Nursing Now: Shaping the Future of the Global Nursing Workforce

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My focus . . .

Context
- Why this discussion is so important
- Why now

The nursing workforce
- Global view
- Challenges

Nursing Now: An Opportunity to Build a Robust Nurse Workforce
Building a case for value through the nursing workforce
Why this discussion is so important: The “dire” situation of health care

**Source:**
Global Issues

• Scarce resources
• Rising burden of chronic diseases
• Climate change
• Migration
• Aging populations
• Spread of Western lifestyles
• Infectious diseases
• Global health care worker shortage
Global Health Care Quality

• Between 5.7 and 8.4 million deaths per year are attributed to poor quality care, especially in low- and middle-income countries
• Approximately 107 million disabilities annually, primarily for those with mental illness and untreated diabetes
• Poor quality care is estimated to cost between $1.4 and $1.6 trillion per year in lost productivity
• Problems exist with
  • Health care availability, accessibility, acceptability, utilization, and effectiveness
  • Substandard and falsified medications

## The Chain of Effect in Improving Health Care Quality

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient and Community</td>
<td>Aims for care delivered (i.e., safe, effective, patient-centered, timely, efficient, equitable)</td>
</tr>
<tr>
<td>Micro-system</td>
<td>Simple rules/design concepts of front-line care (e.g., knowledge-based, customized, cooperative)</td>
</tr>
<tr>
<td>Organizational Context</td>
<td>Elements of an organization that can impact front-line care (e.g., human resources, information technology, finance, leadership)</td>
</tr>
<tr>
<td>Environmental Context</td>
<td>External forces that may impact an organization (e.g., financing, regulation, accreditation, education)</td>
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</tbody>
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**STRUCTURE**

- WHO Health System Building Blocks:
  - Service delivery
  - Health workforce
  - Health information systems
  - Access to essential medicines
  - Financing
  - Leadership/governance

**PROCESS**

- Health System Levels:
  - Patient
  - Microsystem
  - Organization
  - Environment

**OUTCOMES**

- WHO Health System Goals:
  - Improved patient health (level and equity)
  - Social and financial risk protection
  - Improved efficiency
  - Responsiveness

### (Adapted) IOM Quality Dimension Measures

- Safety
- Effectiveness
- Efficiency
- Person-centeredness
- Equity
- Timeliness/Accessibility

Six aims of a quality health system...updated

- Safety
- Effectiveness
- Person-centeredness
- Accessibility, timeliness, affordability
- Efficiency
- Equity

The proposed design principles will guide achievement of the six aims . . .

**Meta Principles**
1. Systems thinking drives the transformation, continual improvement of care delivery
2. Care delivery prioritizes the needs of patients, health care staff, and the larger community
3. Decision making is evidence-based and context specific
4. Trade-offs in health care reflect societal values and priorities

**Content Principles**
5. Care is integrated and coordinated across the patient journey
6. Care makes optimal use of technologies to be anticipatory and predictive at all system levels
7. Leadership, policy, culture, incentives are aligned at all system levels to achieve quality aims, and promote integrity, stewardship, and accountability

**Process Principles**
8. Navigating the care delivery system is transparent and easy
9. Problems are addressed at the source, and patients and health care staff are empowered to solve them
10. Patients and health care staff co-design the transformation of care delivery, engage together in continual improvement
11. The transformation of care delivery is driven by continuous feedback, learning, and improvement
12. The transformation of care delivery is a multidisciplinary process with adequate resources and support
13. The transformation of care delivery is supported by invested leaders.
Context: National Academy of Medicine, *Crossing the Global Health Care Quality Chasm*

Improving health care quality to achieve these aims will require . . .

**Rapid change** on a global scale

**Increased use of technologies**
- Research and development on digital technologies
- Development of pharmaceuticals
- Rapid diagnoses and treatments
- Public and private sector use
- Evaluate mistakes

**Reconfiguration** of care – from hospital to communities and homes, with primary care at the “hub”

**Emergence of new models of care**

**Ongoing ethical dilemmas**
Improving health care quality to achieve these aims will also require...

The creation of a “learning health care system” (LHCS) in which “science, informatics, and care culture align to generate new knowledge as an ongoing, natural by-product of the care experience, and seamlessly refine and deliver best practice for continuous improvement in health and health care” (IOM, 2011a, p. 1).
A flexible, well-educated workforce at all levels is therefore needed to . . .

- Transform and deliver clinical care
- Understand and align people, processes, and technologies
- Weave continuous improvements, and rapid, systematic evidence into care delivery (Smoyer et al., 2016)
Based on the 43 million health workers in 2013\textsuperscript{a}, the WHO projects:

- 40 million new health worker jobs will be created by 2030
- A shortfall of 18 million health workers by 2030
- Over one-third of the health investments required to meet the Sustainable Development Goals (SDGs) will be needed for the health workforce\textsuperscript{b}
- The largest deficit of health workers was in South-East Asia (6.9 million) followed by Africa (4.2 million)\textsuperscript{c}
- The density of skilled health workers varies greatly from 106.4 per 10,000 population in the European Region to 14.1 per 10,000 population in the African Region
- Major shortages of health workers are experienced in the WHO African, South-East Asia and Eastern Mediterranean Regions

\textsuperscript{a} Based on the 43 million health workers in 2013. 
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The perennial question: Do we have a nursing shortage?

There are 20.7 million nurses and midwives globally.

Nurses and midwives represent over 50% of the health workforce in some countries (WHO, 2016).

Sadly,

- 27% of WHO member states reported having less than one nursing and midwifery staff member per 1000 people.
- 48% reported to having less than three per 1000 people.
- Globally, it is estimated that by 2030, the shortage of nurses will reduce from 9 million to 7.6 million qualified nurses and midwives.
- The shortages in some countries – African and Eastern Mediterranean Regions – will worsen.

SOURCE: https://www.who.int/gho/health_workforce/nursing_midwifery_density/en/
Framing the global strategy and vision for a 21st-century health workforce agenda: WHO

• **Objective 1**: The development of evidence-informed policies to optimize the performance, quality and impact of the health workforce, and contribute to healthy lives and well-being, effective universal health coverage, resilience, and strengthened health systems at all levels.

• **Objective 2**: Catalyze investments in health labor markets to align with population and health systems needs, account for labor market dynamics and education policies, and address shortages and mal-distributions of health workers that support improvements in health outcomes, social welfare, employment creation and economic growth.

• **Objective 3**: Building institutional capacity at subnational, national, regional and global levels for effective public policy stewardship, leadership and governance of actions on human resources for health.

• **Objective 4**: Data for monitoring and accountability to monitor and ensure accountability for the implementation of national and regional strategies, and the Global Strategy.

Rather than focusing on the numbers of professionals, we need to ask:

Do we have the right number and mix of people/professionals, at the right time and place, with the right education, skills, and competencies to deliver the health services needed at an affordable cost?

Dreesch et al., 2005; Fraher, 2018
The Nursing Workforce in a “Value-Based” Health care Environment

Healthcare system redesign demands that nurses:
• Take on new roles, in new settings
• Practice to the full extent of their training
• Emphasize population health, care coordination, interprofessional efforts
• Deliver direct patient care, as well as conduct research and evaluation

Nursing Now

• 3 year global campaign
• In collaboration with International Council of Nurses and World Health Organization
• Programme of the Burdett Trust for Nursing
• Based on APPG report *Triple Impact*
Impetus for Nursing Now

**Triple Impact:** How developing nursing will improve health, promote gender equality, and support economic growth

A 2016 report by the British All-Party Parliamentary Group on Global Health
Main Conclusions

• Strengthening the nursing workforce is essential to achieve universal health care
• Nurses are systematically undervalued and could contribute more
• Developing the nursing workforce will have a Triple Impact: achieve better health, promote greater gender equality, and create stronger economies
From Triple Impact to Nursing Now!

• Nursing Now 2018 – 2020
  • Launched Tuesday February 27, 2018
  • Events were held around the world – including the UK, Switzerland, Jamaica, USA, Jordan, South Africa...more than 30 countries were represented!
  • Ends December 2020 – the 200th anniversary of Florence Nightingale’s birth and a year when nursing will be celebrated worldwide

• Puts the Triple Impact report in motion

• Strengthening nursing will have additional benefits:
  • Promote gender equality
  • Contribute to economic development
  • Support Sustainable Development Goals
  • Help achieve the WHO’s Global Workforce Strategy
  • Better prepare the workforce for the future
Campaign vision

To improve health globally by raising the profile and status of nurses worldwide.

Influencing policymakers and supporting nurses to lead, learn and build a global movement.
Aims by 2020

• Influence UHC, NCD and other policy
• Promote and develop nurse leaders
• Disseminate and share effective practice
• Create, identify and disseminate evidence of impact
• Invest in all aspects of nursing
The Nursing Now Pledge...

As the health professionals closest to the public, nurses should be empowered to use their knowledge, skills and expertise to the full. They should be valued and respected for their pivotal role at the heart of most health teams.

Nurses should be supported to drive health promotion, disease prevention and treatment, through leveraging new technology, greater patient participation and an increasing focus on community and primary health care.

Health decision-making needs nurses to be more involved. Their role in policy development and planning is too small, despite the invaluable insights their unique position in the health system gives them.

Health leaders globally should develop new models of care that maximise nursing’s contributions to achieving Universal Health Coverage and other health goals.

Governments should invest in improving nurses’ working conditions, training and leadership skills to enhance health, empower women and strengthen local economies.
Nursing Now Global Activity Map
More than **60 countries worldwide** are engaged!

NURSING NOW GROUPS

Nursing Now is a growing global movement, with new Regional Groups, National Groups and Local Supporter Groups being formed worldwide. The campaign has gone viral, with activities in more than 60 countries.

Find out what is happening in your country by making a selection from the list below.
National Group

The University of North Carolina at Chapel Hill School of Nursing and the University of Washington School of Nursing are working to establish Nursing Now USA, with a tentative launch scheduled for early 2019. For more information on how you can get involved with the US campaign, please email Cheryl Jones, PhD, RN, FAAN at cabjones@email.unc.edu.
Nursing Now USA Launch

Date: April 9, 2019
Location: Washington DC
Anticipated Time: Afternoon (after 1 PM Eastern)
Who will attend: A broad array of US Nursing and Policy Leaders
Format: In person and streaming

Please join us!
Details forthcoming
The way forward. . . working together

Collaboration is needed to achieve the **Triple Impact:**

1. Raise the profile of nursing and make it central to health policy
2. Expand the number of nurses being educated and employed locally and globally
3. Develop nurse leaders and nurse leadership
4. Enable nurses to work to their full potential
5. Collect/disseminate evidence of the impact of nursing on access, quality, and costs
6. Develop nursing to have a triple impact on health, quality, and economic growth
7. Promote partnership and mutual learning

Retrieve the Triple Impact Report at: [http://www.who.int/hrh/com-heeg/digital-APPG_triple-impact.pdf?ua=1&ua=1](http://www.who.int/hrh/com-heeg/digital-APPG_triple-impact.pdf?ua=1&ua=1)
Work together to achieve the philosophy of the Nursing Now Campaign

Nurses are at the heart of most health teams, playing a crucial role in health promotion, disease prevention and treatment. As the health professionals who are closest to the community, they have a particular role in developing new models of community-based care and support local efforts to promote health and prevent disease.

www.nursingnow.org
Nurses: Leading Change and the Way Forward!

According to Lord Nigel Crisp, Co-Chair of the Nursing Now Campaign, “a new model of primary health care is emerging with nurses at its heart. They are the health professionals who are closest to the community and can coordinate care, deliver services and work with local people on health promotion, disease prevention and health literacy.”

Join the Global Campaign!

• Share your experience and ideas
• Be agents for change – organise to advocate for the profession
• Sign the pledge of support to Nursing Now (www.nursingnow.org)
• Raise awareness of the campaign

Credit: The Royal College of Nursing
Questions?

THANK YOU!