## The Jordanian Nursing Council

The Jordanian Nursing Council (JNC) is a national governmental regulatory institution for nursing and midwifery in Jordan. The JNC is governed by a board headed by Her Royal Highness Princess Muna Al Hussein as president of the council. The board is comprised of 14 key representatives of the health care institutions and the community. JNC aims to protect and promote the health status of the population through regulating and governing the nursing profession in education, practice and research.

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# National Strategy for Nursing and Midwifery: A Road Map to 2025

*His Majesty King Abdullah II*

*Her Royal Highness Princess Muna Al-Hussein*

*"As for health and education services, a qualitative leap and radical reform in these sectors need to be induced, through a nationwide debate encompassing all relevant state institutions, in order to safeguard Jordan's pioneering position in these vital fields"*

*His Majesty King Abdullah II 2014*

*"The knowledge, experience, roles and functions of nurses and midwives are critical to the success of health systems. At a time when the world is facing severe shortages of health professionals, policy-makers are looking for new and effective strategies and policies to address shortages in the health workforce, especially among nurses and midwives, and to improve the quality of health care they provide. Such strategies must include innovative actions that go beyond the traditional approaches we have taken in the past"*

*Her Royal Highness Princess Muna Al-Hussein 2016*

*National Nursing and Midwifery Strategy*

*A Road Map to 2025*

**Our Vision**

***"Transformed nursing and midwifery profession to lead the future of health care to ensure the wellbeing of the population"***

**Our Mission**

***"To maximize nursing and midwifery contributions through effective regulation and governance, innovative education, evidence-based practice and empowered workforce to achieve better health outcomes including Universal Health Coverage"***

**JNC President**

**HRH Princess Muna Al Hussein**

**Minister of Health**

**Dr. Ali Hyasat**

## Forward

It gives me great pleasure to present the National Strategy for Nursing and Midwifery: A Road Map to 2025 for Jordan. This strategy sets out how nurses and midwives plan to improve patient care over the next 10 years in a caring, courteous and professional way.

The strategy is our road map to guiding the nursing and midwifery profession. The strategy is built on four main strategic priority areas—regulation, education, practice and workforce—with integration of leadership, research, and monitoring and evaluation as driving forces for designing and crafting the future.

We at the Jordanian Nursing Council (JNC), recognize the essential role of nurses and midwives in achieving the national health priorities and addressing the challenges facing the profession. The national strategy for nursing and midwifery is a policy document and framework for the health and wellbeing of the Jordanian population. It highlights the key, and increasingly important, role that nurses and midwives play in society to tackle today's health challenges, ensure the continuity of care and address people's rights and changing health needs. Our nurses and midwives collectively form the largest sector of the health workforce, and have close contact with people across the age continuum and in all health care settings.

This work is led by the JNC in collective collaboration and consultation with the nurses and midwives across all sectors, policy makers and experts from health and non-health sectors to ensure ownership and high-level commitment.

JNC is committed in supporting the implementation of all activities at the country level to ensure the continued development and redesign of the health care system and workforce, underpinned by research and evidence, leadership and partnership. It will continue to support activities that promote, disseminate and implement innovative approaches that result in benefits to all people.

The launch of this strategy is only the beginning. An action plan with defined timescales will follow. I am confident if we work together, we can make a change in the quality of life for the Jordanian people. We are proud of our nurses and midwives.

**JNC President**

**HRH Princess Muna Al Hussein**

## Acknowledgment by JNC Secretary General

On behalf of the Jordanian Nursing Council and staff, I would like to express my gratitude to all members of our nursing and midwifery family, our partners from other disciplines, and non-nursing health institutions for their outstanding contributions in developing this strategy. They are acknowledged for their distinguished input during the pre-strategic plan survey, consultative workshops and meetings to ensure the successful development of the National Strategy for Nursing and Midwifery: A Road Map to 2025.

The Jordanian Nursing Council also wishes to thank stakeholders who participated in guiding this road map for the future of nursing and midwifery. Partnership is fundamental to the success in delivering this national nursing and midwifery strategy.

The challenge in the coming period will be in implementing the detailed agreed upon activities. I am confident that the Jordanian Nursing Council has given such clear and unequivocal support to strengthen and maximize the contribution of nurses and midwives. This needs to be matched by the personal professional commitment of every nurse and midwife in Jordan.

I look forward to a transformed nursing and midwifery profession that impacts the health outcomes of people and communities. From the enthusiastic response from our key partners in the profession, I am convinced that the mission and objectives of this strategy will be our map road to the future.

**JNC Secretary General**

**Professor Muntaha Gharaibeh**

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## Abbreviations and Acronyms

| Abbreviation | Description |
|---|---|
| AD | Associate Degree |
| ANCC | American Nurses Credentialing Center |
| APN | Advanced Practice Nursing |
| BSc | Bachelor of Science |
| CNOs | Chief Nursing Officers |
| HCAC | Health Care Accreditation Council |
| HEAC | Higher Education Accreditation Commission |
| HHC | High Health Council |
| HPC | Higher Population Council |
| ICN | International Council of Nurses |
| JNC | Jordanian Nursing Council |
| JNMC | Jordan Nurses and Midwives Council |
| M&E | Monitoring and Evaluation |
| MOH | Ministry of Health |
| MOHE | Ministry of Higher Education and Scientific Research |
| NGOs | Non-Governmental Organizations |
| SDGs | Sustainable Development Goals |
| SWOT | Strengths, Weaknesses, Opportunities and Threats Analysis |
| UNFPA | United Nations Population Fund |
| UNHCR | United Nations High Commissioner for Refugees |
| UNRWA | United Nations Relief and Works Agency for Palestine Refugees in the Near East |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |

## Executive Summary

The National Strategy for Nursing and Midwifery: A Road Map to 2025 is a policy document which was developed in collaboration with all partners. The strategy was built on the national achievements and work completed throughout the last ten years. It integrates the regional and international work that recognizes health and nursing at the global and regional levels, such as the Sustainable Development Goals (SDGs), the World Health Organization (WHO) Framework for Action: Strengthening Nursing and Midwifery in the Eastern Mediterranean Region 2015-2025 and the Global Strategy on Human Resources for Health: Workforce.

The development of the strategy was based on various activities: revision of the current status of nursing and midwifery in Jordan, and survey of academic and service sectors and policy makers' views and vision for the future of nursing and midwifery in Jordan. This approach revealed four important areas for the future work of nursing and midwifery: regulation and governance, education, practice, and the workforce. The concepts of leadership, partnership and research were integrated in these areas.

The strategy vision is "Transformed nursing and midwifery profession to lead the future of health care to ensure the wellbeing of the population". The strategy mission is "To maximize nursing and midwifery contributions through effective regulation and governance, innovative education, evidence-based practice and empowered workforce to achieve better health outcomes including Universal Health Coverage". Four main key priority strategic areas were identified and composed the strategy framework:

1. Effective regulation and governance of the nursing and midwifery professions.
2. Innovative and quality nursing and midwifery education.
3. Responsive, dynamic and evidenced-based nursing and midwifery practices.
4. Visible and empowered nursing and midwifery workforces.

For each strategic area, a set of objectives were stated with priority actions identified.

***Regulation and governance*** objectives:

1. Strengthen the role of regulatory reference bodies for nursing and midwifery.
2. Develop and implement sustainable professional regulatory policies and practices for nursing and midwifery.
3. Ensure mechanisms to institutionalize regulatory framework in nursing and midwifery services to safeguard the public.
4. Establish and/or strengthen the governance structure of nursing and midwifery in different health sectors.
5. Strengthen nursing and midwifery inclusion in health policy and service delivery decision-making at the national and regional levels.
6. Promote the professional development of nursing and midwifery.
7. Build interdisciplinary and intersectoral collaboration to ensure coherence of the regulation in all sectors for better health outcomes.

- ***Innovative quality education*** objectives:
  1. Develop an innovative education system in line with national and regional health needs.
  2. Strengthen the capacity of faculty.
  3. Limit nursing initial educational undergraduate level at the Bachelor's degree.
  4. Strengthen nursing and midwifery multidisciplinary evidence-based research.
- ***Responsive dynamic practice*** objectives:
  1. Establish and enforce standards and competencies of general and advanced practice nursing and midwifery.
  2. Institutionalize the advanced practice structure, functions, roles and responsibilities.
  3. Promote a positive work environment.
  4. Support a culture of quality and evidence-based clinical practice.

- ***Empowered workforce*** objectives:
    1. Develop and implement workforce planning and policies to ensure an efficient and competitive nursing and midwifery workforce.
    2. Ensure nursing and midwifery workforce management and evaluation will provide safe and effective care .

The strategy implementation steps and monitoring and evaluation (M&E) were highlighted in the early stages of developing this strategy. The national M&E system developed by the JNC in 2015 was used as a framework to monitor the implementation of the strategy activities with all partners.

## The Strategy Structure

The strategy is laid out in four major sections:

***Section 1***: Sets the stage for the strategy and includes the purpose, the methodology and the development phases of the strategy.

***Sections 2***: Describes the current situation of nursing and midwifery in Jordan in the main areas of regulation and governance, education and research, and workforce and practice with a summary of the main problems and issues.

***Section 3***: Reflects the national nursing and midwifery strategic vision, mission priority strategic areas, objectives, and priority actions.

***Section 4***: Includes the strategy implementation approaches and the role of JNC and other institutions in implementing the strategy, and the M&E framework.

# Section 1: Setting the Stage

## 1.1 Introduction

Nurses and midwives in Jordan constitute 45% of the health workforce and have a recognized role in protecting the public and ensuring access to quality and continued care. The strategy aims to guide academic and service institutions in enabling and enhancing the contributions of nurses and midwives to achieve the national strategic mission and objectives of improving the health and well-being of the population. The National Strategy for Nursing and Midwifery: A Road Map to 2025 stems from global, regional and national declarations and strategies. The strategy's vision and mission were mainly driven by SDG Goal 3: Ensure healthy lives and promote well-being for all at all ages, the WHO Framework for Action: Strengthening Nursing and Midwifery in the Eastern Mediterranean Region 2015-2025" and the WHO Global Strategy on Human Resources for Health: Workforce 2030. Furthermore, The Strategy for Health Sector in Jordan 2015- 2019 and Jordan 2025 (the 10-year economic and social development plan) were used to identify national challenges, future directions and interventions in this strategy to align national efforts and assure harmonization at all levels.

The current strategy builds on the Jordanian Nursing Council's (JNC) previous strategies for 2006 to 2010 and 2011 to 2015. It continues to address major challenges that still face the profession in the areas of regulation, education and practice. This strategy is the first of its kind to address midwifery and include a separate component on the nursing and midwifery workforce. Inclusion of these new directions is in response to global community demands to voice midwifery and address health workforce challenges.

## Purposes

The National Strategy for Nursing and Midwifery: A Road Map to 2025 is a policy document to strengthen nursing and midwifery in Jordan. The main purposes of the strategy are as follows:

1. Create a road map and national framework for action and sustainable development for all sectors including service and academia to respond to national priorities and provide evidence-based interventions that complement each other and support implementations.
2. Harmonize national efforts and increase commitment to enhance the quality care provided to all people.
3. Provide a set of objectives, activities and indicators that guide national implementation, progress and achievements.

## 1.2 Development of the Strategy: A National Approach

The strategy was developed in partnership with nursing leaders, nursing educators, practice nurses, midwives, national health institutions, colleagues from other health professionals, and academic organizations. A partnership approach ensured the best possibility of delivering improvements and outcomes, and better use of resources throughout the phases of strategy development. In addition, it enhanced ownership and increased commitment to implementing the addressed interventions. Developing the strategy progressed in three phases.

### Phase 1: Assessment of current situation of nursing and midwifery

The assessment of the current situation of nursing and midwifery in Jordan included gathering information from regulatory, educational, and service institutions; and analyzing findings from the JNC M&E report for 2015.

Two major tools were developed to collect data from academic and service institutions. The institutions were asked to complete the survey by conducting focus group sessions within each institution to produce a final completed survey. The survey included questions on challenges facing the nursing and midwifery professions. Academic and service institutions suggested priority action areas and interventions to overcome these challenges and strengthen nursing and midwifery within the context of national priorities.

To investigate the views and opinions of health policy makers and their future vision for nursing and midwifery, a roundtable discussion was conducted with policy makers from the Ministry of Health (MOH), the High Health Council (HHC), the Higher Population Council (HPC), the Ministry of Higher Education and Scientific Research (MOHE), health professionals from other disciplines, regulatory institutions, U.S. agencies, non-governmental organizations (NGOs) and community representatives.

### Phase 2: Identification of problems, current challenges and opportunities

This phase identified the main problems and challenges, opportunities, and threats that face nursing and midwifery. This phase included the following activities:

- Identifying main problems and challenges gathered during various engagement activities conducted in 2015 and January 2016 with all institutions.
- Developing the strategy framework by the strategy national team.
- Reviewing and reshaping the strategic framework with key stakeholders.
- Creating an advisory group of health professionals, national experts, health regulators and chief nursing officers (CNOs) to work closely with the national team to validate and finalize the vision, mission, strategic priorities and activities.

### Phase 3: Finalizing and launching the strategy

Four strategic areas emerged from various engagement activities:

- Formulated objectives and priority actions for each strategic area in accordance with JNC monitoring and evaluation framework.
- Approved the strategy by the advisory group and the JNC Board.
- Launched the strategy on April 24, 2016, at the national celebration of National Nursing Day, by Her Royal Highness Princess Muna, JNC President.

# Section 2: Current Situation of Nursing and Midwifery in Jordan

This section provides a highlight of the context of Jordan's health care system and a summary of the current situation of nursing and midwifery in Jordan in three main areas-regulation, education, and practice-with integration of governance, the workforce, leadership and research.

## 2.1 The Context of the Health Care System in Jordan

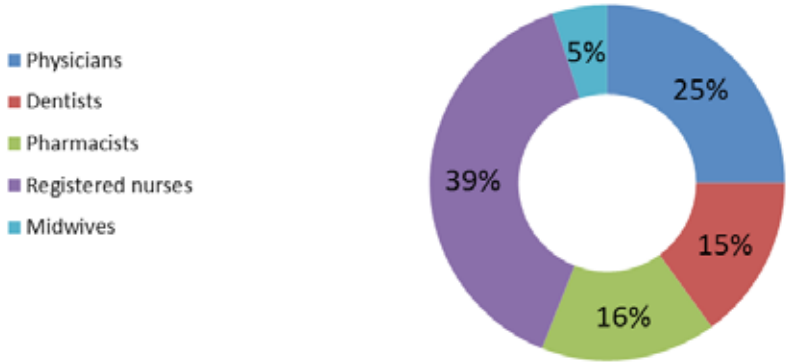
Jordan is a small upper-middle income country with an estimated population of 9.5 million people of which 2.9 million are refugees (Population Census, 2015). The health situation in Jordan has had a remarkable development that reflects a positive health status of the population. The Jordanian health system is considered one of the region's best providers of health service. In addition, it has been considered a popular destination for medical tourism and was classified as the fifth highest country globally as a center for medical tourism. In 2012, approximately 250,000 patients from around the world had medical services in Jordanian hospitals. This accounted for 23% of total patients who were given treatment services in the Kingdom (High Health Council Strategy, 2015). The health system in Jordan consists of private and public sectors. There are 106 hospitals (31 public, 12 military, two university affiliated hospitals, and 61 private hospitals) with a total bed capacity of 12,497 in addition to the Center for Diabetes, Endocrinology and Genetics, the King Hussein Cancer Center, and charity association clinics. The international sector and charitable sectors provide services through the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) clinics for Palestinian refugees and the United Nations High Commissioner for Refugees (UNHCR). Geographically, the hospitals are concentrated in the capital city of Amman, and the second largest governorates by population density are Zarqa, and Irbid (MOH, 2014).

Health indicators in Jordan reflect the quality and efficiency of the delivered health services. The overall average life expectancy has stabilized at birth to 74.4 years during 2007 to 2013. Infant mortality rate declined in 2012 to 17 per 1,000 live births (Jordan Family and Population Health Survey, 2012). The under-five mortality rate declined from 13 per 1,000 deaths in 1990 to 11.3 per 1,000. The maternal mortality rate fell from 41 per 100,000 births in 1996 to 19.1 per 100,000 live births in 2008.

The health system in Jordan faces major challenges to meet the growing expectations of the population, including the increased demand for health services due to population growth, the presence of refugees, and the change in the types of diseases in Jordan (a lower prevalence of communicable disease, and a high prevalence of non-communicable diseases). Additionally, there is an expected rise in the proportion of young people and older persons, and rising health care costs in light of the economic situation which faces many financial and economic crises (High Health Council, 2015).

Human resources for health in Jordan have significantly increased compared to the population numbers over the past five years (2009 to 2013). The rate of staff working in the nursing profession in Jordan is higher than the rate in most Arab countries. In 2013, nurses and midwives composed approximately 45% of health care providers in Jordan (Figure 1).

**Figure 1: Distribution of health human resources by profession in Jordan, 2013**



The health workforce in all categories is concentrated in the central region with a geographic disparity in the distribution of health workers between the governorates of the Kingdom, especially in the physician category. There are also imbalances in the distribution of health personnel between different health sectors.

## 2.2 The Status of the Profession of Nursing and Midwifery

### 2.2.1 Regulation and regulatory framework

The legislations governing the nursing profession in Jordan are considered the cornerstone in empowering the nursing profession and its members. The JNC and the Jordan Nurses and Midwives Council (JNMC) are the two regulatory bodies for nursing and midwifery. Nurses and midwives have a mandatory registration by JNMC and licensing by MOH under the authority of the Public Health Law (47) for the year 2008. Licensure is granted to all registered nurses and midwives with no entry examination or annual renewal mechanisms.

*The Jordanian Nursing Council*

In recognition of the need to support professional accountability in nursing, nurse leaders relentlessly worked towards establishing a body that regulates the profession and focuses on public protection. In 2002, after many years of perseverance and deliberation, a Royal Decree of His Majesty King Abdullah II, with oversight by HRH Princess Muna Al Hussein, founded the Jordanian Nursing Council.

The JNC is a legislative regulating body established to protect the public and enhance their health through the development of the nursing and midwifery profession.

The Council aims to:

- Participate in setting national health strategies and establish plans and programs regarding the profession and their implementation.
- Develop human resources in the field of nursing to raise the standard of nursing performance in accordance with scientific and practical developments.
- Support scientific research to enhance the development of the profession.

**JNC Vision**

A valued and recognized leader in nursing and midwifery regulation.

**JNC Purpose**

Protecting the public by effectively regulating the general and advance practice of nurses and midwives.

Because JNC is a regulatory institution, all functions and responsibilities of the council are executed in collaboration with its partners. JNC partners are those who constitute the Board: MOH, Royal Medical Services, MOHE, public and private universities, the JNMC, Private Hospitals Association, university hospitals, and community representatives.

The JNC collaborates with other national institutions, such as the Higher Education Accreditation Commission (HEAC) and the Health Care Accreditation Council (HCAC), international organizations, such as the American Nurses Credentialing Center (ANCC), the International Council of Nurses (ICN), the United Nations Population Fund (UNFPA), and WHO, and donor country agencies, such as the United States Agency for International Development (USAID).

In 2006, the certification of nursing professional bylaw (74) was approved to regulate specialization and certification of advanced nurses for advance practice roles. Midwifery was initially regulated by Law No. (7) of midwifery and maternal child care (1959). The law supports the autonomy of the midwifery profession in Jordan, which outlines the functions, roles and scope of practice for midwives. All midwives must register with JNMC and are licensed to practice by MOH after completion of a three-year diploma, a four-year bachelor's degree, or completing nine months of a post-basic diploma in midwifery.

JNC, through its mandate as a regulatory body, published the professional nursing standards in 2005, updated in 2009, to promote, guide and direct the registered nurse professional practice.

These standards included guidelines for continuing education to guide nurses and institutions in developing and maintaining continuing education as a part of a nurse's professional development. This was done to provide quality continuing education for nurses, support them in implementing the highest standards for continuing education, and guide them in exploring the international accreditation process for their educational activities.

The JNC was awarded accreditation in 2009 and reaccredited in 2013 to 2017 as a provider of continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation .

Furthermore, JNC issued a regulatory statement for nurse-to-patient ratios to ensure sufficient numbers of nurses at health institutions to maintain safe practice.

Participation in regulating nursing education is also one of the functions of the JNC. In early 2000, the number of new nursing schools started to increase with regulatory or accreditation mechanisms being put in place resulting in a gender ratio imbalance which then created a gender imbalance in the nursing workforce in favor of more males. In 2007, the JNC and JNMC reacted to the service demand for more females and issued a policy in collaboration with the MOHE that nursing programs can only admit 30% males and 70% females into the nursing program to create a gender balance and respond to the needs of the service.

Despite the JNC's efforts to advance the nursing profession through its legislative role, there are still challenges facing JNC, such as poor implementation of regulatory functions and mechanisms, poor institutionalization of the advance practice roles, inability to enforce ratios, and low adherence to the developed standards.

### 2.2.2 Status of nursing and midwifery education and research

MOH established the first nursing school in 1953 which graduated diploma nurses. In 1962, the Royal Medical Services established the Princess Muna College of Nursing. The first university-level education in nursing was established at the University of Jordan in 1972. In 1998, educational

reforms were introduced, and colleges that offered a diploma in nursing were linked with Al-Balqa Applied University of Applied Sciences, offering a two-year associate degree program in nursing. Currently, there are two paths that students can pursue to become a nurse. Students may complete an Associate Degree (AD) in nursing or a Bachelor of Science (BSc) in Nursing. These programs provide students with the skills and knowledge necessary to practice at two levels: technical nurse and professional nurse. Graduates of the BSc do not sit for any licensing mechanisms. However, AD nurses are not considered an RN and not registered at the JNMC but they do sit for a licensing exam.

Up until 2014, Jordan had 15 baccalaureate programs in addition to 20 associate degree programs (MOHE, 2014). Baccalaureate programs offer more advanced education in areas that support critical thinking, clinical reasoning, and analytical skills; prepare nurses for a broader scope of practice; further professional development; and facilitate understanding of complex issues affecting healthcare delivery. The total number of faculty at all university exceeds 400 teachers (doctrate and master's level), and there are around 6,200 nursing students in all BSc programs (HEAC, 2014).

Midwifery education falls in three categories: a Bachelor's Degree in Midwifery which is offered in one university, a three-year diploma in midwifery which is offered by three institutions, and finally a higher diploma in midwifery post-nursing which is offered by one institution. The direct entry to midwifery practice is one of the strategic ways to compensate for the shortage of midwifery workforce.

The need to develop advanced practice roles in Jordan is the concern of many academic and service institutions, hence, the need to establish master's degree programs in different universities. Most of these programs prepare nurses for advanced practice roles in different specialties including adult, maternity and newborn, mental health, oncology, critical and acute care, pediatrics, and palliative care nursing; and leadership and management. In addition, the National Center for Diabetes, Endocrinology and Genetics has a master's degree program for diabetic nursing. In 2005, the Faculty of Nursing at The University of Jordan launched a PhD nursing program in an attempt to meet the

challenge of supporting the profession and prepare qualified faculty, researchers and administrators.

**Table 1. Nursing and Midwifery Educational Programs**

| Education level | Education requirements | Description |
|---|---|---|
| Associate Degree | • 2-year program offered at community colleges<br>• 3-year midwifery program | Prepares nurses for direct patient care in various settings, with opportunities to bridge into a BSN and/or master's program. |
| Bachelor of Science in Nursing (BSc).<br>Midwifery Bachelor degree | • 4-year program offered at universities<br>• 4-year midwifery | Prepares nurses to practice in all healthcare settings. A BSN is required for entry into a master's program. |
| Master in Nursing | • 2 to 3-year program | Most of these programs prepare nurses for advance practice roles in various specialty areas. |
| PhD in Nursing | • 3 to 4-year program offered only by the University of Jordan | Prepares nurse scholars. |

All nursing programs are accredited by the HEAC (HEAC, 2015).

Despite the rapid progress and the achievement of milestones, nursing and midwifery education in Jordan still faces several challenges. Nursing education programs are traditional, not responsive to the national health needs and challenges, and lack innovative approaches in education, such as competency-based education, technology and information, and partnership with service institutions. The increased number of students in relation to faculty and clinical instructors and the limited clinical training placements are also major challenges. Students' achievement in national competency exams conducted by HEAC is not satisfactory. The M&E report issued by JNC in 2015 showed that students' achievement rates ranged from 46.85% to 32%. The results of the

2015 employers view on competency level of newly graduates nursing students conducted by JNC reported weaknesses in nursing graduates' competencies related to clinical skills, cognitive skills, ethics of the nursing profession and communication skills.

Furthermore, universities and nursing programs are not properly investing in the professional development of faculty members to ensure competent clinical educators. They are also not creating opportunities for practice partnerships and models for practice between academic and service institutions to benefit students, nurses and faculty.

The research conducted by faculty are fragmented and descriptive in nature, irrelevant to national priorities. They neither drive policies and evidences for best practices nor improve the teaching learning modalities and educational outcomes (Khalaf, 2013).

### 2.2.3 Status of nursing and midwifery workforce and practice

In 2012, Jordan's nursing personnel rate for registered nurses was 25.6 per 10,000 people and 45.3 per 10,000 people for all categories of nursing including midwives. Currently, there are 18,454 working nurses and 2,762 midwives in addition to 5,171 associate degree nurses (MOH, 2014).

The public sector is the main employer for nurses (60%) and midwives (89%) rather than the private sector (High Health Council, 2015). MOH operates an extensive primary health care network consisting of 98 comprehensive centers, 205 village health clinics, 377 primary health care centers, and 452 maternity and child centers. This is about 2.4 centers per 10,000 people with an average 30-minute patient travel time to the nearest center. This represents a high-density system by international standards (MOH Annual Report, 2014).

Nursing practice is the main building block of the profession of nursing that reflects quality of care. Nurses practice in primary, secondary and tertiary health care settings. The practice of nursing in Jordan has undergone rapid positive changes at the primary and secondary levels of health care. Nursing practice required adopting new practice models and strategies, as a result of national efforts, and a culture of quality through accreditation processes.

Midwifery practice provides antenatal, postnatal, childbirth, birth spacing, neonate and child health, breastfeeding and immunization services for children and pregnant women in the primary health centers and women in labor in different hospital settings across the Kingdom. Health care policies in Jordan discourage home birth and favors hospital births as a modern trend (Oweis, 2009). Almost all women (99%) receive antenatal care from trained personnel, with 96% of women receiving care from a doctor and around 3% of women accessing a midwife or nurse (Jordan Population and Family Health Survey, 2012).

Nurses do not fully recognize that promoting community health issues is integrated in their role within a primary health care center. Most nurses have been trained or educated within an acute care environment with little orientation to practice at the primary and community levels (Francis et al, 2012).

Advanced Practice Nursing (APN) is still in its infancy in Jordan. To date, there are 160 clinical nurse specialists certified by JNC in different nursing specialties and from different health sectors. Th majority of these nurses are not working within their scope of practice, titles, and roles. Health care organizations have not given them recognition of their role. There is also an absence of a clear clinical career structure.

The titles advanced nurse practitioner and clinical nurse specialist requires careful consideration within the Jordanian context (Zahran, et al. 2011). Addressing barriers to advance practice and ensuring that advance practice nurses are able to practice to the full extent of their education and training can help promote optimal role fulfillment as well as establish the impact of the advance practice roles (Kleinpell, et al. 2014).

The JNC report for Monitering and Evaluation (M&E) 2015 revealed that the nurse turnover rate was high in the private sector in comparison to the public sector. The number of policies and initiatives adopted to reduce the nursing turnover rate varied between institutions. In addition, there is no documented approved data regarding the nurse-patient ratio in health institutions.

## 2.3 Main Issues and Problems

Analysis of the current situation in nursing and midwifery revealed issues in four main areas: regulation, governance and leadership, education and practice. Other important areas, such as human resources and research, were integrated within the main areas of this analysis.

### 2.3.1 Regulation, governance and leadership issues

- Absence of a national board of examinations to license nurses and midwives.
- Lack of a national strategy for nursing and midwifery human resources.
- Inefficient organizational structure for nursing and midwifery.
- Limited awareness in nurses and midwives about professional regulations and legislations.
- Limited participation of nurses and midwives in developing and evaluating health policies.
- Lack of regulation and strategy for human resources in the health sector.
- Lack of nursing and midwifery health information systems.
- Lack of action plans to enhance the nursing and midwifery profession.
- Noncompliance with the approved national nurse-patient ratio.
- Weakness in the professional development and capacity building of nurses and midwives.
- Fragmented initiatives of continuing education.
- Variation in nursing and midwife's benefits package including salary and incentives.

### 2.3.2 Education and research issues

- Nursing and midwifery educational programs do not meet national, regional and international health needs.
- Lack of flexibility in the design and structure of the nursing and midwifery curricula to meet population health needs, technology advancement and global health challenges.
- Undergraduate educational level includes both a bachelor's degree and an associate degree.
- Traditional nursing and midwifery educational programs lack of innovation,intra-professional and inter-professional strategy.

- Quality of nursing and midwifery graduates does not meet the population's health needs and advances in the health care system.
- Poor conditions of clinical training: limited training placements, insufficient clinical hours, and lack of competent clinical instructors.
- Fragmented research works intended for academic promotion purposes.
- Lack of utilization of research outcomes in clinical practice settings.

### 2.3.3 Practice issues:

- Traditional nursing practice that doesen't reflect holistic care.
- Lack of quality of nursing practice.
- Limited application of patient-centered and evidenced-based nursing care.
- Insufficent attention given to primary health care services.
- Lack of internship programs for new graduates.
- Weakness in institutionalizing advanced practice nursing: structure, function, and roles.
- High turnover rate of staff (internal and external migration).
- Severe shortage of midwives.
- Lack of collaboration between nursing practice and academic institutions.

## Section 3: The Strategy

### Vision

Transformed nursing and midwifery profession to lead the future of health care to ensure the wellbeing of the population.

### Mission

To maximize nursing and midwifery contributions through effective regulation and governance, innovative education, evidence-based practice and empowered workforce to achieve better health outcomes including Universal Health Coverage

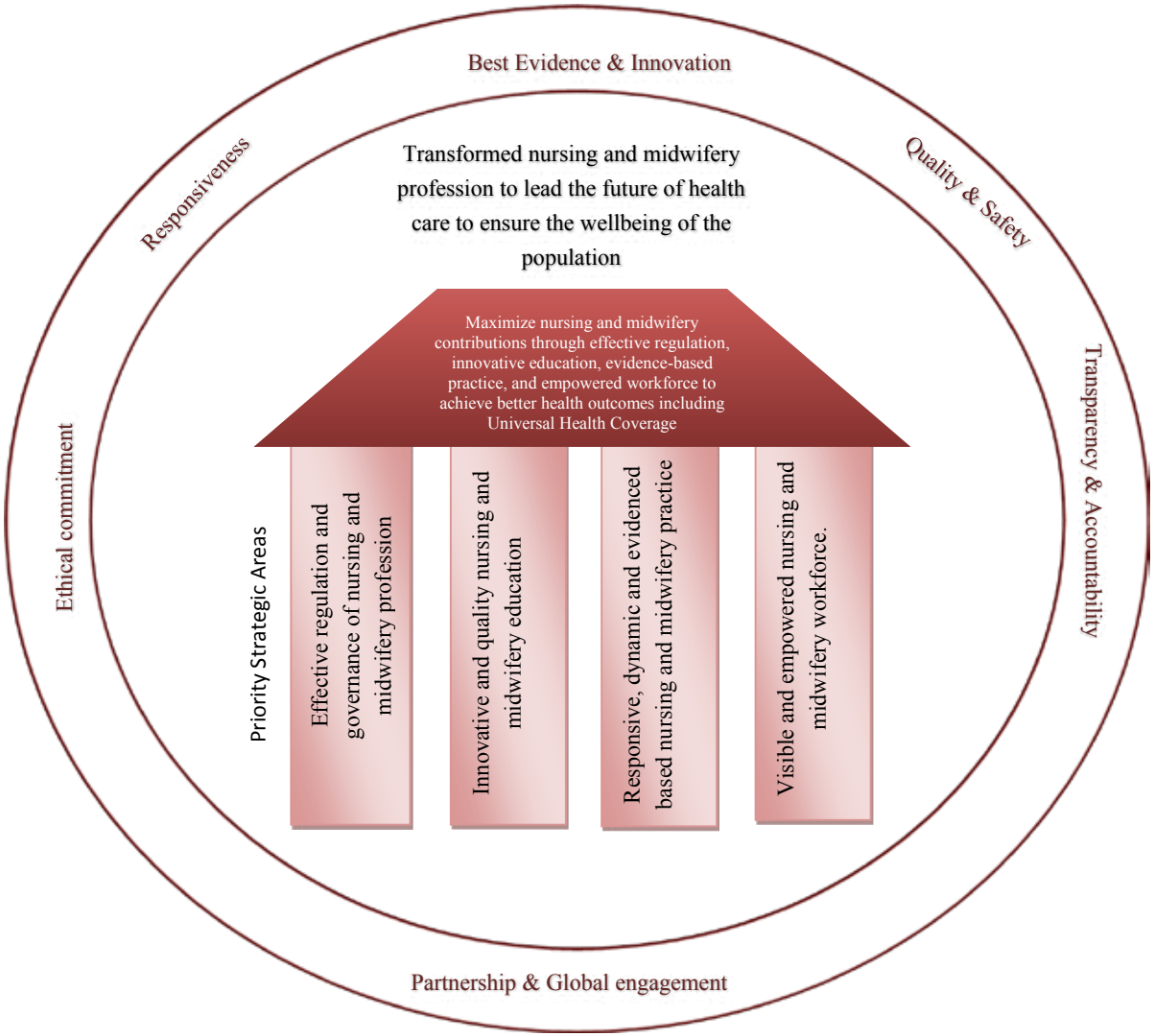
### Values

- Best Evidence and Innovation
- Responsiveness
- Quality and Safety
- Transparency and Accountability
- Ethical Commitment
- Partnership and Global Engagement

### Priority Strategic Areas

1. Effective regulation and governance of nursing and midwifery profession
2. Innovative and quality nursing and midwifery education
3. Responsive, dynamic and evidenced based nursing and midwifery practice
4. Visible and empowered nursing and midwifery workforce.

## Figure 2. Framework of National Nursing and Midwifery strategy 2016-2025



## Priority Strategic Area 1: Effective Regulation and Governance of Nursing and Midwifery Professions

The nursing professional regulation was established with the aim of public protection. Professional regulation is a dynamic framework in which professional standards can be identified to serve good regulatory systems. They should be focused, flexible and enabling; ensuring standards are comprehensive, clear, visible and achievable. In 1997, ICN identified 12 principles to consider in developing effective professional regulations: purposefulness, relevance, definition, professional intimacy, multiple interests and responsibilities, representational balance, professional optimacy, flexibility, efficiency and congruence, universality, fairness, and inter-professional equality and compatibility. Professional regulations include the creation and function of regulatory bodies responsible for establishing professional regulations as a framework within which professional standards can be identified. They include:

- Authority, power and composition of a board of nursing,
- Education program standards,
- Standards and scope of nursing practice,
- Types of titles and licenses,
- Requirements for licensure, and
- Grounds for disciplinary action, other violations and possible remedies.

Regulatory bodies need to be dynamic, alert and innovative in order to identify relevant changes in the health system, policy context, and delivery of health care. An effective regulatory system ensures coherence and coordination among their parts by recognizing and incorporating the legitimate roles and responsibilities of the public, the profession and its members, and other professions in various aspects of health care. Furthermore, effective regulations addresses the need to expand the legal authority of advanced practice nursing and midwifery to provide healthcare in accordance with their education, training, and competencies. The laws regarding the nursing and midwifery professions can only function properly if nurses know the current laws governing practice in their country.

Governance refers to the mechanisms in place to ensure an organization's management structure, performance management, legal compliance and control, risk management, and prevention of an improper or unlawful practice. It encompasses the organization's structures, policies, processes, accountability mechanisms and the way decisions are made and managed.

## 1. Effective Regulation and Governance of Nursing and Midwifery Profession

### Objective 1.1: Strengthen the role of regulatory reference bodies for nursing and midwifery.

*Priority Actions*

- Revise the JNC law to expand its power and functions.
- Ensure mandatory annual JNMC renewal registration of all nurses and midwives.
- Develop and implement a communication and advocacy plan regarding professional regulation targeting nurses, midwives, policy makers and public.
- Promote nursing regulatory bodies through active participation in global, regional and national health events.

### Objective 1.2: Develop and implement sustainable professional regulatory policies and practices for nursing and midwifery.

*Priority Actions*

- Review and develop regulatory mechanisms to respond to global, regional and national changes and health needs.
- Enhance collaboration between nursing regulatory bodies and stakeholders for sustainable implementation of regulatory policies and practices.

**Objective 1.3: Ensure mechanisms to institutionalize regulatory framework in nursing and midwifery services to safeguard the public.**

*Priority Actions*

- Develop and implement M&E system for the national nursing strategy with all partners.
- Integrate the implementation of nursing and midwifery standards within national accreditation systems.

**Objective 1.4: Establish and/or strengthen the governance structure of nursing and midwifery at different health sectors.**

*Priority Actions*

- Assess current governance structure of nursing and midwifery at different health sectors.
- Establish and implement national governance structure of nursing and midwifery.

## Objective 1.5: Strengthen nursing and midwifery inclusion in health policy and service delivery decision-making at national and regional level.

*Priority Actions*

- Support/advocate involvement of nurses and midwives at all levels of policy and decision-making.
- Strengthen nursing and midwifery leadership and management capacities.

## Objective 1.6: Promote the professional development of nursing and midwifery

*Priority Actions*

- Develop and approve nursing and midwifery continuing nursing education bylaw.
- Develop national mechanisms to implement continuing education system.
- Develop and approve standards and policies that support implementation of specializations and career ladder bylaw.
- Develop and implement professional development plans of nursing and midwifery education and practices.

**Objective 1.7: Build interdisciplinary and inter-sectoral collaboration to ensure coherence of the regulation at all sectors for better health outcomes.**

*Priority Actions*

- Establish national coordination mechanisms to ensure implementation and evaluation of regulation and governance.

## Priority Strategic Area 2: Innovative and Quality Nursing and Midwifery Education

The nursing and midwifery professions face the challenges of a growing population of hospitalized patients who are more acutely ill, increasing healthcare costs, and the need to stay current with rapid advances in scientific knowledge, health care and technology to ensure the continued delivery of high quality, safe, and effective client-centered care.

Current trends in higher education demand that the nursing and midwifery education system needs to be prepared to face these challenges and issues impacting its future. These challenges are complicated by the existing maldistribution and shortage of nurses, a shortage of nursing and midwifery faculty, and new models of healthcare delivery.

To respond to these challenges, future nurses and midwives must be educated and equipped with relevant and appropriate competencies, knowledge, skills, and attitudes. Nursing and midwifery education needs to be responsive and aligned with the requirements of practice environment. Faculty members must continuously evaluate and revise graduate nursing curricula, approaches, and programs.

Innovative education approaches that support and create new learning paradigms need to be grounded in evidence through competency-based curriculum, inter-professional education, new models of clinical education, innovative models of academic and practice collaboration, capacity building of faculty, and advancing the science of nursing education through research.

Nursing and midwifery education must keep pace with practice innovations and other changes in the healthcare delivery system. Implementing innovations in education need to address and support the development and testing of innovative models to foster innovative linkages among universities and practice settings, increase funding for graduate nursing education and assist nurses to use technology and information to function in a complex patient-care environment.

Innovative approaches need to foster academic and practice partnerships to address future workforce issues proactively such as joint faculty positions with colleges and schools of nursing

and healthcare facilities. They should also support funding for nurse residencies to promote a seamless transition into practice to improve nurse retention. These approaches will ultimate increase the nursing supply.

## 2. Innovative and Quality Nursing and Midwifery Education

### Objective 2.1: Develop an innovative education system in line with national and regional health needs.

*Priority Actions*

- Ensure that undergraduate and graduate programs reflect the global, regional and national health agenda.
- Review and implement competency-based curriculum that is based on the JNC framework of nursing and midwifery standards and competencies.
- Develop and implement innovative approaches in all aspects of education.
- Strengthen models of collaboration and partnership between services and education.
- Develop innovative nursing and midwifery graduate education programs in line with national needs of advanced practice specialties.
- Monitor the implementation of accreditation and quality assurance standards of education.
- Enhance creative learning environments.
- Strengthen national nursing and midwifery interprofessional education and collaborative practice.

## Objective 2.2: Strengthen the capacity of faculty.

*Priority Actions*

- Establish and implement a national framework of faculty recognition criteria and competencies for nursing and midwifery education.
- Develop and implement capacity building and professional development plan for nursing and midwifery faculty.

## Objective 2.3 : Limit nursing initial educational undergraduate level at the Bachelor's degree.

*Priority Actions*

- Develop and implement policy to limit nursing entery to practice at a bachelor level.
- Establish a mechanism to transition from an associate degree into a bachelor's degree program.

## Objective 2.4: Strengthen nursing and midwifery multidisciplinary evidence-based research.

*Priority Actions*

- Develop and dissiminate national agenda for research including priorities in regulation, education, practice, and workforce.
- Develop a structure within institutions to support multidisciplinary evidence-based activities.
- Create evidence of returned on investment for nursing and midwifery education.
- Ensure incorporation of research competencies within nursing and midwifery education programs.
- Create a national database for evidence, research, and best practices.
- Create national nursing and midwifery research teams.
- Evaluate impact of research on education and practice policies.

## Priority Strategic Area 3: Responsive, Dynamic and Evidenced-Based Nursing and Midwifery Practice

The changing landscape of the health care system and the changing profile of the population require nurses and midwives to undergo a fundamental shift to provide advanced quality care and improve health outcomes. This requires that nurses and midwives focus on the pillars of quality provided for all people and promote their wellbeing.

The pillars of care are the specialized knowledge, enhanced clinical judgment, and clinical leadership in the delivery of care and services that are responsive to the needs and exceed the expectations of those we serve. Such care needs to be delivered in a cost-effective manner to improve the outcomes for both the patient and the healthcare system.

Other important pillars are upholding high standards of ethical conduct; advocating for the rights of patients, family and caregivers ensuring compliance with all applicable laws, regulations, and professional standards of practice; and ensuring clinical excellence and promoting safety through standards of practice.

Finally, nurses and midwives need to work in organizations that build a culture of quality and accountability. Organizations need to ensure ethical practices and foster a collaborative, interdisciplinary environment that promotes individual accountability and workforce excellence, through professional development, training, and support to all staff at all levels. These pillars are the building blocks of quality and represent a comprehensive framework for organizing, assessing and monitoring responsive, dynamic and evidenced-based nursing and midwifery practices.

## 3. Responsive, Dynamic and Evidenced-Based Nursing and Midwifery Practice

### Objective 3.1: Establish and enforce standards and competencies of general and advanced practice nursing and midwifery.

*Priority Actions*

- Revise and approve nursing and midwifery standards and competencies of general and advanced practice to meet the national health and quality standards.
- Create care models of best practices to implement national standards and competencies for general and advanced practice.
- Develop national agreed quality indicators of nursing and midwifery practice
- Evaluate the impact of implementation of national professional standards on quality.

### Objective 3.2: Institutionalize the advanced practice structure, functions, roles and responsibilities.

*Priority Actions*

- Establish enforcement mechanisms to support implementing advanced practice, functions, roles and responsibilities.
- Evaluate the quality of care and economic impact of implementing nursing and midwifery advanced practices.

## Objective 3.3: Promote a positive work environment

*Priority Actions*

- Promote professional recognition and status of nurses and midwives in all institutions.
- Improve working conditions in terms of shared governance, workplace safety, and work violence.
- Ensure safe and effective transition of new graduates to professional practice.
- Promote and maintain adequate enabling resources for safe nursing and midwifery practices.

## Objective 3.4: Support a culture of quality and evidence-based clinical practice

*Priority Actions*

- Enhance evidence-based clinical practice to improve quality of care.
- Enhance the use of appropriate information and communication technology systems to support evidence-based practice.

## Priority Strategic Area 4: Visible and Empowered Nursing and Midwifery Workforce

An empowered and competent nursing and midwifery workforce has a direct effect on improving health outcomes. Therefore, effective service delivery requires processes to ensure a sufficient workforce will be available at the right time and with the right competencies and flexibility to deliver high-quality health care. The nursing and midwifery workforce accounts for a significant portion of health care providers. Aligning supply with demand requires effective workforce planning in a multidisciplinary integrated workforce at the national level.

The nursing and midwifery workforce size, composition, distribution, training issues and migration; and the level of economic development in any country are issues of great concern. Nursing and midwifery workforce mobility can create imbalances requiring better workforce planning, attention to issues of pay and other rewards and improved overall management.

The country's level of economic development is another issue for the nursing and midwifery workforce. Countries with higher income spend more on health care than countries with lower income and tend to have larger health workforces. This is an important factor to consider when examining policies to implement solutions to human resource shortages and financial constraints on the health care systems mainly in developing countries.

Furthermore, the nursing and midwifery workforce face many obstacles in delivering high-quality health care, providing universal access and reducing health care disparities at the primary, secondary, and tertiary health care levels. Some of these constraints include insufficient allocated budgets, lack of congruence between different stakeholders› values, high absenteeism rates, high rates of turnover, and low morale of health personnel. Countries need to ensure reliable, harmonized and up-to-date capacity building and improved evidence-based workforce policies for effective nursing and midwifery services.

Globally, the UN recently established the High-Level Commission on Health Employment and Economic Growth which recognizes that investing in new employment opportunities in

the healthcare sector adds broader socio-economic value to the economy and contributes to the implementation of the 2030 Agenda for Sustainable Development. Its main objective is to propose actions to contribute to global inclusive economic growth, create decent jobs and achieve Universal Health Coverage. Her Royal Highness Princess Muna Al Hussein was appointed as a Commissioner based on her capacity as a well-known figure in the fields of gobal health and social development.

## 4. Visible and Empowed Nursing and Midwifery Workforce

### Objective 4.1: Develop and implement workforce planning and policies to ensure an efficient and competitive nursing and midwifery workforce

*Priority Actions*

- Develop evidence-based nursing and midwifery workforce plans congruent with the national health workforce strategy.
- Develop and implement policies for adequate distributions, flexible management and recruitment of nurses and midwives at all levels to meet the national health needs.
- Develop and apply retention policies.
- Establish national databases of nursing and midwifery workforce.

### Objective 4.2: Ensure nursing and midwifery workforce management and evaluation will provide safe and effective care.

*Priority Actions*

- Ensure workforce functions within the scope of practice, titles and job description of general, specialist and advanced practice.
- Review and develop performance appraisal system based on JNC competency framework.
- Enhance development and use of appropriate leadership strategies to support work-force management and evaluation.

## Section 4: Strategy Implementation and Monitoring and Evaluation

Implementation is a very important part of the strategic planning process. Implementation of the strategy at the national level and within institutions require national commitment, collaboration and coordination between all partners. There are numerous opportunities at the national level for successful implementation of the strategy to achieve its mission and objectives. These include:

- Availability of global and regional health strategies,
- Recognition by the global and regional WHO assemblies of the role of nursing and midwifery in health systems,
- Globalization and advancement of health technology and informatics,
- Availability of national vision and strategy (Jordan 2025),
- Availability of national regulations for health and education,
- Availability of specialized hospitals and health institution with advanced services and technology,
- Move towards mandatory accreditation of health institutions, and
- Participation of nursing leaders in the regional and national health policy-making.

This strategy was developed collaboratively with partners. All service and academic institutions are committed to implement priority activities to meet the objectives of the strategy. The successful implementation of this strategy depends on:

- Belief that this strategy belongs to all partners,
- Teamwork to achieve the objectives of the strategy,
- Clarity of roles and responsibilities of each partner,
- Preparation and follow-up of the action plans, and
- Continuous monitoring and evaluation of the strategy.

Therefore, JNC established an M&E system which includes impact, outcome and process indicators that need to be measured and followed for progress through an identified timeline in addition to the roles and responsibilities for JNC and each partner.

## 4.1 Implementation

### 4.1.1 JNC role

The JNC plays a very important role in planning the annual action plan with partners; coordinating between institutions; advocating for change implementation; and providing institutions with data, resources and measure indicators at the national level.

### 4.1.2 Roles of implementing Institutions

The implementing institutions are regulatory bodies (HHC, JNC, and JNMC), service institutions (MOH, Royal Medical Services, private sector and university hospitals), academic institutions (MOHE, public and private universities, and nursing schools), research institutions, other health-related institutions (HCAC) and NGOs. They all are required to:

- Adhere to the activities listed in the strategy taking into consideration the time period for implementation,
- Develop operational plans based on activities in this strategy,
- Work in collaboration with JNC on implementing the M&E system,
- Report periodically to the JNC on the list of indicators stated in the M&E plan, and
- Ensure availability of all types of resources including the nursing and midwifery workforce.

Although we, at the JNC, recognize the high-level commitment of institutions at all levels, we are aware of the threats that may impede effective implementation of this strategy, such as:

- Changes in the demand for health services,
- Slow legislation process that impedes implementing change,
- Lack of comprehensive national health information system,
- Weak partnership between the public and private sectors, and
- Lack of funds and support to enhance the nursing and midwifery professions, practice, education and development.

## 4.2 Monitoring and Evaluation

Effective implementation of M&E requires tracking progress in achieving the outcomes. This process is the responsibility of the JNC. The JNC developed its M&E system in 2015 and released its first report based on the 2015 action plan. The report included data on 31 indicators on nursing education, practice and professional development.

The M&E system for the 2016 to 2025 strategy includes monitoring implementation and preparing reports based on types of indicators to achieve its objectives. The monitoring will follow the M&E system which is based on the *Monitoring & Evaluation Framework for the National Nursing and Midwifery Strategy 2016-2025* (see Figure 3).

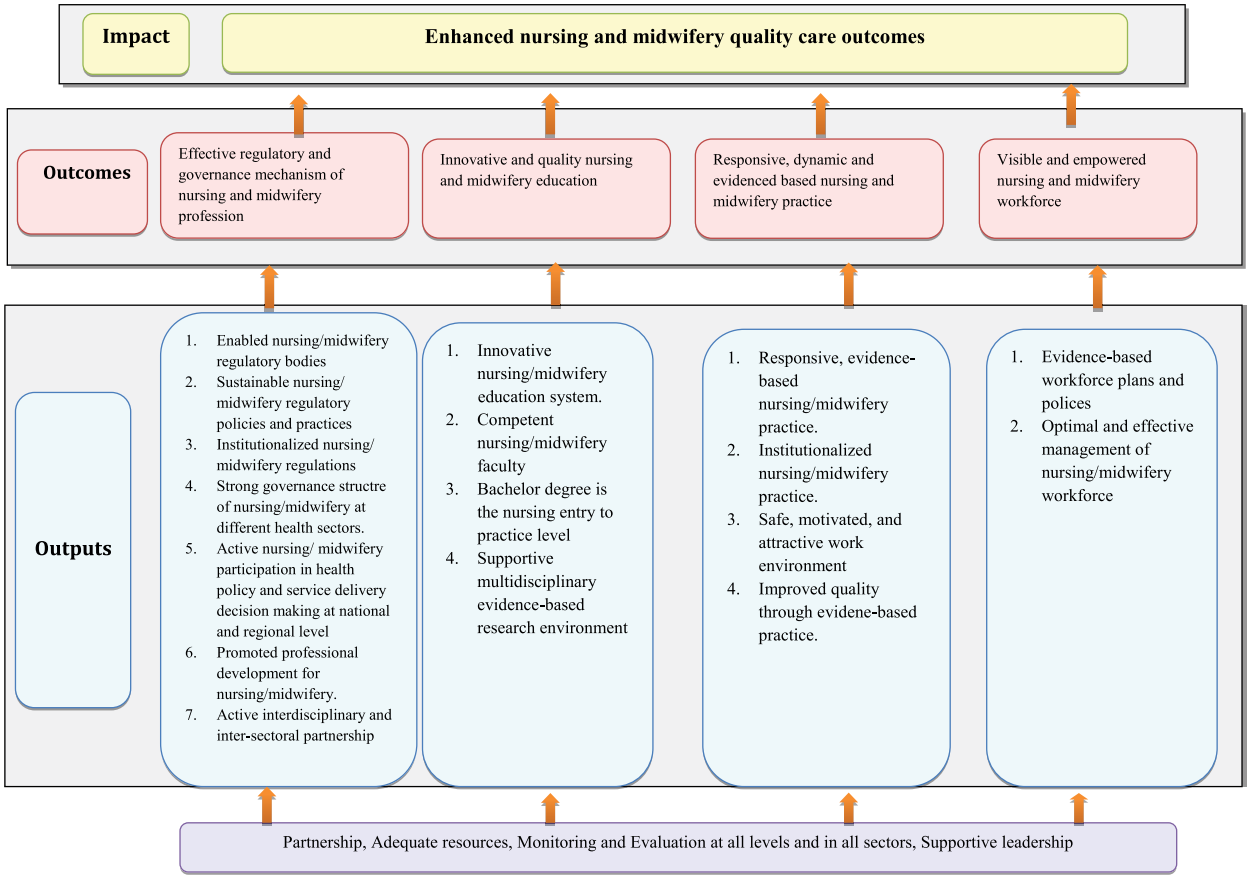
Monitoring strategy activities will include:

- Identifying the main activities for each year, responsibility, and timeline for implementation in collaboration with partners,
- Collecting data from partner institutions by JNC,
- Identifying implementation barriers which will be assessed and reported by JNC to institutions to revise their plans,
- Analyzing data and finalizing national reports according to type of indicators, and
- Using findings of M&E reports for future strategic planning and health decision-making.

Evaluating the strategy will include the following:

- Annual evaluation of operational plans and outcome indicators,
- Midterm review of achievements in the first five years (2016 to 2020) with 2020 as the year of evaluation of achievements and suggestions of modifications and changes, if necessary, and
- Final evaluation and measurement of impact which will take place mid-year in 2025.

**Figure 3: Monitoring & Evaluation" Frame for the National Nursing Strategy 2016-2025"**



# Annex 1

## Strengths, Weaknesses, Opportunities and Threats Analysis (SWOT)

| Strengths | Weaknesses |
|---|---|
| **Regulation, Governance and Leadership:**<br>• Jordanian Nursing Council as an independent regulatory body<br>• Mandatory registration by Jordan Nurses and Midwives Council (JNMC)<br>• Nursing Specialization Bylaws 2006<br>• National monitoring and evaluation system<br>• National nurse-patient ratio by JNC<br>• Increases in certified nurses in different specialties<br>• Availability of JNC leadership for change program in collaboration with ICN<br>• Availability of nursing and midwifery continuing education programs in most institutions<br>• Availability of accredited institutions of nursing continuing education certification by ANCC | **Regulation, Governance and Leadership:**<br>• Absence of national board exam for licensing of nurses and midwives<br>• Lack of regulation and strategy for human resources in health<br>• Lack of national strategy of nursing and midwifery human resources<br>• Limited awareness in nurses and midwives about regulation and legislation<br>• Limited participation of nurses and midwives in developing and evaluating health policies<br>• Inefficient organizational structure for nursing and midwifery<br>• Lack of action plans to enhance nursing and midwifery professions<br>• Lack of nursing and midwifery health information system<br>• Noncompliance with the approved national nurse-patient ratio<br>• Fragmented initiatives of continuing education<br>• Variation in nursing and midwives' benefits package including salary, and incentives<br>• Weakness in professional development and capacity building of nurses and midwives |

## SWOT, continued

| Strengths | Weaknesses |
|---|---|
| **Education and Research**<br>• Graduate programs are preparing graduates for the advance practice roles<br>• Accreditation of nursing and midwifery educational program<br>• Sufficient numbers of graduates from nursing education programs<br>• Policies of faculty members' scholarship<br>• Access to knowledge and information and international research<br>• Setting of national nursing and midwifery research priorities for 2016 to 2020<br>• Abundant research works of faculty members in different nursing domains | **Education and Research**<br>• Nursing and midwifery educational programs do not meet national, regional and international health needs<br>• Traditional nursing and midwifery educational programs and lack of innovation, intra- and inter-professional strategy<br>• Undergraduate educational level includes both bachelor's degree and associate degree<br>• Lack of flexibility in designing and structuring the nursing and midwifery curricula to meet population health needs, technology advancement and global health challenges<br>• Quality of nursing and midwifery graduates does not meet the population health needs and advances in the health care system<br>• Conditions of clinical training–limited training placements, insufficient clinical hours, and lack of competent clinical instructors<br>• Fragmented research works intended for academic promotion purposes<br>• Lack of utilization of research outcomes in clinical practice settings |

## SWOT, continued

| Strengths | Weaknesses |
|---|---|
| **Practice and Workforce :**<br>• Nurses and midwives represent approximately 45% of health care providers<br>• Sufficient numbers of nursing human resources<br>• Availability of qualified and highly efficient nurses and midwives in both public and private sector<br>• Increasing number of certified specialized nurse<br>• Accreditation of health care institutions | **Practice and Workforce :**<br>• Traditional nursing practice and medical model approach<br>• Lack of quality in nursing practice<br>• Limited application of patient-centered and evidence-based nursing care<br>• Little attention to primary health care services<br>• High turnover rate of staff, and internal and external migration<br>• Lack of internship programs for new graduates<br>• Weakness in institutionalization of advanced practice nursing: structure, function, and roles<br>• Severe shortage of midwives<br>• Lack of collaboration between nursing practice and academic institutions |

| Opportunities | Threats |
| --- | --- |
| • Availability of global and regional health strategies<br>• Recognition by global and regional WHO assemblies on the role of nursing and midwifery in health systems and services<br>• Globalization and advancement of health technology and informatics.<br>• Availability of national vision and strategy (Jordan 2025)<br>• Availability of national regulation for health and education<br>• Moving toward mandatory of accreditation for health institutions<br>• Availability of specialized hospitals and health institution with advanced technology<br>• Participation of nursing leaders in regional and national health policy-making | • Demographic changes that imply changes in the demand for health services<br>• Paradigmatic shift of disease<br>• Slow legislation process that impedes implementing change<br>• Lack of a comprehensive national health information system<br>• Weak partnership between public and private sectors<br>• Lack of funding and support to enhance nursing and midwifery professions: practice, education and development |

# Annex 2

## Roles, Responsibilities and Time frame for the National Nursing & Midwifery Strategy 2016-2020

| Priority Strategic Area (1) Effective regulatory and governance mechanism of nursing and midwifery profession | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Objectives** | **Outputs** | **Priority Actions** | **Responsibility** | **Duration** | | | | | **Indicators** |
| | | | | **2016** | **2017** | **2018** | **2019** | **2020** | |
| **1.1** Strengthen the role of regulatory reference bodies for nursing and midwifery. | Enabled nursing and midwifery regulatory bodies. | • Revise the JNC law to expand its power and functions. | JNC | | | * | * | * | - Approved modified JNC law |
| | | • Ensure mandatory annual JNMC renewal registration of all nurses and midwives. | JNMC | | | * | * | * | - Annual JNMC renewal registration is mandatory |
| | | • Develop and implement communication and advocacy plan regarding professional regulation targeting nurses, midwives, policy makers and public. | JNC<br>JNMC<br>Media<br>Partners | * | * | * | * | * | - Developed and implemented communication and advocacy plan |
| | | • Promote nursing regulatory bodies through active participation in global, regional and national health events. | JNC<br>JNMC | * | * | * | * | * | - Number of attended health events at:<br>• National level<br>• Regional level<br>• Global level |

| Priority Strategic Area (1) Effective regulatory and governance mechanism of nursing and midwifery profession | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Objectives** | **Outputs** | **Priority Actions** | **Responsibility** | **Duration** | | | | | **Indicators** |
| | | | | **2016** | **2017** | **2018** | **2019** | **2020** | |
| **1.2** Develop and implement sustainable professional regulatory policies and practices for nursing and midwifery. | Sustainable nursing/ midwifery regulatory policies and practices | • Review and develop regulatory mechanisms to respond to global, regional and national changes and health needs. | JNC, JNMC,HHC, MOH, HCAC, HEAC, and partners | | * | * | * | * | - Number of reviewed and approved laws, bylaws, polices and standards. |
| | | • Enhance collaboration between nursing regulatory bodies and stakeholders for sustainable implementation of regulatory policies and practices. | JNC, JNMC, MOH, HHC and Partners | * | * | * | * | * | - Number of collaborative / committees/ boards<br>- Number of collaborative initiatives |
| **1.3** Ensure mechanisms to institutionalize regulatory framework in nursing and midwifery services to safeguard the public | Institutionalized nursing/ midwifery regulations | • Develop and implement monitoring & evaluation system for the national nursing strategy with all partners. | JNC<br>Partners | * | * | * | * | * | - Approved M&E System<br>- Number of M&E reports |
| | | • Integrate the implementation of nursing and midwifery standards within national accreditation systems. | JNC<br>HCAC<br>HEAC<br>health institutions | | * | * | * | * | - Nursing and midwifery practice standards are integrated within accreditation system<br>- Nursing education standards are integrated within accreditation systems |

| Priority Strategic Area (1) Effective regulatory and governance mechanism of nursing and midwifery profession | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Objectives** | **Outputs** | **Priority Actions** | **Responsibility** | **Duration** | | | | | **Indicators** |
| | | | | **2016** | **2017** | **2018** | **2019** | **2020** | |
| **1.4** Establish and/or strengthen the governance structure of nursing and midwifery at different health sectors. | Strong governance structure of nursing and midwifery at different health sectors | • Assess current governance structure of nursing and midwifery at different health sectors. | JNC<br>JNMC<br>Health institutions | | * | | | | - Finalized document of governance structure assessment |
| | | • Establish and implement national governance structure of nursing & midwifery. | JNC<br>JNMC<br>Health institutions | | * | * | * | | - Approved national nursing/ midwifery governance structure bylaw |
| **1.5** Strengthen nursing and midwifery inclusion in health policy and service delivery decision-making at national and regional level. | Active nursing/ midwifery participation in health policy and service delivery decision making at national and regional level | • Support/advocate involvement of nurses and midwives at all levels of policy and decision-making. | JNC, JNMC Partners | * | * | * | * | * | - Number of nursing / midwifery participation in policy making:<br>• activities,<br>• committees,<br>• boards<br>at national and international levels |
| | | • Strengthen nursing and midwifery leadership and management capacities. | JNC, JNMC Partners | * | * | * | * | * | - Number of leadership and management capacity building activities/ programs<br>- Number of participated nurses / midwives in leadership& management capacity building activities/ programs |

| Priority Strategic Area (1) Effective regulatory and governance mechanism of nursing and midwifery profession | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Objectives** | **Outputs** | **Priority Actions** | **Responsibility** | **Duration** | | | | | **Indicators** |
| | | | | **2016** | **2017** | **2018** | **2019** | **2020** | |
| **1.6** Promote the professional development of nursing and midwifery. | promoted professional development for nursing and midwifery | • Develop and approve nursing and midwifery continuing nursing education bylaw. | JNC and partners | * | * | * | | | - Approved continuing nursing education bylaw |
| | | • Develop national mechanisms to implement continuing education system. | JNC and partners | | | * | * | | - Available continuing education standards and polices<br>- Number of institutions committed to CE bylaw |
| | | • Develop and approve standards and policies to support implementation of specializations & career ladder bylaw. | JNC and partners | * | * | | | | - Approved standards and polices that support implementation of nursing specialization and career ladder bylaw |

| Priority Strategic Area (1) Effective regulatory and governance mechanism of nursing and midwifery profession | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Objectives** | **Outputs** | **Priority Actions** | **Responsibility** | **Duration** | | | | | **Indicators** |
| | | | | **2016** | **2017** | **2018** | **2019** | **2020** | |
| | | • Develop and implement professional development plans of nursing & midwifery education and practices. | JNC and partners | * | * | * | * | * | - Established plans for professional development and continuing education programs.<br>- Percentage of institutions' budget allocated for nursing development programs<br>- Number of accredited institutions to provide continuing nursing education, nationally and internationally<br>- Number of institutions with professional development programs |

| Priority Strategic Area (1) Effective regulatory and governance mechanism of nursing and midwifery profession | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Objectives** | **Outputs** | **Priority Actions** | **Responsibility** | **Duration** | | | | | **Indicators** |
| | | | | **2016** | **2017** | **2018** | **2019** | **2020** | |
| **1.7** Build interdisciplinary and inter-sectoral collaboration to ensure coherence of the regulation at all sectors for better health outcomes | Active interdisciplinary and inter-sectoral partnership | • Establish national coordination mechanisms to ensure implementation and evaluation of regulation and governance. | JNC, JNMC, HHC, MOH, MOHE, HEAC | * | * | * | * | * | - Number of interdisciplinary & inter-sectoral collaboration initiatives<br>- No of established regulatory national committees/ boards<br>- Representation of nursing/ midwifery regulatory bodies in national bodies, committees, boards, agreements |

| Priority Strategic Area (2) Innovative and quality nursing and midwifery education | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Objectives** | **Outputs** | **Actions** | **Responsibility** | **Duration** | | | | | **Indicators** |
| | | | | **2016** | **2017** | **2018** | **2019** | **2020** | |
| **2.1** Develop innovative education system in line with national and regional health needs. | Innovative nursing and midwifery education system. | • Ensure that undergraduate and graduate programs reflect the global, regional and national health agenda | Nursing schools | | * | * | * | * | - Number of nursing and midwifery programs that include core content in line with global, regional and national health issues. |
| | | • Review and implement a competency-based curriculum that is based on the JNC framework of nursing and midwifery standards and competencies. | MOHE<br>HEAC<br>Universities<br>Nursing schools | * | * | * | * | * | - Number of universities that implement competency based education<br>- Number of nursing schools use JNC standards framework and competencies in its programs |
| | | • Develop and implement innovative approaches in all aspects of education. | HEAC<br>Nursing schools | * | * | * | * | * | - Number of nursing programs awarded for academic achievements<br>- Number of nursing schools with simulation learning technology<br>- Number of nursing schools adopted nursing informatics competencies<br>- Number of research regarding innovative education<br>- Number of nursing schools adopt students “cultural exchange” programs |

| Priority Strategic Area (2) Innovative and quality nursing and midwifery education | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Objectives** | **Outputs** | **Actions** | **Responsibility** | **Duration** | | | | | **Indicators** |
| | | | | **2016** | **2017** | **2018** | **2019** | **2020** | |
| | | • Strengthen models of collaboration and partnership between services and education. | JNC<br>Nursing schools<br><br>Service institutions | | | * | * | * | - Number of nursing schools have a model of collaboration with service institution<br>- Number of working groups/ committees between nursing schools and service institutions |
| | | • Develop innovative nursing and midwifery graduate education programs in line with national needs of advanced practice specialties. | JNC<br>MOHE<br>HEAC<br>Nursing schools | | | * | * | * | - Number of advanced nursing programs |
| | | • Monitor the implementation of accreditation and quality assurance standards of education. | MOHE<br>HEAC<br>Nursing schools | * | * | * | * | * | - Number of nursing programs accredited by HEAC<br>- Number of nursing programs receiving quality assurance accreditation<br>- Number of nursing programs with international accreditation |
| | | • Enhance creative learning environments. | MOHE<br>HEAC<br>Universities | * | * | * | * | * | - Number of polices & initiatives that enhance positive and attractive environment for teaching (students, faculty, infrastructure) |

| Priority Strategic Area (2) Innovative and quality nursing and midwifery education | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Objectives** | **Outputs** | **Actions** | **Responsibility** | **Duration** | | | | | **Indicators** |
| | | | | **2016** | **2017** | **2018** | **2019** | **2020** | |
| | | • Strengthen national nursing and midwifery inter-professional education and collaborative practice | Nursing schools | | | * | * | * | - Number of universities that have inter-professional programs |
| **2.2** strengthen the capacity of faculty | Competent nursing/ midwifery faculty | • Establish and implement a national framework of faculty recognition criteria and competencies for nursing and midwifery education. | JNC<br><br>MOHE<br>HEAC<br>Universities | | | * | * | * | - Approved national framework for faculty competencies and criteria |
| | | • Develop and implement capacity building and professional development plan for nursing and midwifery faculty. | Universities<br>Nursing schools | * | * | * | * | * | - Number of nursing schools which have a professional development plan<br>- Number of conducted professional plan activities<br>- Number of faculty who participated in professional development activities<br>- Number of available data base in the university<br>- Number of faculty with “preceptorship/ clinical instructor” course<br>- Approved & implemented policy for faculty practice |

| Priority Strategic Area (2) Innovative and quality nursing and midwifery education | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Objectives** | **Outputs** | **Actions** | **Responsibility** | **Duration** | | | | | **Indicators** |
| | | | | **2016** | **2017** | **2018** | **2019** | **2020** | |
| 2.3 Limit nursing initial educational undergraduate level at the bachelor's degree. | Bachelor degree is the nursing entry to practice level | • Develop and implement policy to limit nursing entry to practice at a bachelor level. | JNC<br>MOHE | * | * | * | * | * | - Approved policy for nursing entry to practice to be a bachelor degree<br>- Number of associate programs |
| | | • Establish a mechanism to transition from an associate degree into a bachelor's degree program. | JNC<br><br>MOHE | | | * | * | * | - Available polices and mechanisms for the transition of associate degree into bachelor degree level. |
| **2.4** strengthen nursing and midwifery multidisciplinary evidence-based research | Supportive multidisciplinary evidence-based research environment | • Develop and disseminate national agenda for research including priorities in regulation, education, practice, and workforce. | JNC<br>SRSF | * | | | | | - Approved and disseminated national research agenda |
| | | • Develop a structure within institutions to support multidisciplinary evidence-based activities. | Universities<br><br>Health institutions | * | * | * | * | * | - Number of published researches<br>- Number of evidence based projects<br>- Number of polices that support research |
| | | • Create evidence of returned on investment for nursing and midwifery education. | SRSF<br>Universities<br>Service institutions | * | * | * | * | * | - Number of research that create evidence for return on investment for nursing & midwifery education |

| Priority Strategic Area (2) Innovative and quality nursing and midwifery education | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Objectives** | **Outputs** | **Actions** | **Responsibility** | **Duration** | | | | | **Indicators** |
| | | | | **2016** | **2017** | **2018** | **2019** | **2020** | |
| | | • Ensure incorporation of research competencies within nursing and midwifery education programs. | Nursing schools | | * | * | * | * | - Number of nursing programs that implement / incorporate research competencies<br>- Involvement of students in published research work |
| | | • Create a national database for evidence, research, and best practices. | JNC<br><br>Universities | | * | * | * | * | - Available national data base for evidence, research and best practices |
| | | • Create national nursing and midwifery research teams. | JNC<br>SRSF<br>Universities | | * | * | * | * | - Number of nursing & midwifery research teams |
| | | • Evaluate impact of research on education and practice policies. | JNC<br>Universities<br>Service institutions | | | | | * | - Number of approved polices based on research |

| Priority Strategic Area (3) | | Responsive, Dynamic and Evidenced Based Nursing and Midwifery Practice | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Objectives** | **Outputs** | **Actions** | **Responsibility** | **Duration** | | | | | **Indicators** |
| | | | | **2016** | **2017** | **2018** | **2019** | **2020** | |
| **3.1** Establish and enforce standards and competencies of general and advanced practice nursing and midwifery | Responsive, evidence based nursing/ midwifery practice | • Revise and approve nursing and midwifery standards and competencies of general and advanced practice to meet the national health and quality standards. | JNC Partners | * | | | | | - Approved documents for nursing and midwifery standards and competencies for general and advanced practice |
| | | • Create care models of best practices to implement national standards and competencies for general and advanced practice. | JNC Health institutions | | | * | * | * | - Number of health institutions that implement care models based on JNC framework of competencies |
| | | • Develop national agreed quality indicators of nursing and midwifery practice | JNC Health institutions | | | * | * | * | - Agreed upon national quality nursing indicators for practice |
| | | • Evaluate the impact of implementation of national professional standards on quality of care. | JNC HCAC Health institutions | | | | | * | - Improvement in nursing quality indicators |

| Priority Strategic Area (3) Responsive, Dynamic and Evidenced Based Nursing and Midwifery Practice | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Objectives** | **Outputs** | **Actions** | **Responsibility** | **Duration** | | | | | **Indicators** |
| | | | | **2016** | **2017** | **2018** | **2019** | **2020** | |
| **3.2** Institutionalize the advanced practice structure, functions, roles and responsibilities. | Institutionalized nursing/ midwifery practice | • Establish enforcement mechanisms to support implementing advanced practice, functions, roles and responsibilities. | JNC<br>Partners | * | * | * | * | * | - Approved mechanisms that support the implementation of advanced practice<br>- Number of institutions with structure that integrates mechanisms to support the advanced practice roles |
| | | • Evaluate the quality of care and economic impact of implementing nursing and midwifery advanced practices. | Health institutions<br>Universities | | | | | * | - Improvement in nursing quality indicators |
| **3.3** Promote a positive work environment | Safe, motivated and attractive work environment | • Promote professional recognition and status of nurses and midwives in all institutions. | JNC<br>JNMC<br>Health institutions | | * | * | * | * | - Number of institutions with incentives plan<br>- Number of institutions targeting nursing recognition programs |

| Priority Strategic Area (3) Responsive, Dynamic and Evidenced Based Nursing and Midwifery Practice | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Objectives** | **Outputs** | **Actions** | **Responsibility** | **Duration** | | | | | **Indicators** |
| | | | | **2016** | **2017** | **2018** | **2019** | **2020** | |
| | | • Improve working conditions in terms of shared governance, workplace safety, and work violence. | JNC<br>JNMC<br>Health institutions | | | * | * | * | - Turnover rate<br>- Number of institutions implement polices to decrease turnover rate<br>- Number of institutions that implement nursing career ladder<br>- Number of health institutions adapting shared governance model<br>- Number of incidents & injuries among nurses<br>- Number of incidence of violence actions<br>- Number of plans for preventing violence |
| | | • Ensure safe and effective transition of new graduates to professional practice. | Nursing schools<br>Health institutions | | | * | * | * | - Number of institutions implement internship programs |
| | | • Promote and maintain adequate enabling resources for safe nursing and midwifery practices. | Health institutions | | | * | * | * | - Percentage of budget allocated for nursing department<br>- Availability of adequate resources for safe practice. |

| Priority Strategic Area (3) Responsive, Dynamic and Evidenced Based Nursing and Midwifery Practice | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Objectives** | **Outputs** | **Actions** | **Responsibility** | **Duration** | | | | | **Indicators** |
| | | | | **2016** | **2017** | **2018** | **2019** | **2020** | |
| **3.4** Support a culture of quality and evidence-based clinical practice | Improved quality through evidence based practice | • Enhance evidence-based clinical practice to improve quality of care. | Health institutions | | * | * | * | * | - Availability of evidence-based unit with clear roles and responsibilities.<br>- Number of implemented evidence- based projects in the institutions<br>- Number of new evidence- based guidelines adopted in the institutions<br>- Availability of evidence- based committee practice |
| | | • Enhance the use of appropriate information and communication technology systems to support evidence-based practice. | Health institutions | | * | * | * | * | - Number of data base available in the institutions<br>- Availability of labs<br>- Number of accessible data bases to nurses |

| Priority Strategic Area (4) Visible and Empowered Nursing and Midwifery Workforce | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Objectives** | **Outputs** | **Actions** | **Responsibility** | **Duration** | | | | | **Indicators** |
| | | | | **2016** | **2017** | **2018** | **2019** | **2020** | |
| **4.1** Develop and implement workforce planning and policies to ensure an efficient and competitive nursing and midwifery workforce | Evidence-based workforce plans and policies | • Develop evidence-based nursing and midwifery workforce plans congruent with the national health workforce strategy. | JNC<br>HHC<br>Partners | * | * | * | * | * | - Number of approved workforce plans congruent with national health strategies |
| | | • Develop and implement policies for adequate distributions, flexible management and recruitment of nurses and midwives at all levels to meet the national health needs. | MOH<br>Ministry of Labor<br>HHC<br>JNC<br>JNMC<br>Health institutions<br>Universities | * | * | * | * | * | - Number of implemented workforce polices<br>- Number of institutions implementing nurse-patient ratio<br>- Number of institutions implementing/ adapting flexible working hours<br>- Number of institutions with recruitment & employment plans<br>- Number of institutions with succession plan |
| | | • Develop and apply retention policies. | Health institutions<br>Universities | | | * | * | * | - Number of institutions implement retention strategies<br>- Number of retention polices/ initiatives/ strategies at each institution |

| Priority Strategic Area (4) Visible and Empowered Nursing and Midwifery Workforce | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Objectives** | **Outputs** | **Actions** | **Responsibility** | **Duration** | | | | | **Indicators** |
| | | | | **2016** | **2017** | **2018** | **2019** | **2020** | |
| | | • Establish national databases of nursing and midwifery workforce. | MOH<br>Ministry of Labor<br>HHC<br>JNC<br>JNMC<br>Health institutions<br>Universities | * | * | * | * | * | - Available national data base for nursing & midwifery workforce |
| **4.2** Ensure nursing and midwifery workforce management and evaluation will provide safe and effective care. | Optimal and effective management of nursing & midwifery workforce | • Ensure workforce functions within the scope of practice, titles and job description of general, specialist and advanced practice. | JNC<br>Health institutions<br>partners | | | | * | * | - Number of institutions adopted nursing/ midwifery scope of practice all levels of nursing<br>- Number of institutions adopted job description consistent with JNC competency framework |
| | | • Review and develop performance appraisal system based on JNC competency framework. | Health institutions | | * | * | * | * | - Number of institutions implement performance appraisal system based on JNC competency framework |
| | | • Enhance development and use of appropriate leadership strategies to support workforce management and evaluation. | Health institutions<br>Nursing schools | | | * | * | * | - Number of nurses trained on «workforce management»<br>- Number of courses conducted in the field of "workforce management" |

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## Strategy Partners

- Ministry of Health
- Ministry of Higher Education and Scientific Research
- Ministry of Labor
- Ministry of Public Sector Development
- High Health Council
- Higher Education Accreditation Commission
- Jordan Nurses and Midwives Council
- Civil Service Bureau
- Health Care Accreditation Council
- Public and private Jordanian Universities
- Royal Medical Services
- King Abdullah Teaching Hospital
- Jordan University Hospital
- Private Hospitals Association
- Private hospitals in Jordan
- Civil society organizations, NGOs and charity organizations

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