



**Nursing Leadership in Global Health Policies:**  
Central America

### Presenter Disclosures

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- (1) **The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

No relationships to disclose

### Objectives: Participants will.....

1. Grasp the challenges Central American nurses face related to policy involvement.
2. Realize that Central American nurses face overwhelming odds in shaping patient care and nursing service policies.
3. Discuss how each country's history and politics influence nurse's involvement in policy.
4. Appreciate that active resistance can lead to retaliation against nurses (Honduras).
5. Recognize that in spite of obstacles front line nurses work from foundation of *humanismo* or caring.
6. State that external solidarity (i.e. PAHO, STTI) is needed to support changes in policies related to nurse workload and role along with policies to increase access to quality healthcare.

### Background: Central America context

- + Central American nurses traditionally have had little overt political power to influence either their work or societal health inequalities due to
  - + Lack of respect for the profession
  - + The place of women in society
  - + Political instability
- + Yet, nurses have always been involved in shaping policy at various levels to improve health through traditional and nontraditional means.

### Background: Economic context

Selected CA countries and health care expenditures

Country	Per person income	% of GDP spent on health care	% of health care expenditures from public sources
Costa Rica	\$9,396	10%	70.1%
El Salvador	\$3,790	6.5%	63.3%
Guatemala	\$3,351	7.5%	35.5%
Honduras	\$2,335	9%	48%
Nicaragua	\$1,754	10%	54.3%


(2014)

### Background: International nursing support (e.g. STTI)

Arista was the name given to a series of 5 world regional meetings in 2003 to consider the role of nursing in global health.

Findings:

- + The need for profession restructuring so that nursing is considered to be vital, integral partners in every health care system
- + Nurses can make the biggest impact by:
  - + Providing evidenced based care
  - + In policy development, and
  - + In professional advocacy



### Pan American Health Organization: Infogram



## Nursing in the Americas

**Quick facts**

- Over **60%** of the health workforce is composed of nursing personnel
- Over **80%** of healthcare services are provided by **10M** personnel
- Nearly **20 million** **\*\*IM** personnel worldwide
- More than **5 million** of them are in the Americas

\*\*IM: Nursing and Midwifery

### Why nurses are important

- They are on the front line of health care
- They promote health and disease prevention
- They develop teaching materials and health services, train health personnel, and promote health education
- They generate scientific knowledge that influences clinical nursing practice
- They manage health workers and programs, and provide care to individuals, families and communities

### Shortage

\*\*An estimated 23 health workers per 10,000 inhabitants are needed to provide essential health services

- 29%** of the Americas have fewer than **15** nurses per 10,000 inhabitants
- 60%** of the 10 have fewer than **10** nurses per 10,000 inhabitants

### Uneven distribution

Regional distribution of nurses (per 10,000 inhabitants)

- More than **5 million** **IM** personnel are in the USA
- 80%+ 100,000 inhabitants
- 20% or less 20 to 50
- 5% or more 50 or more

## PAHO/WHO's nursing priority areas



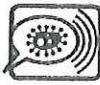
Education



Research



Policies and strategies



Communication



Interprofessional collaboration

Nursing and midwifery personnel have a significant impact on public health. To ensure universal access to health and universal health coverage, countries need to train more nurses and midwives.

[www.facebook.com/EnfAmericas](https://www.facebook.com/EnfAmericas) [www.twitter.com/EnfAmericas](https://www.twitter.com/EnfAmericas) [www.observatoriorth.org/enfermeria](http://www.observatoriorth.org/enfermeria)



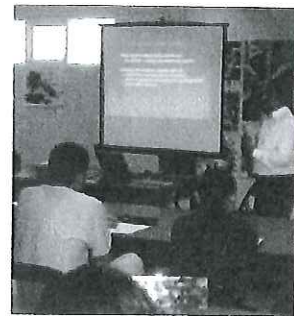
[www.paho.org/nursing](http://www.paho.org/nursing)

Pan American Health Organization



World Health Organization  
Regional Office for the Americas

### So... where are we?



<http://www.elnuevodiario.com.ni/departamentales/74612-mini-jornada-cientifico-enfermeria/>

### Two snapshots: Nicaragua and Honduras



### Nicaragua: Voice of Lidya Zamora RN, PhD



### Nicaragua: Voice of Lidya Zamora RN, PhD

- + Nursing in the 1980's and 1990's had more influence upon the Health Ministry (HM) authorities.
- + Faculty from the various nursing schools and the chief nurse of the HM joined to work on maternal and child health policies, and their implementation.
- + They also worked on the nursing standards of the health care system .
- + There was a more active participation of the schools of nursing regarding academic and educational standards in the formation of nurses in the country, regarding the *Licenciatura en Enfermería* and the Master's program.
- + Currently fewer and fewer, if any, nurses participate in policy making.
- + Nursing policy making and advocacy outside the universities is almost unheard of. The Nursing organizations are struggling for good leadership.

### Example from news: Universidad Autonoma de Nicaragua: Symposium to address universal access



<http://chontales.unan.edu.ni/index.php/profesion-de-la-enfermeria-sera-reglamentada-para-que-el-gremio-para-acceda-a-derechos-y-seguridad-social/>

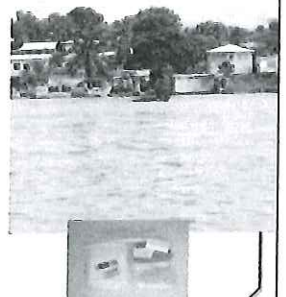
### Nicaragua: Health Reforms follow Political Changes

- + Health care system has changed with the changes in government. Universal care in 1980's—privatized in 1990—reelection of Ortega and return to Sandinista party.
- + Employment is political- older nurses tend to be supportive of current policies, not so the younger.
- + Older persons lived through the war and these experiences defined their views.
- + Younger nurses need jobs and are frustrated by the need to comply politically, but reticent to talk publically.

Gardner, J. E. (2014). Revolution, Reform, and Reticent Voices: The Effects of Nicaragua's Dynamic Health System on Medical Professionals

### Nicaragua: Study of the use of Clean Delivery Kits (CDK's) in Bluefields

- + 109 per 100,000 Maternal Deaths region wide, rural areas higher.
- + Most deliveries at home with midwife.
- + Government has a new hospital/health-center-only birth policy. There is no mechanism for feedback from the midwives for their input on the new policy.
- + MINSA officials' and health care professionals' knowledge of existing midwife practices sketchy and incomplete.
- + Recommendations based on this study are that CDKs be provided to lay midwives who would be trained in their use.
- + Should be accompanied by extensive data on how they are used and on the details about how most babies are delivered in these rural areas.



The Acceptability of Clean Delivery Kits on the Atlantic Coast of Nicaragua: A Focused Ethnography. (2013) Emma McKim Mitchell, Richard Steeves

### Honduras



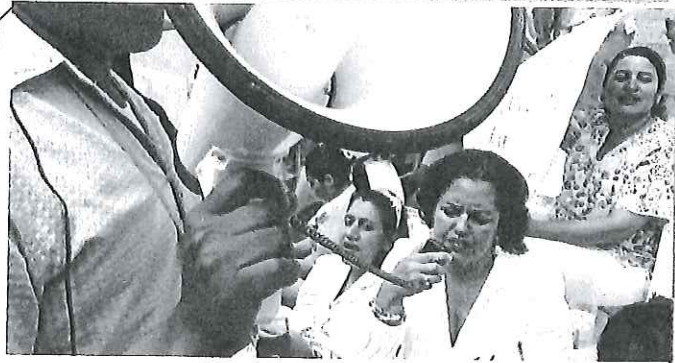
### In comparison: Honduran Nurses more active politically- not necessarily in policy

May, 2014

The *Asociacion Nacional de Enfermeras/os Auxiliares de Honduras* held marches across the country, carried placards with messages to President Juan Orlando Hernández: "Mr. President, do not ignore the nurses,"



### Issues: Working conditions & justice



<http://www.etheraldia.net/pais/708486-435/enfermeras-hondure%C3%B1as-exigen-mejores-condiciones-laborales-en-su-DC31ADA>

### Access: Garifuna Hospital



<https://vimeo.com/96340228>

Garifunas in Honduras and in Belize have struggled to get Garifuna nurses and doctors assigned to the hospitals and clinics that care for them.



## Revolution as Care Plan



Nurse Vanessa Yamileth Zepeda  
Killed 2/3/2010

<http://iexiofilelog.com/artman/uploads/1/vanessa.jpg>

- + Nurses were involved in the uprisings surrounding the coup in 2009 deposing the popular President Zelaya.
- + They cared for protestors shot by the military.
- + Put themselves at risk.

Pine, A. (2013). Revolution as care plan: Ethnography, nursing, and somatic solidarity in Honduras. *Social Science & Medicine* 99. pp.143-152

## Implications/recommendations:

- + Increased connections need to be made with Central American nurses at all levels (organizational, university, personal) to increase understanding and share experiences.
- + These partnerships must be developed to benefit not just the American partner through student or faculty exposure or research opportunities and must include attention to policy development and support of Central American nurses.
- + Our role is to listen, comprehend and walk in solidarity.

## References

- + Atun, R., Montiero de Andraade, L.O., Almeida, G., Cotlear, D., Dmytraczenko, T., Frenz, P., Garcia, P., Gomez-Dantes, O., Knaul, F., Muntaner, R., Braga de Paula, J., Rigoli, F., Serrate, P., & Wagstaff, A. (2014). Health system reform and universal health coverage in Latin America. *Social Science and Medicine*. Retrieved from: [http://dx.doi.org/10.2016/S0140-6736\(14\)61646-9](http://dx.doi.org/10.2016/S0140-6736(14)61646-9)
- + Gardner, J. E. (2014). Revolution, Reform, and Reticent Voices: The Effects of Nicaragua's Dynamic Health System on Medical Professionals. *Browse All Undergraduate research*. Paper 35. Retrieved from [http://digitalcommons.usu.edu/undergrad\\_research/35](http://digitalcommons.usu.edu/undergrad_research/35)
- + Pine, A. (2013). Revolution as care plan: Ethnography, nursing, and somatic solidarity in Honduras. *Social Science & Medicine* 99. pp.143-152