As of 2014, more than 19 million nurses were actively providing care to families and communities around the globe (World Health Organization, 2015). Among them were countless nurse managers who directly supervised and supported nurses who cared for patients.

The nurse manager is not only responsible for nursing practice and quality of care provided in the unit or facility but also oversees personnel and creates an environment that supports professional growth and employee satisfaction. For nurses in managerial positions, conflict resolution, staff retention and motivation, development of professional opportunities, mentoring, and administrative and regulatory duties are all part of the job.

Nurse managers in low- and middle-income countries often face the added burden of addressing infrastructure challenges, such as lack of consistent electricity, running water, functioning equipment, and severe, unbalanced human resource shortages. Frustratingly, they often have little or no direct control in making policies that can meet these challenges. There is a strong feeling like they don’t have a seat at the table, that if they want a say in the process, they need to bring their own chair.

The World Health Organization and Global Health Workforce Alliance estimate there is a current global shortage of 7.2 million health workers; 83 countries do not meet the minimum requirement of 23 doctors, nurses, and midwives for every 10,000 people – resources that are needed to provide essential health services (Global Health Workforce Alliance, World Health Organization, 2014). Due to this dramatic shortage, task-shifting – the expansion of the scope of practice of a health professional cadre to include additional tasks and functions – is heavily relied upon. The auxiliary tasks are frequently assigned to nurses, who are already overburdened (Global Health Workforce Alliance/World Health Organization, 2010). These challenges create an environment for nurse managers in low- and middle-income countries that few in high-income countries can imagine.

As the President and CEO of Jhpiego, an international nongovernmental organization that employs hundreds of nurses in low- and middle-income countries, I travel to approximately 20 countries each year to meet with our teams and partners on the ground and to hear directly from nurses and other frontline health workers. While each country’s circumstances are unique, the nurses I meet voice similar concerns about the barriers to doing their jobs well and having access to professional development – often echoing the widely acknowledged reality of inadequate health infrastructure in many low- and middle-income countries.

The challenges they cite should not be a surprise to those in the global health or nursing fields – many are barriers for nurses regardless of geography – but they are problems that require immediate action in order to achieve the global goal of universal health coverage.

However, there are nurses in low-resource settings who are leading the charge to overcome these obstacles. Indeed, many nurses are doing their best to provide quality patient care, but lack resources, training, and support to perform at the level needed to make a profound difference. Nurses should have a career pathway leading toward acquisition of leadership and management skills as well as opportunities to apply their skills within the health system, from community- and facility-level positions to national policy-level positions.

While nursing education has improved globally over the past decade, greater focus should be placed on interprofessional education and practice, including promoting the values and building the communication and analytical skills that enable nurses to take advantage of leadership opportunities throughout their career. Nurses should have opportunities to build a robust set of skills required for effective leadership and management positions within their health system. In addition, emerging nurse leaders need professional coaches and mentors from across disciplines to support their ongoing growth and readiness for progressively senior roles, including mentors who are helping to form national, regional, and global policies that are essential for achieving universal health care.
Currently, there are excellent formal nursing leadership and management programs offered by the International Council of Nurses and Sigma Theta Tau International and other nursing organizations. We have an opportunity to use these programs and supplement them with in-country training and mentorship activities in the settings where nurses and nurse managers work.

Clinical training is also an important contributor to the development and maintenance of nursing competencies. A nursing unit is only as strong as its least trained member, which makes maintaining a highly capable and properly trained team critically important for the nurse manager. The question Jhpiego frequently asks is how to make on-the-job training more effective, efficient, and sustainable. A recent literature review suggests shorter, repeated, simulation-heavy, workplace-based training can be more effective (Bluestone et al. 2013). The use of a low-dose, high-frequency approach for training promotes maximal retention of clinical knowledge, skills, and attitudes through short, targeted, in-service, and simulation-based learning activities that are spaced over time and reinforced with structured, ongoing practice sessions. Importantly, low-dose, high-frequency training happens on the job site, thereby allowing providers to learn where they work and continue practicing after the training to further retain their new skills.

Jhpiego is currently using this on-the-job training approach in many countries to ensure that nurses are applying the latest evidenced-based practices in technical areas such as maternal, newborn, and child health; HIV/AIDS; and non-communicable diseases.

As a leader in improving access to and quality of health care services for the world’s most vulnerable populations, Jhpiego understands the need for entire health systems to be strengthened. Much like a line of dominos, the various components of a functioning health system cannot operate independently. In order to work properly, each component or tile needs to be included and aligned with each other in the larger scheme. Preparing the next generation of nurses and nurse managers cannot happen if systems aren’t ready and the processes aren’t there. If the health management information, financial, logistical, and recruitment systems are not developed, a nurse manager cannot work to her potential. Infection prevention and control standards cannot improve without access to water, supplies, and facilities. As Jhpiego has learned in many technical areas, it is important to look at a systemic model for management capacity-building by including the entire health care team, if applicable: the physician, nurse or midwife, and perhaps administrator participate in a joint management training with a focus on a systems approach to solving issues as a cohesive group. In over 43 years of program implementation experience, we have learned that an interdisciplinary approach to knowledge and skills development is essential in changing and sustaining the practice of health practitioners in low- and middle-income settings.

Nurses have an increasingly recognized role in shaping health care in all countries and should be at the forefront of changing and improving health systems to achieve universal health coverage. Their professional development, including building a foundation for leadership and management advancement, is equally as important as maintaining their clinical competencies. Together, we can help nurses emerge as leaders and realize their full potential.

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