

# The process of establishment of the Latin American Federation of Intensive Care Nurses



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## SUMMARY

- Latin America consists of predominantly Spanish-speaking people of low to middle income compared to the rest of the developed world.
- Critical care nursing leaders in this region have been on a 10-year journey to form a sustainable network and strategy to improve conditions for critical care nurses and patients.
- This paper tells the story associated with the formation and development of a Multi-national Critical Care Nursing Organisation in the Latin America region now known as FLECI, Federación Latinoamericana de Enfermería en Cuidado Intensivo (FLECI) or the Latin American Federation of Intensive Care Nurses.
- The challenges and learning lessons from this paper can inspire others to follow a similar journey for their region.

## INTRODUCTION

Latin America is often referred to as the developing world; most of its countries are classified as lower middle income or upper middle income economies according to the World Bank (World Bank, 2015). Health care provision can be generally described as not quite meeting the same expectations as exists in western, wealthy or developed countries, but not as dire as would be expected in the underdeveloped and third world (Martínez et al., 2011, Celis-Rodríguez & Rubiano, 2006). In addition access to health services for the vast majority of population is inadequate (Mitjavila et al 2002, Doval 2004, Alvarez Castaño 2005, Piva et al 2005, Martínez et al., 2011). Therefore, many health care practitioners are challenged by their context of practice.

A survey conducted in Argentina, Brazil, Colombia and Mexico revealed increased stressful conditions at work, job dissatisfaction, insecurity due to unstable contracts, malpractice concerns, workforce turnover, and new bureaucratic tasks for which nurses were not trained (Guevara & Mendias, 2002). More specifically,

nurses mentioned that they were asked to do more work in less time with fewer staff and complained about excessive paperwork, including billing, and having less time for direct patient care (Guevara & Mendias 2002). The scenario hasn't changed in the last decade (Peñarrieta-de Córdova et al., 2014).

This general context inevitably influences critical care settings and practice. More precisely, staffing levels, recruitment and retention of qualified nurses, poor working conditions and lack of access to appropriate education programs are described as major issues for most Latin American critical care nurses (Piva et al., 2005, Williams et al., 2007, 2015). Organising Critical care nurses into a professional association promotes professional representation, procedures for effective and valuable changes, empowerment of members' leadership skills, and standards for practise and education (WFCCN 2001). These are important goals for critical care nursing organisations around the world, and particularly in Latin America where political, economic and social challenges tend to limit the capacity of groups such as nurses to empower themselves in this way (Malvárez & Castrillón 2005).

This paper tells the story associated with the formation and development of a Multi-national Critical Care Nursing Organisation in the Latin America region now known as Federación Latinoamericana de Enfermería en Cuidado Intensivo (FLECI) or the Latin American Federation of Intensive Care Nurses. The challenges and learning lessons from this paper can inspire others to follow a similar journey for their region.

## HISTORICAL BACKGROUND

For many years Latin American nurses, from different areas of practice, were trying to establish a professional body in order to promote professional development, recognition and improvement of nursing. The idea of a Pan-American Federation of Nursing Professionals (Federación Panamericana de Profesionales de Enfermería - FEPPEN) was first discussed in 1942. However it was formally established in 1970 after many years of meetings and discussions (Gomes Vale & da Silva, 2004). The FEPPEN provides

professional representation across the region.

Academic nurses were also joined at an international level in the 80's supported by the Union of Universities of Latin America and the Caribbean (Unión de Universidades de América Latina y el Caribe [UDUAL]). The UDUAL aims to promote international cooperation among academic structures, cultural integration and research collaboration. In the same line of action, academic nurses formed the Latin-American Association of Nursing Schools and Faculties (Asociación Latinoamericana de Escuelas y Facultades de Enfermería – ALADEFE) in 1986. This multinational organization promotes improvement of nursing education in Latin America (ALADEFE 2015). One of the latest international nursing organizations is the Regional Council of Mercosur Nurses (Consejo Regional de Enfermería del Mercosur -CREM) formed in 1994 by Brasil, Argentina, Uruguay and Paraguay to support nursing education and practice and to provide professional representation in the Mercosur Region (OPS, 2011). Similar to FEPPEN, which has influence in Central and South America, CREM is localized in the South Cone region of the American continent. On the other hand, a cooperative of national organizations of critical care medical practitioners in the region was created in 1979, the Pan American and Iberic Federation of Societies of Intensive and Critical Care Medicine (Federación Panamericana e Ibérica de Sociedades de Medicina Critica y Terapia Intensiva - FEPIMCTI)(Celis-Rodriguez & Rubiano 2007). International cooperation and collaboration of academic bodies, nurses and critical care practitioners from the region has become a common practice.

The establishment of the World Federation of Critical Care Nurses (WFCCN) in 2001 highlighted the emergence of improved networking and communication of critical care nursing associations and leaders around the world (Williams et al, 2001, 2007, 2015). Concurrently regional federations of critical care nurses have developed in Europe (EFCCNA, 2007) and in the Asia-Pacific (Rogado, 2006).

It was only a matter of time before a similar movement emerge amongst critical care nursing leaders and their associations in Latin America. Despite the formation of national associations of critical care nurses in Mexico (Asociación Nacional de Enfermeras Especialistas en Medicina del Enfermo en Estado Critico [ANEEMEEC], Asociación Mexicana de Enfermería en Urgencias [AMEU]), Peru (Sociedad Peruana de Enfermeras Especialistas en Cuidado Critico [SOPECC], Asociación Peruana de Enfermeras en Emergencias y Desastres [ASPEED]), Chile (División Enfermería Sociedad Científica Chilena Medicina Intensiva [DESCHMI]), Venezuela (Sociedad Científica Venezolana de Enfermería en Cuidados Intensivos [SOCVECI]) and Bolivia (Sociedad Boliviana de Enfermeras en Medicina Crítica y Terapia Intensiva [SBMCTI]), regional linkages between these and other countries in the region had not been attempted, even though at a personal level the ambition to do so had been contemplated by some (Personal correspondence – Rosanna Gonzalez de La Cruz - Peru).

### CREATING A LATIN AMERICAN CRITICAL CARE NURSING PRESENCE IN THE WORLD

The following section provides a chronological account of communication and activities that ultimately led to the establishment of FLECI in November 2006. Key players that inspire FLECI during those former years, provided opportunities for discussions, donated their time, commitment and efforts are shown in Table 1.

#### September 2003 – The first phone call

South American critical care nurses first contacted Ged Williams, who was the Chairman of the WFCCN, in order to support organising the 9th Congress of the World Federation of Societies of Intensive Care and Critical Care Medicine (WFSICCM) in mid 2003. The

Argentinlan Society of Critical Care Medicine had agreed to host the conference on behalf of WFSICCM and had asked a group of Argentinean nurses to form a nursing committee to support this preparation. Apart from being the Founding Chair of WFCCN, Ged Williams was also a director of WFSICCM, thus he became a useful linkage between medicine and nursing at a world level at this time. It was on 2 September 2003 that an important meeting occurred between Ged Williams and Laura Alberto over the phone, and the fundamentals of the Latin American critical care movement were set. Whilst contact with the WFCCN was strengthening, active communication by phone and e-mail continued to identify South and Central American critical care nursing leaders, and they were invited to participate in the preparation of the 9th World Congress in August 2005. Additionally, there was a more vigorous exploration of the possibility of critical care nurses in Latin America to form a regional federation to sustain ongoing communication and collaboration after the 9th World Congress.

Nubia Agudelo Sedano, Colombia	Celia Ortiz Paz, DESCHMI, Chile
Laura Alberto, Argentina	Fernando Pálizas, WFSICCM 9th World Congress Convenor, Argentina
Wilson Cañón Montañéz, Colombia	Javier Riquelme, Argentina
Alcira Céspedes Gutiérrez, SBEMCTI member, Bolivia	Raiza Rada, Former president of SOCVECI, Venezuela
Carolina Gamarra, SOCVECI member, Venezuela	Belle Rogado, Former WFCCN President, Phillipines
Rossana Gonzalez, SOPEECC President, Peru	Sebastian Ugarte, President of the Society of Critical and Emergency Medicine, Chile
Yda Hoyos, SOPEECC member, Peru	Ged Williams, Founder WFCCN President, Australia
Gerardo Jasso Ortega, President AMEU, Mexico	Lourdes Zeballos, SBEMCTI member, Bolivia
Denis Moura Jr, AMIB Member, Brasil	

#### September 2004, Cambridge, England

In September 2004, South American Critical Care Nurses participated in the 1st Congress of the WFCCN and the 2nd British Association of Critical Care Nurses International Conference in Cambridge, UK. This provided the first opportunity for the Latin American nurses to be more familiar with the WFCCN, to attain a greater understanding of its scope and activities, and further consolidate the linkage and collaboration that would grow in the coming years. During this meeting in Cambridge, WFCCN board members agreed to pursue a number of strategically important activities in the Latin American region, which can be highlighted as follows:

- Make contact with the WFSICCM aiming to co-host the 9th World Congress in Argentina, thus creating a truly multi-disciplinary event, and further support this congress as the formal annual congress of WFCCN in 2005.
- Support Laura Alberto (Argentina) and Gerardo Jasso (Mexico) in the identification and support of critical care nursing leaders in the region.
- Coordinate and support a meeting of Latin American critical care nurse leaders at the Buenos Aires Congress in August 2005 and explore the readiness of this group to pursue the formation of a regional federation.



Photo 1. WFCCN Council members meet with Latin-american critical care nursing leaders at the 9th World Congress of Critical care in Buenos Aires, Argentina, August 2005



Photo 3. November 2006, Lima, Peru. FLECI is formed and the first council is sworn in by WFCCN President, Belle Rogado



Photo 2. Latin-american critical care nursing leaders meet in Venezuela, June 2006, to agree to the naming and constitution of the Federacion Latinoamericana de Enfermeria en Cuidado Intensivo (FLECI)

#### April 2005, Santos, Brazil

South American Critical Care Nurse Leaders met with Ged Williams, and discussed possibilities to establish a formal and lasting communication, beyond Buenos Aires Congress.

#### August 2005, Buenos Aires, Argentina

During the 9th World Congress of Critical Care held in Buenos Aires, Argentina, a historical meeting of worldwide critical care nursing leaders (WFCCN and representatives of most of the South American countries) occurred. WFCCN Council members agreed to support South American critical care nursing leaders in developing a multi-national federation in the region. In addition the Council also nominated Laura Alberto (Argentina) as meeting convener for this purpose. Thus the idea of a Pan American Federation of Critical Care Nurses arose and the future plans and discussion were supported (Williams, 2005). See Photo 1.

#### June 2006, Margarita, Venezuela

South American critical care nursing leaders and WFCCN board members joined the 2nd meeting in Margarita Island, Venezuela (Williams, 2007) and agreed to the formation of a Spanish speaking federation of intensive care nurses which will be named "Federación Latinoamericana de Enfermería en Cuidado Intensivo (FLECI)". A draft constitution was prepared and it was agreed that FLECI would be launched in Peru in November 2006. See Photo 2.



Figure 1. FLECI logo was defined and designed by Wilson Cañón Montañez and Nubia Agudelo Sedano from Colombia

#### November 2006, Lima, Peru

The First International Congress of the Peruvian Society of Nurse Specialists in Critical Care was held in Lima, Peru, 24-26 November 2006. This was also the venue for the Inaugural meetings of FLECI. (Photo 3).

Nine organisations and critical care nurse leaders from nine countries in the region attended the congress and participated in the meetings reaching the following outcomes:

- Endorsement of the FLECI organization, established as the Declaration of Lima.
- Selection of the FLECI logo (Figure 1) and subsequent modification and endorsement.

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- Ratification of the election process previously proposed.
- Election of the first FLECI Core leadership: Rossana Gonzales de la Cruz, President (Peru); Lourdes Zeballos, Secretary (Bolivia); Javier Riquelme, Treasurer (Argentina); Celia Ortiz Paz, Institutional Relations Representative (Chile)
- Agreement of the FLECI representatives to work jointly with WFCCN in mutual benefit initiatives such as the translation of CONNECT abstracts into Spanish.

### FLECI early years 2006-2010

Since its formation, FLECI has celebrated Council Meetings in Montevideo, Uruguay 2007, Lima, Peru 2008, Viña del Mar, Chile 2009 and Cordoba, Argentina 2011. Latin American leaders were also actively involved in the global agenda of Critical Care through regularly participation in WFCCN activities as able.

Within Latin America there are some distinct advantages. The common language is almost exclusively Spanish and so communication is relatively easy. Heritage and customs have many similarities and health care standards and practices share more similarities than they do differences. The formation of FLECI and its infancy was seen as an awakening or renaissance of critical care nursing within Latin America. However a significant hiatus in FLECI activity was noticed between 2011 and 2015.

### July 2015, Santa Cruz, Bolivia

During 2015 a new wave of enthusiasm and energy was triggered within FLECI constituents primarily led by Viviana Morales of Bolivia who reached out to others in FLECI and sparked a revival of interest and purpose for the FLECI organisations. The 4th FLECI Congress was hosted by the Bolivian intensive care nursing society (SBMCTI), which also formed the venue for the re-affirmation of FLECI and a rejuvenated Council (Table 2) meeting on 28 July 2015. See Photo 4.

The following elected officials were confirmed: President – Maria Elena Domínguez Martínez (Mexico); Secretary – Vivian Morales Poppe (Bolivia); Treasurer – Gloria Longoni (Argentina); Institutional Relations Representatives – Yda Mercedes Hoyos Alvarez (Peru) and Cecilia Henriquez (Chile).

The following agreed actions were endorsed by the council:

#### 1. Visibility of FLECI and new direction:

- Open letter introduction letter to WFCCN, WFSICCM, nursing and other groups to inform of new leadership and direction.
- Write short article for WFCCN Newsletter.
- Publish article in CONNECT to inform critical care world of Latin American developments.
- Create Facebook and website accounts.
- Establish the FLECI President as a member of the Council of the Pan American and Iberian Federation of Critical Care Medicine and Intensive Care (Federación Panamericana e Ibérica de Sociedades de Medicina Crítica y Terapia Intensiva (FEPIMCTI)).

#### 2. Galvanizing the FLECI leadership:

- Invite all critical care nursing societies in the region to join FLECI and WFCCN.
- FLECI Core to meet in Chile in October 2015 and invite WFCCN President to participate.
- Co-host the FEPIMCTI congress as a FLECI congress in May 2016. Use this as a venue for the next FLECI Council meeting and encourage WFCCN leadership participation.
- Request FLECI participation in 2017 World Critical Care congress in Brazil.

Table 2. FLECI Council of Representatives	
Country	Representative/Organisation
Argentina	Gloria Longoni, Comité de Expertos de Enfermería en Cuidados Críticos – Federación Argentina de Enfermería (CECCFAE)
Argentina	Ana María Bejarano, Comité de Enfermería Crítica – Sociedad Argentina de Terapia Intensiva (CECSATI)
Bolivia	Viviana Morales Poppe, Sociedad Boliviana de Enfermeras en Medicina Crítica y Terapia Intensiva (SBEMCTI)
Brazil	Renata Andrea Pietro, Associação de Medicina Intensiva Brasileira (AMIB)
Chile	Cecilia Henríquez, Sociedad de Medicina Crítica y Urgencias (Red Intensiva) y División Enfermería Sociedad Científica Chilena Medicina Intensiva (DESCHMI)
Colombia	Nubia Agudelo Sedano, Miembro Asociado
Mexico	María Elena Domínguez Martínez, Asociación Mexicana de Enfermeras Especializadas en Medicina Crítica y Terapia Intensiva (AMEEMCTI)
Paraguay	Natalia Caballero, Comité de Cuidados Críticos de Adultos, Asociación Paraguaya de Enfermería
Peru	Yda Mercedes Hoyos Alvarez, Sociedad Peruana de Enfermeras Especialistas en Cuidado Crítico (SOPECC)
Uruguay	Alvaro Fernandez, Sociedad Uruguaya de Enfermería en Cuidados Intensivos (SUECI)
Venezuela	Mariot Bermudez Soto, Sociedad Científica Venezolana de Enfermería en Cuidados Intensivos (SOCVECI)



Photo 4. August 2015, Santa Cruz, Bolivia. FLECI new leadership team and supporters

#### 3. Maintaining momentum on initiatives:

- FLECI Core to Skype regularly, at least every 6 weeks
- FLECI members to send proxy forms to ensure voice at WFCCN meetings if unable to attend in person.
- FLECI aim to have representation at WFCCN Council meeting in Australia in 2016.
- Opportunistically meet as Council meetings at one-another's national activities wherever possible.

#### 4. Provide request of specific assistance of WFCCN:

- WFCCN to provide leadership presence at meetings in Chile October 2015 and Dominican Republic in 2016.
- Include FLECI official involvement in 2017 World Congress in Brazil.
- Provide assistance with development of WFCCN documents and materials in Spanish.
- Assist with FLECI website development.

- Recommence translation of CONNECT abstracts into Spanish.
- Assist FLECI leadership participation in WFCCN meetings.

#### October 2015, Santiago Chile

As previously planned in Santa Cruz, FLECI continue moving forward. FLECI leadership attended a Conference and Core meeting in Santiago (see Photo 5). The Conference organized by the Scientific Society of Critical Care Medicine and Emergencies counted with internationally recognized keynote speakers of nursing and medical disciplines including Professor Ruth Kleinpell, WFCCN Past President. Dr Sebastian Ugarte (President of the Pan-American and Iberic Federation of Intensive Care Medicine) and Cecilia Enriquez (FLECI Representative of Institutional Relations) were the nursing and medical convenors.



Photo 5. October 2015, Santiago, Chile. FLECI leadership and Professor Ruth Kleinpell WFCCN President meet to discuss future directions

#### OVERCOMING BARRIERS

To maximise the potential of the FLECI, its leaders will need to find efficient and accessible means of allowing their members to meet regularly to share ideas, knowledge and experiences across the region and so provide forums for the broader critical care family to participate. Forging collegial relations with the FEPIMCTI will ensure multidisciplinary collaboration and growth with potential benefits for all.

At an international level, the challenges for Latin American critical care nursing leaders are significant. Very few nursing leaders in Latin America speak English, which creates an immediate barrier to expand international communication beyond the continent. The ability for critical care nursing leaders to travel to international forums is limited by economic and employment factors. The average full time critical care nurse in say Venezuela, Peru or Argentina will earn approximately \$ 500- \$900 (USD) per month, will have less than 4 weeks paid leave per year and study leave support is tightly controlled and limited. Many nurses run 2 jobs to supplement an already tight family budget. In addition the family and social responsibilities of nurses in many Latin American countries are huge, as these men and women are often called upon to provide leadership and support to their local communities, making international activities almost impossible to fit into their busy lives.

Nevertheless, we have seen an enormous capacity and resilience of these critical care nursing leaders to overcome many barriers and difficulties to organise themselves into a legitimate, contemporary and vibrant force in the critical care world and it is anticipated that they will now grow in number and strength to provide useful and productive input into the affairs of critical care nursing and practice globally.

#### MAXIMISING THE LATIN AMERICAN CONTRIBUTION TO THE WORLD

The barriers to Latin American growth and development in the critical care world can be lessened by the way in which the rest of the world respond to the emergence of these “relatively new players” in the world of critical care.

The WFCCN has already begun exploring how we, as a global community, can further support FLECI and its members to more fully participate in the world of critical care. In addition to the specific requests that FLECI has made of WFCCN, some further examples of how WFCCN and other critical care organisations can help the Latin American region include but are not limited to:

- Website, journal and official communication to be translated into Spanish.
- Provide senior and experienced members to participate in meetings and conferences of FLECI.
- Provide opportunities for FLECI members to attend western conferences, study tours and meetings to gain knowledge and ideas that can be applied to Latin America.
- Learn a little bit of Spanish, just like the Latin Americans need to learn quite a bit more English!
- Ensure that the policies and practice guidelines that we write have strong and credible input from Latin American experts and facilitate the translation process so that the views and perspectives of these experts is articulated correctly and heard.
- Mentorship – this happens in many ways. Informal mentorship occurs amongst many FLECI and WFCCN members already. Some are exploring the possibility of formal study programs in western countries for some of these nurses so that they can strengthen their English, learn new skills and ideas and hopefully apply their learning back in their home countries.
- Supporting articles such as this one to be published in international journals to awaken the rest of the world as to the growth and potential of the Latin American critical care nursing movement that is emerging.

#### CONCLUSIONS

The creation of FLECI has enlightened and inspired many critical care nurses in Latin America to the possibilities of greater growth and development of their clinical and professional practice. Latin American Critical Care Nurses can share their unique culture, support linkages among nurses across countries and continents and make a significant contribution to critical care practice globally.

The FLECI Council has re-established the elements necessary to secure a sustainable organisational structure and future. The very strong and close links already formed with WFCCN will ensure ongoing support, cooperation and mentorship so that there will be consistency and continuity (where appropriate) in what is developed in Latin America and the rest of the world.

The future Latin American organization will face many complex and challenging situations most of them determined by the context described above, however they have demonstrated a tenacity and strength far beyond what their resources would normally allow them to. The birth of FLECI provided an awakening of the untapped potential and possibilities that can come from a fresh, vibrant and eager culture that is influencing the rest of the critical care nursing world. Notwithstanding the many barriers and difficulties that face the Latin American nurses and community, we see this movement as a renaissance for critical care nursing creativity, capacity building and significant growth and influence throughout the world...Watch this space!

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