 11. The World Health Report 2008. Primary Health Care – Now More Than Ever. Geneva: World Health Organization; 2008. (<http://www.who.int/whr/2008/en>).
 12. Strengthening public health services and capacity: an action plan for Europe. Copenhagen: WHO Regional Office for Europe; 2012 (<http://www.euro.who.int/en/what-we-do/health-topics/Health-systems/public-health-services/publications2/2012/strengthening-public-health-services-and-capacity-an-action-plan-for-europe>).
 13. Towards people-centred health systems: An innovative approach for better health outcomes. Copenhagen: WHO Regional Office for Europe; 2013. (<http://www.euro.who.int/en/health-topics/Health-systems/public-health-services/publications2/2013/towards-people-centred-health-systems-an-innovative-approach-for-better-health-outcomes>).
 14. Munich Declaration: Nurses and Midwives: A Force for Health, 2000. Copenhagen: WHO Regional Office for Europe; 2000 (<http://www.euro.who.int/en/publications/policy-documents/munich-declaration-nurses-and-midwives-a-force-for-health>).
 15. Vienna Declaration on Nursing in Support of the European Targets for Health for All, 1988. Copenhagen: WHO Regional Office for Europe; 1988 (<http://www.euro.who.int/en/publications/policy-documents/vienna-declaration-on-nursing-in-support-of-the-european-targets-for-health-for-all,-1988>).
 16. The family health nurse: context, conceptual framework and curriculum. Copenhagen: WHO Regional Office for Europe; 2000 (<http://www.euro.who.int/en/health-topics/Health-systems/nursing-and-midwifery/publications/2000/the-family-health-nurse-context,-conceptual-framework-and-curriculum>).
 17. Resolution WHA59.27. Strengthening nursing and midwifery. In: Fifty-ninth World Health Assembly, Geneva, 22–27 May 2006. Geneva: World Health Organization; 2006 (<http://www.who.int/hrh/resources/WHA59-27.pdf?ua=1>).
 18. Resolution WHA64.7. Strengthening nursing and midwifery. In: Sixty-fourth World Health Assembly, Geneva, 16–24 May 2011. Geneva: World Health Organization; 2011 (http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_R7-en.pdf?ua=1).
 19. Büscher A, Sivertsen B, White J. Nurses and Midwives: A force for health. Survey on the situation of nursing and midwifery in the Member States of the European Region of the World Health Organization, 2009. Copenhagen: WHO Regional Office for Europe; 2010. (<http://www.euro.who.int/en/>

[health-topics/Health-systems/nursing-and-midwifery/publications/2010/nurses-and-midwives-a-force-for-health-2009](#)).

20. A global survey monitoring progress in nursing and midwifery. Geneva: World Health Organization; 2010 (<http://www.who.int/hrh/resources/survey/en/>).
21. WHO Regional Committee for Europe resolution EUR/RC57/R1 on health workforce policies in the European Region. Copenhagen: WHO Regional Office for Europe; 2007 (<http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/fifty-seventh-session/resolutions/eurrc57r1>).
22. WHO Regional Committee for Europe resolution EUR/RC59/R4 on health workforce policies in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2009 (<http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/fifty-ninth-session/resolutions/eurrc59r4>).
23. Increasing access to health workers in remote and rural areas through improved retention. Global policy recommendations. Geneva: World Health Organization; 2010 (<http://www.who.int/hrh/retention/guidelines/en/>).
24. Resolution WHA63.16. WHO Global Code of Practice on the International Recruitment of Health Personnel. In: Sixty-third World Health Assembly, Geneva 17–21 May 2010. Geneva: World Health Organization; 2010 (http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R16-en.pdf).
25. Transforming and scaling up health professionals' education and training. World Health Organization Guidelines 2013. Geneva: World Health Organization; 2013 (http://www.who.int/hrh/resources/transf_scaling_hpet/en/).
26. Aiken LH, Sloane DM, Bruyneel L, Van den Heede K, Griffiths P, Busse R et al. Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *Lancet*. 2014;383:1824–30. doi:10.1016/S0140-6736(13)62631-8. ([http://dx.doi.org/10.1016/S0140-6736\(13\)62631-8](http://dx.doi.org/10.1016/S0140-6736(13)62631-8)).
27. Dussault G, Buchan J, Sermeus W, Padaiga Z. Assessing future health workforce needs. Copenhagen, World Health Organization on behalf of the European Observatory on Health Systems and Policies; 2010 (Policy summary 2; <http://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/publications/2010/assessing-future-health-workforce-needs>).
28. Models and tools for health workforce planning and projections. Geneva: World Health Organization; 2010 (Human Resources for Health Observer – Issue No. 3; <http://www.who.int/hrh/resources/observer3/en/>).
29. European Union Joint Action on Health Workforce Planning and Forecasting [website]. Brussels: Federal Public Service (FPS) Health, Food Chain Safety and Environment; 2014 (<http://euhwforce.eu/>).
30. Action towards achieving a sustainable health workforce and strengthening health systems. Implementing the WHO Global Code of Practice in the European Region. Copenhagen: WHO Regional Office for Europe; 2012 (http://www.euro.who.int/data/assets/pdf_file/0013/172201/Action-towards-achieving-a-sustainable-health-workforce-and-strengthening-health-systems.pdf).
31. Monitoring the skills mix of the health workforce. Geneva: World Health Organization; 2009 (Spotlight on health workforce statistics, Issue 9; http://www.who.int/workforcealliance/knowledge/resources/monitoring_skills/en/).

32. Expertise in Evidence-Based Health Care. In: Nursing Research Foundation [website]. Helsinki: Nursing Research Foundation, WHO Collaborating Centre for Nursing; 2013 (<http://www.hotus.fi/en/expertise-in-ebhc>).
33. Bourgeault IL, Kuhlmann E, Neiterman E, Wrede S. How can optimal skill mix be effectively implemented and why?, Health systems and policy analysis. Copenhagen: WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies; 2008 (<http://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/publications/2008/how-can-optimal-skill-mix-be-effectively-implemented-and-why>).
34. Positive practice environments for health care professionals [website]. Geneva, International Council of Nurses, 2010 (<http://archive.today/cgri>).
35. EPSU–HOSPEEM Guidelines and examples of good practice to address the challenges of an ageing workforce. Brussels: European Federation of Public Service Union, European Hospital and Healthcare Employers' Association (EPSU–HOSPEEM); 2013 (<http://www.epsu.org/IMG/pdf/EPSU-HOSPEEM-GGP-AW-FINAL-04-12-13-EN.pdf>).
36. Delamaire M, Lafortune G. Nurses in Advanced Roles: A Description and Evaluation of Experiences in 12 Developed Countries. OECD Health Working Papers, 2012, No. 54, OECD Publishing. doi:10.1787/5kmbrcfms5g7-en. (<http://dx.doi.org/10.1787/5kmbrcfms5g7-en>).
37. Sipilä R. Peer facilitation and multifaceted intervention in guideline implementation. Enhancing care of cardiovascular disease in primary care [dissertation]. Helsinki: University of Helsinki; 2012 (<https://helda.helsinki.fi/bitstream/handle/10138/33543/Peerfaci.pdf?sequence=1>).

ANNEX 1. PRIORITY ACTION AREAS AND PROPOSED ACTION LINES

Action area 1: scaling up and transforming education

Objective 1: standardize the initial education of nurses and midwives at degree level to get the best outcomes for patients and populations

Responsible party	Activities	Expected results	Indicators
Member State	<ul style="list-style-type: none"> Review and develop in line with <i>WHO global standards for the initial education of professional nurses and midwives (1)</i> an: <ul style="list-style-type: none"> academic level of initial nursing and midwifery education programmes; and academic and clinical faculty or department arrangements. Review and develop degree programmes and arrangements in line with principles of interprofessional education. 	<p>Degree-level programmes developed for initial nursing and midwifery education as outlined in the <i>WHO global standards for the initial education of professional nurses and midwives (1)</i>.</p> <p>Development of interprofessional education opportunities during nursing and midwifery degree programmes (3).</p>	<ul style="list-style-type: none"> Percentage of institutions that developed initial nursing and midwifery education: <ul style="list-style-type: none"> at degree level; with academic and clinical faculty or department arrangements; and with interprofessional education opportunities.
WHO	<ul style="list-style-type: none"> Establish an expert group of selected government chief nurses and midwives, collaborating centres for nursing and midwifery, nursing and midwifery experts and educators in order to guide education developments. Provide information and guidance on <i>WHO global standards for the initial education of professional nurses and midwives</i> and <i>WHO Framework for action on interprofessional education and collaborative practice (2)</i> to support activities in Member States as needed. Monitor progress of the development of degree programmes for initial nursing and midwifery education. 		<ul style="list-style-type: none"> A working group with mentioned parties. Consultations initiated, followed up and reported on by the WHO Regional Office for Europe regarding collaborations with the working group. Workshops and study visit opportunities organized to share strategies and experiences in the WHO European Region. Five-year nursing and midwifery profiles include information on the development of degree programmes for initial nursing and midwifery education and interprofessional education opportunities.

Objective 2: develop education and regulation that enables and ensures nurses’ and midwives’ core competencies are in line with the basic principles of Health 2020

The principles of Health 2020 are:

- health promotion, disease prevention, patient education and empowerment of people
- management of chronic conditions and long-term care
- applying evidence-based and safe practice
- working in multidisciplinary and intersectoral collaboration in line with primary health care reform and principles of people-centred services (4).

Responsible party	Activities	Expected results	Indicators
Member State	<ul style="list-style-type: none"> • Ensure that undergraduate and postgraduate nursing and midwifery curricula include all components outlined in objective 2. • Identify the methods for evaluation of competencies outlined in objective 2. 	Undergraduate and postgraduate curricula reviewed and appraised in terms of competency in responding to population needs, satisfying professional requirements and enabling people-centred services.	<ul style="list-style-type: none"> • Curricula include core competencies outlined in objective 2. • Methods identified to evaluate core competencies outlined in objective 2.
WHO	<ul style="list-style-type: none"> • In collaboration with the working group on education developments: <ul style="list-style-type: none"> – update Regional Office curricula for continuing education for nurses and midwives (3) in line with Health 2020 (4); and – compile and disseminate examples of strengthened competencies in nursing and midwifery education. 		<ul style="list-style-type: none"> • Updated Regional Office curricula for continuing education for nurses and midwives available on the Internet (3). • Advice provided for Member States on areas of competency development based on lessons learnt from the European compendium.

Objective 3: strengthen continuing professional development and career development

Responsible party	Activities	Expected results	Indicators
Member State	<ul style="list-style-type: none"> • Review and develop: <ul style="list-style-type: none"> – career progression arrangements in health care settings – continuing professional development (CPD) opportunities and maintain them in health care settings. 	Strengthened culture of career progression arrangements and CPD opportunities for nurses and midwives.	<ul style="list-style-type: none"> • Institutional frameworks in place outlining career progression arrangements. • Annual percentage of nurses and midwives who have completed CPD.
WHO	<ul style="list-style-type: none"> • Compile examples and disseminate information on career progression arrangements and CPD opportunities in collaboration with the working groups. 		<ul style="list-style-type: none"> • Five-year nursing and midwifery profiles include information on career progression arrangements and CPD opportunities. • Examples of career progression arrangements and CPD opportunities compiled in a European compendium and available on the Internet. • Workshops organized to share strategies and experiences in the WHO European Region.

Action area 2: workforce planning and optimizing skill mix**Objective 4: develop workforce planning strategies and policies to ensure a sufficient and sustainable nursing and midwifery workforce**

Responsible party	Activities	Expected results	Indicators
Member State	<ul style="list-style-type: none"> Review and develop arrangements for health workforce forecasting, planning and monitoring based on national and international requirements. Review and integrate distribution and retention policies as part of workforce strategies at all levels of government and institutions. Review implementation of the <i>WHO Global Code of Practice on the International Recruitment of Health Personnel</i> where it pertains to nursing and midwifery (5). 	Nursing and midwifery distribution, shortages and mobility accurately monitored and actively addressed.	<ul style="list-style-type: none"> Accurate information available on demand, supply, stocks and mobility of nurses and midwives at country and subcountry levels. Distribution and retention policies regarding nursing and midwifery workforce adopted at all levels of government and institutions. The <i>WHO Global Code of Practice on the International Recruitment of Health Personnel (5)</i> implemented and reviewed on an ongoing basis.
WHO	<ul style="list-style-type: none"> Work with Member States, the European Union (EU), and Organisation for Economic Co-operation and Development to develop methodology, indicators, tools and strategies for workforce forecasting, planning and monitoring. Disseminate the WHO tools and guidelines for human resources for health (6). 		<ul style="list-style-type: none"> Accurate information available on stocks, and mobility through the human resources for health databases. Workshops organized to disseminate information on WHO tools and guidelines (6).

Objective 5: ensure that workforce redesign and skill mix provides safe and effective care

Responsible party	Activities	Expected results	Indicators
Member State	<ul style="list-style-type: none"> Assess and define the optimal mix of health personnel. Ensure and monitor that there exists a balance between nurses, midwives and other health professionals as dictated by patient needs and contextual factors. 	Appropriate mix of health personnel as defined by patient needs and contextual factors.	<ul style="list-style-type: none"> Methods and parameters for assessing and monitoring the optimal mix of health personnel have been established. Feedback mechanism(s) to ensure the balance between nurses, midwives and other health professionals.
WHO	<ul style="list-style-type: none"> Work with Member States and EU to develop methods and parameters for assessing skill mix. Provide opportunities for disseminating information and sharing experience between the countries and WHO technical programmes. 		<ul style="list-style-type: none"> Accurate information available on mix of health personnel in Member States through human resources for health databases. Workshops and a roster of experts organized to share experiences in the Region.

Action area 3: ensuring positive work environments

Objective 6: promote positive work environments

Responsible party	Activities	Expected results	Indicators
Member State	<ul style="list-style-type: none"> • Apply the principles set out in the <i>ILO Nursing Personnel Convention No. 149 (8)</i>. • Ensure information is available that describes work environments in the interest of continuously improving working conditions through research and development. • Ensure nursing and midwifery basic education integrates healthy work environments. • Review and develop action plans to improve working conditions, particularly in terms of: <ul style="list-style-type: none"> – staffing and workload balance – wages – security and flexibility of employment – safety of the workplaces – well-being at work – occupational hazards – violence in the workplace – age management. 	<p>Ensure positive work environment and job satisfaction maximizing the health and well-being of nurses and midwives while also improving health outcomes and organizational performance.</p>	<ul style="list-style-type: none"> • Ratification of the <i>ILO Nursing Personnel Convention No. 149 (8)</i>. • Action plans to improve working conditions adopted at all administrative levels. • Accurate information available on healthy working environments by all health services. • Identify approach to integrate healthy work environment education into basic nursing and midwifery curricula.
WHO	<ul style="list-style-type: none"> • Provide technical support and disseminate information regarding legislation and mechanisms in relation to nursing and midwifery where requested, including the <i>ILO Nursing Personnel Convention 149 (8)</i>. • Disseminate WHO documents pertaining to healthy working environments. 		<ul style="list-style-type: none"> • Activities describing technical assistance to countries included in the annual report to the Regional Office. • Workshops organized to disseminate information about healthy working environments.

Action area 4: promoting evidence-based practice and innovation

Objective 7: facilitate the culture of evidence-based practice in nursing and midwifery

Responsible party	Activities	Expected results	Indicators
Member State	<ul style="list-style-type: none"> Define and develop mechanisms within research, education, and management of health services to facilitate evidence based nursing and midwifery practice. Generate evidence and key indicators to measure the impact of evidence-based care by nurses and midwives on health and performance outcomes. 	Principles of evidence-based care integrated and monitored across all nursing and midwifery practice thereby ensuring high-quality, safe and effective health care.	<ul style="list-style-type: none"> Policies and guidelines adopted by research, education and management of health services to support the development, application and dissemination of evidence based nursing and midwifery practice. Percentage of health care institutions with quality management programmes and systems for monitoring safety and effectiveness of nursing and midwifery practice.
WHO	<ul style="list-style-type: none"> Compile examples and share information on evidence-based nursing and midwifery practices in collaboration with the working groups. Develop and include indicators in the WHO European health for all database (9), which reflect the relationship between nursing and midwifery contributions and health and performance outcomes. 		<ul style="list-style-type: none"> Evidence-based nursing and midwifery practice compiled in a European compendium and available on the Internet. Workshops organized to share information and experiences in the WHO European Region. Indicators available in the WHO European health for all database (9).

Objective 8: develop, transform and adapt the roles of nurses and midwives in line with the goals of Health 2020

Responsible party	Activities	Expected results	Indicators
Member State	<ul style="list-style-type: none"> Review and define a framework for the different roles of nurses and midwives including the roles of advanced practitioners and clinical experts. Ensure that regulations are in place to protect these different roles. Develop appropriate education in line with these roles. 	Expanding the scope of practice for nurses and midwives in line with population needs, the life-course approach and health reforms.	<ul style="list-style-type: none"> Framework defining different nursing and midwifery roles which reflects country needs. Regulation defining different roles. Undergraduate and postgraduate education programmes developed for different roles in nursing and midwifery.
WHO	<ul style="list-style-type: none"> Provide technical support and disseminate information on different roles for nurses and midwives in collaboration with the working groups. Facilitate the integration of relevant nursing and midwifery roles into WHO technical programmes. 		<ul style="list-style-type: none"> Five-year nursing and midwifery profiles include information on different roles of nurses and midwives. Examples of different roles for nurses and midwives compiled in a European compendium and available on the Internet. Workshops organized to share information and experiences in the WHO European Region. Assistance and activities included in technical programmes' annual reports to the Regional Office.

References

1. Global standards for the initial education of professional nurses and midwives. Geneva: World Health Organization; 2009 (http://whqlibdoc.who.int/hq/2009/WHO_HRH_HPN_08.6_eng.pdf).
2. Framework for action on interprofessional education and collaborative practice. Geneva: World Health Organization; 2010 (http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.3_eng.pdf).
3. Other nursing specializations. In: WHO Regional Office for Europe [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/what-we-do/health-topics/Health-systems/nursing-and-midwifery/activities/education/other-nursing-specializations>).
4. Health 2020: a European policy framework and strategy for the 21st century. Copenhagen: WHO Regional Office for Europe; 2013 (EUR/RC62/8; <http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2013/health-2020-a-european-policy-framework-and-strategy-for-the-21st-century>).
5. Resolution WHA63.16. WHO Global Code of Practice on the International Recruitment of Health Personnel. In: Sixty-third World Health Assembly, Geneva 17–21 May 2010. Geneva: World Health Organization; 2010 (http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R16-en.pdf).
6. Tools and guidelines for human resources for health. In: World Health Organization [website]. Geneva: World Health Organization; 2014 (<http://www.who.int/hrh/tools/en/index.html>).
7. ILO Nursing Personnel Convention No. 149. Geneva: International Labour Office; 2005 (http://www.who.int/hrh/nursing_midwifery/nursing_convention_C149.pdf).
8. European health for all database [online database]. Copenhagen: WHO Regional Office for Europe; 2014 update (<http://www.euro.who.int/hfadb>).

ANNEX 2. ENABLING MECHANISMS AND PROPOSED ACTION LINES

Regulation

Objective 9: ensure that the definitions of nursing and midwifery are embodied in legislation and that mechanisms are in place to safeguard the public

Responsible party	Activities	Expected results	Indicators
Member State	<ul style="list-style-type: none"> • Ensure: <ul style="list-style-type: none"> – a register exists of nurses and midwives who have achieved the required level of competency; – legislation is in place to define and regulate practice and conduct of nurses and midwives; – a supervisory authority is in place to oversee the safety, quality and professional practice in nursing and midwifery; and – guidelines are developed to define standards of practice and best practice. 	Professional act(s), registers, supervisory authorities and guidelines to ensure patient safety in relation to nurses and midwives.	<ul style="list-style-type: none"> • Register of nurses and midwives accessible by employers and the public to verify nurses' and midwives' credentials. • Legislation to define and regulate practice and conduct of nurses and midwives. • Supervisory authority to oversee the safety, quality and professional practice in nursing and midwifery. • Guidelines to define standards of practice and best practice.
WHO	<ul style="list-style-type: none"> • Provide technical support and disseminate information regarding legislation and mechanisms in relation to nursing and midwifery where requested. 		<ul style="list-style-type: none"> • Five-year nursing and midwifery profiles include information on professional act(s), registers and guidelines to ensure patient safety. • Assistance and activities included in the annual reports to the WHO Regional Office for Europe. • Examples of legislation and mechanisms in relation to nursing and midwifery compiled in a European compendium and available on the Internet.

Research

Objective 10: build nursing, midwifery and multidisciplinary research capacity

Responsible party	Activities	Expected results	Indicators
Member State	<ul style="list-style-type: none"> • Develop: <ul style="list-style-type: none"> – postgraduate nursing and midwifery programmes, which aim to develop research career paths; – structures within institutions that allow for nurses and midwives to participate and conduct research; – multidisciplinary health research initiatives; – structures connecting nursing, midwifery, multidisciplinary research and health care services; and – opportunities to engage nursing, midwifery and multidisciplinary researchers in health policy decisions. 	Improved opportunities and capacity for nursing, midwifery and multidisciplinary research leading to greater input into health policy decisions.	<ul style="list-style-type: none"> • Percentage of institutions with research-focused postgraduate programmes. • Number of research publications and activities in nursing, midwifery and multidisciplinary research. • Increasing percentage of nurses and midwives participating and pursuing research activities and health policy work. • Partnerships between health care services and nursing, midwifery and/or multidisciplinary research programmes. • Web-based portals for all health care professionals to guide evidence-based practice.
WHO	<ul style="list-style-type: none"> • Identify and disseminate evidence for the impact of good practices and nursing, midwifery and multidisciplinary research on health outcomes. • Collaborate with WHO partners in the field of health systems research to address nursing and midwifery in their work. 		<ul style="list-style-type: none"> • Country case studies reviewed and compiled in a European compendium and available on the Internet. • Number of studies by WHO partner organizations that address nursing and midwifery research.

Partnerships

Objective 11: build interdisciplinary and intersectoral collaboration and partnerships across society for developing and providing patient centred care and improved health outcomes

Responsible party	Activities	Expected results	Indicators
Member State	<ul style="list-style-type: none"> Integrate nurses and midwives in developing and planning, managing and monitoring, and implementing integrated and coordinated patient-centred care. 	<p>Interdisciplinary and intersectoral collaboration and partnerships ensuring integrated and coordinated patient-centred care.</p>	<ul style="list-style-type: none"> Research devoted to development of new types of partnerships for health across disciplines, sectors and society. Health targets and health performance reviews include partnership criteria. Policies and structures in place to facilitate and monitor partnerships. Interdisciplinary teams for providing patient-centred care. Innovative opportunities identified and implemented to promote learning between health professionals.
WHO	<ul style="list-style-type: none"> Provide opportunities for nursing and midwifery leaders to contribute to the development of education, research and health policy at the Regional Office or its country offices. 		<ul style="list-style-type: none"> WHO programmes engaging nursing and midwifery expertise in education, research and health policy included in the annual report to the Regional Office.

Management and leadership

Objective 12: strengthen nurses' and midwives' inclusion in health policy and service delivery decision-making at local, government and international levels

Responsible party	Activities	Expected results	Indicators
Member State	<ul style="list-style-type: none"> Ensure all levels of government and institutions: <ul style="list-style-type: none"> – appoint chief nurses and midwives; – promote shared leadership with nurses and midwives; – uphold the competency of nurses and midwives in government activities; and – engage nurses and midwives in implementing health policy in their work. 	Measures of shared leadership in place to ensure nurses and midwives actively participate in health policy development and service delivery.	<ul style="list-style-type: none"> Appointment of nurses and midwives in senior management positions at all levels of government and institutions. Agreed criteria on concrete means of promoting shared leadership. Financial and training support available for nurses and midwives in these roles to develop their competencies in decision-making. National nursing and midwifery action plans in place; these should be coherent with and supportive of national health policy targets.
WHO	<ul style="list-style-type: none"> Establish a steering group of government chief nurses and midwives to advise the Regional Office in the strategic development of nursing and midwifery and the integration of these professions into WHO activities or technical programmes. Develop a consultation platform (e.g. in-person meetings, web-based) for the GCNM steering group and the Regional Office to include feedback from other GCNMs, the European Forum of National Nursing and Midwifery Associations, and the network of collaborating centres for nursing and midwifery. Extend the number of collaborating centres for nursing and midwifery. 		<ul style="list-style-type: none"> Five-year nursing and midwifery profiles include information on appointed GCNMs. Examples on shared leadership with nursing and midwifery compiled in a European compendium and available on the Internet. A GCNM steering group and consultation platform. Consultations initiated, followed up and reported on by the WHO Regional Office for Europe regarding collaborations with the steering group and platform. Increased number of collaborating centres for nursing and midwifery.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav
Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

World Health Organization Regional Office for Europe

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark

Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01

Email: contact@euro.who.int

Website: www.euro.who.int