

Achievements and challenges of formulating a strategic plan for nursing development at the national level in Bahrain

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Abstract

Background: In this paper (initially presented at a symposium during the ICN Centennial Conference, 27 June–1 July 1999, London), we describe nurses' experiences in formulating a strategic plan for nursing development at the national level in Bahrain. **Aim:** Specifically, we address the process undertaken to produce a comprehensive and integrated strategic plan directed at what nurses in Bahrain need to do in order to contribute to cost-effective and high-quality health service. **Conclusions:** The following strategies are addressed: regulation of nursing; reform of nursing education; development of nursing services; development of a nursing information system, and development of nursing leadership.

Introduction

The experience of developing a comprehensive and integrated strategic plan for nursing development at the national level to produce cost-effective and high-quality health service was a challenge willingly undertaken by nurses in Bahrain. Bahrain is an island nation in the Arabian Gulf located approximately 20 km from the eastern shore of Saudi Arabia with a population of 620 000. The Ministry of Health and the Ministry of Defence provide approximately 92% of all health services.

The Ministry of Health provides services through:

- 1 the Directorate of Public Health, which includes administration and support, environmental health, food and hygiene, health education, control of communicable diseases, and occupational health,
- 2 the Health Centres Directorate which provides primary health care services through a network of 21 health centres and two clinics, and
- 3 Salmaniya Medical Complex, the psychiatric hospital, and the geriatric hospital which provide for secondary and tertiary health care services.

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Maternity services are provided through the Samaliniya Medical Complex, peripheral maternity hospitals, and primary health care centres.

The Ministry of Defence provides services through the Bahrain Defence Force Hospital and the Shaikh Mohammed Bin Khalifa Al Khalifa Cardiac Centre.

Remaining health services are provided by private health care through hospitals such as the American Mission Hospital, Bahrain International Hospital, and Awali Hospital, as well as private clinics. Privatization has been on the increase in the last few years.

The health of the population has improved significantly since the 1950s as reflected in the increase in life expectancy from 51 to 72 years in 1997 and a decline in infant mortality rate from 175 to 8.4 deaths per 10000 live births in 1997. According to the United Nations Development Fund (UNFPA 1998), Bahrain ranked first among Arab countries in human development, relying on such measures as infant mortality, life expectancy, literacy rate, and gross domestic product. Table 1 contains key health indicator information for Bahrain.

Factors that led to the development of the strategic plan for nursing development were at two contextual levels:

- 1 the national level within Bahrain, and
- 2 the subregional and regional levels within the six Gulf Cooperation Council (GCC) countries and within the World Health Organization (WHO) Eastern Mediterranean Region.

Table 1 Health indicators in Bahrain, 1997

Population	620000
Crude birth rate	22.2/1000 population
Crude death rate	3.3/1000 population
Total fertility rate	3.3/woman
Infant mortality rate	8.4/10000 live birth
Maternal mortality rate	3.1/10000 live birth
Life expectancy at birth	72.4 years
Male	70.0 years
Female	75.3 years
Nurse per 10000 population	36.2
Physician per 10000 population	14.2

Source: United Nations Development Fund (1998).

Nurse leaders in Bahrain felt an urgent need to develop a strategic framework to guide nurses in a systematic manner toward developing effective and efficient nursing services (Youssef 1994).

At the subregional and regional levels, two major initiatives provided an impetus for developing the nursing strategic plan in Bahrain. The first was the establishment of the GCC Nursing Technical Committee by the Ministers of Health of Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and United Arab Emirates. This committee has become a forum for nurse leaders in the six countries to share information, exchange views, and recommend strategies to enhance development of nursing to the Ministers of Health. Through a series of workshops with technical assistance from the WHO Regional Office in Egypt, a GCC strategic framework for nursing development was created in 1992 and targeted for the 5-year period from 1992 to 1996. That strategic framework was adopted by the six countries and reviewed and readopted for the period from 1997 to 2000.

The second major initiative was the 1997 WHO Eastern Mediterranean Regional Office (EMRO) strategy for nursing and midwifery development pertaining to 23 countries. This regional document was developed by the EMRO with extensive consultation from the Regional Advisory Panel on Nursing and Midwifery and the chief nursing officers in the region. The authors of the publication have identified areas that need to be addressed, objectives to be achieved, and guidelines on action to be taken to make high-quality nursing and midwifery services a reality in the EMRO (WHO – EMRO 1997).

The planning structure and national workshop

The Nursing Development Committee (NDC), established in 1992 with membership from nursing services, education, regulation, and human resources development, was a major force in developing the plan (GCC Nursing Committee 1992). The NDC reports to the Minister of Health and constitutes a forum for nurse leaders to discuss and debate issues affecting nursing and make recom-

mentations to improve nursing services in the country.

The NDC formulated a strategic plan to develop nursing in the country, guided by the regional nursing strategies with an emphasis on the local situation. Nurses, having spent a considerable amount of time on nursing issues to enhance practice, also started looking to other health system issues which affect nursing and vice versa to forge new partnerships with other health professionals and policy makers to contribute further to the health of Bahrain's population.

A national workshop to develop a strategic plan for nursing development was facilitated by a WHO nurse consultant in 1996 (Biscoe 1996). This workshop was designed to integrate previous reports, identify and fill gaps, and produce a comprehensive approach to what nurses in Bahrain needed to do better in order to contribute to a cost-effective and high-quality health service.

A non-nurse from the personnel area attended the workshop together with 42 nurses from the public health system (hospital and primary health care sectors), the military hospital, and the private hospitals. Five medical practitioners also joined the workshop for a morning, enriching the discussions and role-modelling a multidisciplinary approach. Both the minister and the undersecretary for health addressed the workshop and their input was significant to the workshop's success.

A vision statement for nursing in Bahrain and a strategic plan framework were developed in the form of key results and ways to achieve those results. The statement stressed that the nursing profession in Bahrain would work collaboratively and interdependently to achieve high-quality and cost-effective health services in Bahrain (WHO 1996). Key result areas were:

- 1 increased quality and efficiency of nursing services;
- 2 improved contribution to the reduction of specific mortality and morbidity trends and the promotion of health and well-being;
- 3 improved health services with nurses working as a team with other health professionals;
- 4 increased use of information to improve management and clinical practice;

5 active participation by nurses towards improving the health services; and

6 resolving to address factors specific to satisfaction and dissatisfaction.

The strategic plan assumes a systematic approach over time to achieve the vision. In addition to the national workshop, several working groups and task forces have been established to work on certain issues that would address the key result areas and include action plans for achievement. This includes improving the working conditions for nurses' entry level into practice, nursing education reform, nurses role in various specialties, and nursing human resource planning.

It was decided to produce a comprehensive document that could contain the strategic plan and hold a series of short seminars to further present the plan and exchange views with nurses and other key stakeholders identified during the workshop. The strategic plan covers four major areas: nursing regulation, nursing education, nursing services, and leadership development.

Nursing regulation

The initial focus of the regulatory system has been ensuring the competence and safety of nurses and midwives entering practice. To meet this goal, the office of licensure and registration for all health professionals was set up and a nurse registrar appointed to head the nursing licensure unit. The new law (enacted in December 1987) made the provision for establishing a nursing and midwifery licensure and registration committee. The two key factors that influenced development of the regulatory system were public protection and perseverance of the profession.

When the first nursing law was enacted in 1977, the focus was mainly to strengthen the practice of midwifery, which was going through a critical phase, and ensure the protection of the public. In those days many women chose to deliver at home (especially in rural areas) because qualified midwives' practice was confined to hospital facilities. Therefore, the women who chose to deliver at home had to depend on traditional birth attendants (TBAs). In spite of numerous efforts made by the

Ministry of Health to upgrade the education and clinical standards of TBAs, the situation remained risky in terms of subjecting women and babies' lives to unsafe practice. When the TBAs were reviewed by the ministry, many were found to be unfit for practice in terms of medical fitness and standard of care. Therefore, issuing of the midwifery law was critical for protecting mothers and babies. The public protection strategy led to enactment of the umbrella law currently governing the practice of all allied health professions, including nursing and midwifery.

The perseverance of the Bahrainian nurses in negotiating a system for regulating the practice of their profession with policy makers was a major factor behind the decision to enact the law for the allied health professions in 1987. Before this law, no system existed to ensure the qualifications and competencies of people entering the practice of nursing. Between 1977 and 1987, several proposals were presented to policy makers either to modify the midwifery law in order to include provisions for regulating the nursing practice or to enact a separate law for nursing.

The aim of the nursing licensure committee was to protect the public from unacceptable practice. Objectives of the committee were to:

- 1 promote good practice standards, approve schools of nursing, and so on,
- 2 prevent poor practice by updating nurses and helping them practice effectively, and
- 3 intervene in unacceptable practice and review professional conduct.

The plan of action for developing nursing regulation was to create an awareness of the value of nursing regulation, establish standards for practice, education, and conduct, and develop regulatory mechanisms (Standards for Nursing Post Registration Education and Practice 1994). Also incorporated in activities of the nursing licensure committee were key points of the GCC code of professional conduct including accountability, patients' dignity, and confidentiality. The organization of the office of licensure and registration is shown in Fig. 1 and the licensing process is shown in Fig. 2.

Challenges concerning nursing regulation

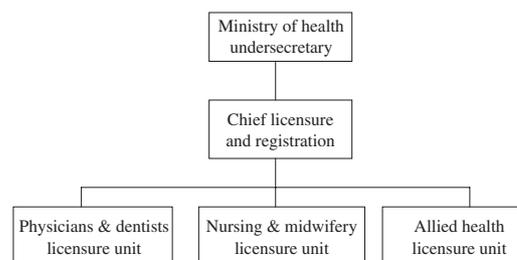


Fig. 1 Office of licensure and registration organizational structure.

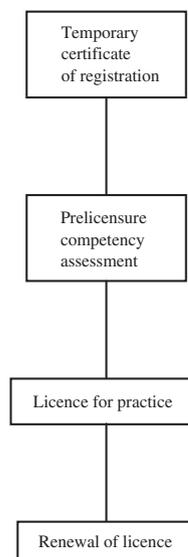


Fig. 2 Licensing process.

included being able to implement changes according to the action plan; expanding the scope of nursing and midwifery practice based on nursing education reform; obtaining approval for a proposed standard of nursing education and code of conduct; developing, implementing, and maintaining a national standard for nursing and midwifery practice; and contributing to the development of a regional regulatory network by which Bahrain could become a model as a WHO Collaborating Centre for establishing a database for nursing human resources for the entire Eastern Mediterranean Region.

Nursing education

Formal nursing education started in 1959 with the aim of preparing qualified nurses to cater to the

needs of the people and the developing health service. In 1990, the Nursing Division at the College of Health Sciences was designated as a WHO Collaborating Centre for Nursing Development, as a first WHO Collaborating Centre for Nursing in the Eastern Mediterranean Region. Objectives of the Centre for nursing education were to assume a leadership role in preparing nurses at basic and postbasic levels; to collaborate with the WHO to establish a nursing databank, to collaborate with the WHO to conduct nursing and health research; and to promote the sharing of information. As part of the strategic plan, a process was developed for reviewing the existing nursing curriculum (McElmurry 1995) and preparing for the reform of nursing education. This was further followed up by the NDC as part of its terms of reference to review and assess the nursing education strategy in Bahrain. Between 1997 and 1998 a main curriculum planning task force, which was formulated by the NDC, held a series of extensive meetings and seven workshops that constituted the planning phase aimed at reforming nursing education in Bahrain. The documented outcomes of these deliberations included the following:

- analysing existing situations and perceptions,
- reviewing educational mission and philosophy,
- developing a statement of purpose,
- defining care, nurse, nursing, client, environment, health, well-being, and illness,
- developing a conceptual framework,
- developing scenarios – critical-incident stories, and
- establishing faculty and student competencies.

Consensus was reached to adopt the case-based, community-orientated curriculum in the new curriculum (Uys 1998). The cases used in the new reformed curriculum are real individual client, family, or community cases. This reality-based character provides simulation of action from the real world. The new curriculum fosters the methodology of student-centred, self-directed learning, critical thinking, and the problem-solving approach. The strong foundation of this curriculum makes for an easy transition into the baccalaureate programme. The integration of nursing education and services at both the levels of planning the educa-

tional programmes and implementation of these programmes continually was strengthened over the years and a focus of the strategic plan.

Challenges of nursing education reform are to have one level of nurse, the baccalaureate level, and to develop advanced nursing roles for Bahrain. Other challenges include:

- 1 reviewing the strategic plan periodically,
- 2 improving college reorganization and structure,
- 3 improving research and other scholarly activities,
- 4 improving cost-effectiveness,
- 5 reorienting the educational programme so that students have a direct path toward a baccalaureate degree instead of first having to obtain an associate degree,
- 6 continuing to develop nursing education leadership, and
- 7 continuing to develop local, regional, and global involvement, and partnerships.

Continuing education

Nurses are provided with opportunities to continue their education in various specialties needed by health services through scholarships to study in Bahrain or abroad. To maintain the nursing workforce's competence, an in-service education programme was established at the Ministry of Health, Directorate of Training (Kellehear 1992). A variety of short-term courses are provided to meet the continuing education needs for nurses. In addition, 1-year, post-basic courses are available in the specialties of midwifery, psychiatric nursing, cardiac care, and community health nursing.

Challenges for the nursing services in Bahrain include providing and maintaining high professional standards of care with limited human resources; placing nurses on the professional cadre, expansion of career mobility; providing evidence-based practice; and increasing knowledge of nurses about economic and business aspects of health care organizations (Nursing Profession Levels 1991).

Nursing services

Primary, secondary, and tertiary health services are provided through health centres and hospitals in

Bahrain, which have a centralized structure with clear chains of command and multiple layers. Nurses play vital roles in each sector (Hawkins 1995). In 1991, only 15.5% of the nursing workforce were nationals. The total nursing personnel included 2244 multinational nurses and a plan was developed in 1991 to 'Bahrainize' the nursing workforce at a rate of 50% by 2000 (Al Darazi 1991). By 1999, 47% of the total nursing positions were held by nurses of Bahrainian origin of which 95% were at senior levels. The NDC periodically reviews this target for appropriate adjustment based on current health needs.

In general, nurses are responsible for planning programmes, developing strategies and directions for nursing services in co-ordination and collaboration with other health care departments, and for setting overall policies, procedures, standards, and protocols for clinical practice. Nurses have independent and dependent roles and work collaboratively with other health team members in planning and providing total care to the patients. In specialty areas such as coronary care, intensive care, emergency, and so on, they perform specific skills such as electrocardiogram, venapuncture, and minor suturing – procedures legalized by extended role protocols and standards.

Role of nurses in primary health care

Roles of midwives and of nurses in geriatric and community care were addressed as well as those in primary health care nursing and maternal and child services (Weiler 1993; Proposed Nursing Cadre 1995). In Bahrain the concept of advanced roles for community health nurses has evolved as a result of joint agreements between nurses and physicians. The expanded role includes the acceptance of delegated clinical authority for identifying common health problems and providing the necessary service. Maternal and child services are performed jointly by midwives and community nurses. These nurses conduct regular comprehensive physical and mental assessment of children from birth to 6 years of age. These nurses also:

- give vaccinations to all age groups,
- provide antenatal care to all pregnant women,

- conduct and teach breast self-examination to women,
- perform periodic screening for all women over 40 years of age,
- conduct postnatal check-ups and provide counselling on family planning,
- perform preschool assessment,
- provide premarital services,
- perform home visits,
- conduct child-screening programmes, and
- manage diabetic clinics in collaboration with family physicians.

Efficiency and quality of care

Bahrain is experiencing cost-containment pressures as are many other countries. The number of nursing human resources is thus limited by budgetary constraints. Nevertheless nursing service personnel strive to provide high-quality and efficient nursing services. Continuous quality improvement (CQI) teams were established within nursing services to conduct CQI programmes. The objectives of the CQI programmes were to:

- improve the quality of all aspects of care,
- improve patient satisfaction,
- improve cost-effectiveness, and
- improve the quality of work life through staff involvement and encouraging staff to solve their own problems.

For the preparation of CQI teams, new groups of nurse supervisors were selected and prepared to function as part-time quality-management auditors. The supervisors conducted assessments on their units, identified problems, and developed strategies for resolving those problems. Patient and staff satisfaction are monitored using various indicators to assess improvement in service. The nursing auditors conduct regular seminars to share information with colleagues.

Nursing information system

Another of the Ministry of Health strategies and directions was to develop and implement a health information system (Sakamoto 1992). A health information directorate was established to provide

high-quality, accurate, and timely management as well as clinical information to health care providers that would assist them in making plans and sound decisions, and implementing programmes and cost-effective services. A WHO short-term consultant was brought in to conduct a workshop to extend the knowledge and capabilities of nurse leaders in nursing information system development for supporting nursing development in Bahrain (Sakamoto 1995).

The workshop was conducted for nurse leaders and managers to raise awareness about nursing information systems as well as to develop a framework for establishing the system along with action plans for implementation at the national level, the WHO Collaborating Centre, and hospital and community nursing levels. During the workshop, participants identified problems and deficiencies within the existing nursing information system and set strategies and action plans for future projects in support of nursing information system development. The consultant recommended establishing committees to work on the development of the framework for nursing research, management, practice, and education. Main purposes of the databank were to:

- 1 facilitate monitoring of nursing development,
- 2 track international trends in nursing development and provide easy access to such information,
- 3 allow identification of strengths and weaknesses of nursing,
- 4 serve as an international data-collection tool for nursing,
- 5 support national health planning, and
- 6 facilitate sharing of nursing knowledge.

The Ministry of Health is committed to using health information technology to further develop and improve existing systems (Table 2). This will facilitate the work of health professionals and assist them in providing high-quality health services to the public with available resources and within current financial constraints. A need exists to focus on promoting awareness among nurses about nursing information and encouraging the use of existing health and nursing information in research, education, practice, and management.

Table 2 World Health Organization Collaborating Centre nursing databank components

Nursing research	Nursing research activities Nurse researcher profile
Nursing management	Nursing workforce profile HRH planning
Nursing practice	Clinical nursing activities Health services facilities
Nursing education	Nursing education institutions Student nurse production Standard for nursing education

HRH, Human Resources for Health.

Nursing leadership

The aim of leadership development was to place nursing on the health agenda and to ensure nurses' contributions to the achievement of the WHO goal of 'Health for All' (WHO 1998). The objectives included development of clear goals based on shared and internalized values and principles; gaining political commitment; and identifying strategies to bring about change and develop each other. The plan of action for developing nursing leadership was to create a sense of unity and goal directedness, develop strategies and management capacity of nurses, analyse the environment to take advantage of opportunities, and to network and support each other. Challenges concerning nursing leadership include mentoring of younger nursing leaders, determination and persistence to reach the identified goals, building partnerships and teams, and creating a critical mass of nurse leaders knowledgeable of the issues and willing to continue to lead.

Conclusion

Achievements concerning nursing development at the national level in Bahrain as a result of the strategic plan include networking; unity and collaboration; strong leadership; focus on process; development of local, regional, and global partnerships; and human resource development. Our overall challenges concerning the strategic plan will be to gain policy makers' support to establish nursing structure at the central level and give nurses profes-

sional status; to have nurse involvement in national health planning and management; to maintain unity and collaboration among nurses; and to determine the value of nursing. We believe it is necessary for the nurses of Bahrain to think strategically and to develop and implement strategic plans for meeting the challenges of the 21st century.

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