

NURSES

A VOICE TO LEAD

A VISION FOR FUTURE
HEALTHCARE



NURSES: A VOICE TO LEAD A VISION FOR FUTURE HEALTHCARE

INTERNATIONAL NURSES DAY 2021
RESOURCES AND EVIDENCE

INTERNATIONAL COUNCIL OF NURSES





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President and CEO message

The COVID-19 pandemic has changed the world: the way we live, socialise, work, interact with each other, and the way we deliver nursing care. It has raised the visibility of nurses like never before and underlined that nurses are indispensable to healthcare and the backbone of every health service.

Nurses are on the frontlines of this pandemic, working to educate, research, prevent, treat and care for people with compassion, care, resilience, creativity and great leadership skills. Tragically, many nurses sacrificed their very lives. They have faced violence and abuse; they have continued to work sometimes without adequate protection and without decent pay; they have been separated from their loved ones; and praised as heroes. But nurses are human. They are not angels or superheroes. They have the same needs and rights as everyone else. They are skilled, knowledgeable, highly educated professionals who provide people-centred holistic care throughout the life journey.

We have learned a great deal from this pandemic, and we owe it to those nurses who have died, and to society at large, to build on the lessons we have learned. We need to reset our health systems and our societies, so that they work to address inequalities between different groups in communities, men and women, the young and the old, the rich and the poor, the healthy and the unhealthy, those with different abilities, and those in minority and majority communities.

Over time, investment in healthcare brings forth dividends that are difficult to foresee in the hurly burly of normal short-term political cycles: healthcare spending can take decades to bear fruit, but it should be seen as an investment for the future, rather than a current cost.

Societies need to take a serious look at the social determinants of health, including poverty, poor diet, lack of education and unemployment, and follow strategies that will make them more equal and fairer. If everyone enjoys the fruits of their labours or is supported by a safety net that provides them with dignity and a reasonable standard of living, everyone in society wins.

The fundamental thing that the pandemic has revealed is that many of our health services are not fit for purpose, and the bigger picture is that unless there is a drastic reset of policies, practices and possibilities, they will not enable us to deliver on the United Nations Sustainable Development Goals.

This report lays out a vision for future healthcare and shows how putting nurses in positions of influence and power will lead to more people-centred and integrated approaches to healthcare, and, consequently, more positive outcomes for the people and communities that nurses serve.

As the global voice of nursing, the International Council of Nurses (ICN) will continue to advance the nursing profession, promoting the well-being of nurses so they can continue to lead and deliver health for all.



Annette Kennedy, ICN President



Howard Catton, ICN Chief Executive Officer



Introduction

The toll of the COVID-19 pandemic quantified by human deaths, illness and suffering, physical separation and isolation, psychological and emotional damage, and the effects on education as well as on the economy constitute strong reasons to translate experiences into actionable lessons, not simply to prevent similar future crises, but rather to advance and reimagine healthcare with its aim to improve health and wellbeing (Jazieh & Kozlakidis, 2020).

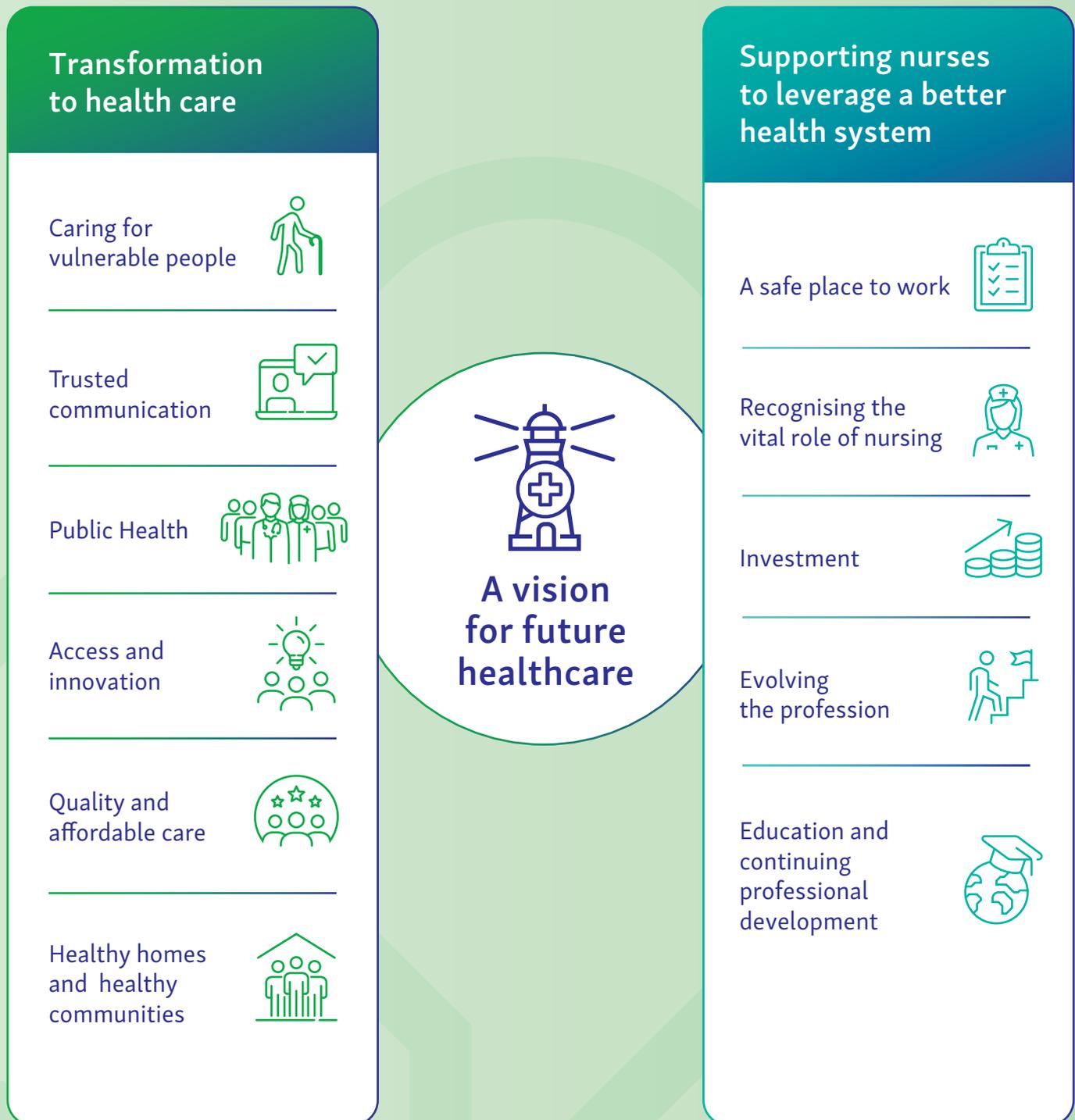
COVID-19 is the third Coronavirus in the last 20 years. Despite numerous warnings many countries were not ready to meet the challenge. The pandemic has brought to the light many vulnerabilities and weaknesses in our healthcare systems, which, with the rapid transmission of the virus, were unable to absorb and manage the sudden and intense surge in demand. This, in turn, has led to further disruptions across almost all sectors and community life.

Historically, global health crises have forced major shifts in the way healthcare is delivered. Likewise, COVID-19 has forced us to think, learn from our mistakes and successes, and envision how we can create better healthcare systems that can deliver on helping individuals and communities attain their highest attainable standard of health whilst supporting the improvement of all areas of society. To deliver on this vision, we need to address the inequalities and the social determinants of health, the fractured relationships between health and other sectors, and the view that health is the sole responsibility of health professionals. We need a vision for future healthcare. This International Nurses Day report aims to outline core features and levers required for this vision.



Credit: Nazila Ghomian, IND Photo contest

Figure 1: A Vision for Future Healthcare





PART ONE: Transformation to healthcare and nursing solutions

Creating healthy communities: A focus on the cause, not just the symptoms

COVID-19 has brought health systems across the world to the brink of collapse. Governments have responded rapidly to effectively resource their health systems to protect the health of staff, patients and communities. Health professionals have responded by elevating their skills, compassion and ingenuity to well above normal community or professional expectations.

COVID has clearly demonstrated that mitigating the impact of the virus is not solely the responsibility of health professionals. It is up to every member of the public. Individuals and communities hold many of the keys necessary to stopping the spread of COVID by adopting simple public health measures such as hand hygiene, social distancing and the wearing of masks. Individuals and communities have played a pivotal role in our how far and fast COVID has spread which, in turn, has affected the demand on the health system. Responsible community action has bought health systems time to prepare and to reorganise for the potential influx of patients.

The learning from this, as Lord Nigel Crisp points out in his book, *Health is made at home: hospitals are for repairs* (Crisp, 2020), is that the public has THE major role in creating and keeping good health, and in tackling many of today's major health and social challenges including communicable and non-communicable disease, mental health, loneliness, poverty and substance use disorders. To meet these needs, healthcare systems will need to refocus so that they are not simply acute care focused, not just for repair, but that they also play a major role in 'creating health' and dealing with many of the underlying causes of poor health.

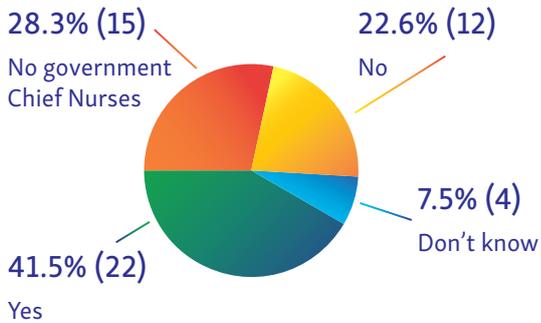
The vision for future healthcare calls for a partnership between the health system, other sectors (e.g. education, transport, etc.), government and the public to work together to build a "healthy and health creating society" (Crisp, 2020). This means that all parties will be responsible for building the conditions in which people can be healthy throughout the life course, i.e. addressing the social determinants of health.

This is, in fact, a reinvigoration and reimagination of an old vision—the 'Ottawa Charter for Health Promotion.' This Charter, signed in 1986, pushed for health promotion enabling people to increase control over and improve their health. This movement showed that health is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being (WHO, 2021). This is the backbone of recovery and thriving in a post-pandemic world.

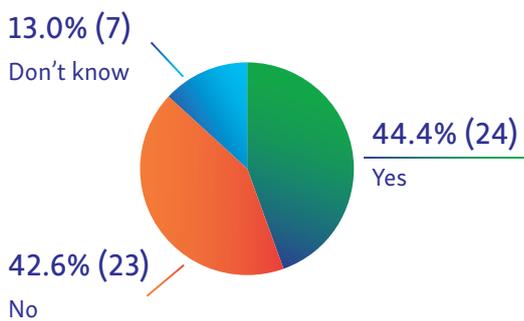
For this vision to succeed, the nursing profession must be actively involved and engaged. As members of the profession with the broadest understanding of the individual and their health needs, nurses are vital to the effort to address the various aspects of enabling health and building healthier communities. As familiar and trusted stewards of good health in schools, workplaces, public health facilities, correctional facilities, long term care and home care, hospitals, and other community settings, nurses are leading to build a 'Culture of Health' (Campaign for Action, 2021).

Table 1: ICN Survey results regarding the involvement of nurses in high-level decision-making

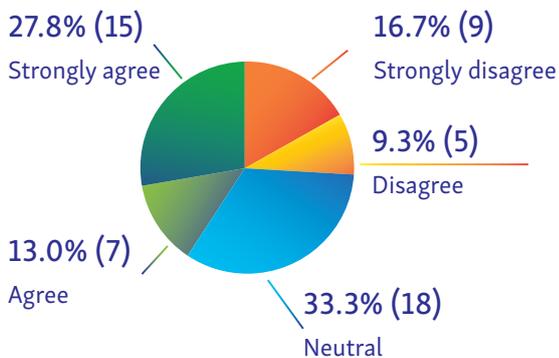
Have Government Chief Nurses been involved in national health decision making?



Have specialised nurses in infection, prevention and control been involved in decision making teams on govt policies related to COVID?



Have senior nurse leaders been included and effectively utilised in high level decision making?



Analysis of the survey results

In late 2020, ICN surveyed its over 130 member national nursing associations (NNAs). Whilst almost half (41.5%) of the NNAs responding to the survey reported that their country had a Government Chief Nurse involved in national health decision-making, the majority have either been excluded (22.6%) or there is no Government Chief Nurse (28.3%). The implication of this is that the largest group of health professionals has not been represented at the senior levels of decision-making. It also means that the most powerful voice as the patient advocate is absent from discussions.

The situation is similar for specialist nurses in infection prevention and control (IPC) as many (>42%) appear to be excluded from high level decision-making. In many instances, committees appear to have a vast majority of physicians. IPC has been the specialty of nursing since its earliest origins and is the most effective weapon the community has in fighting the pandemic. Without the nursing voice, effective development and implementation of policies within health systems and the community cannot be as effective.

The survey also found that approximately 40% of senior nurses had been effectively used in high-level decision-making during the pandemic. However, it was noted by many associations that, although nurses were being used in late 2020, in the early stages of the pandemic they were effectively ignored.

The results of this survey are a shocking indictment of many health systems around the world. Nurses are the building blocks to an effective health system and have a vital role in promoting and protecting the health and well-being of individuals and communities across the lifespan. Action must be taken to address the lack of engagement of nurses at senior decision levels now and into the future if health systems are to effectively engage with individuals and communities to create healthy and health creating societies.



Spotlight



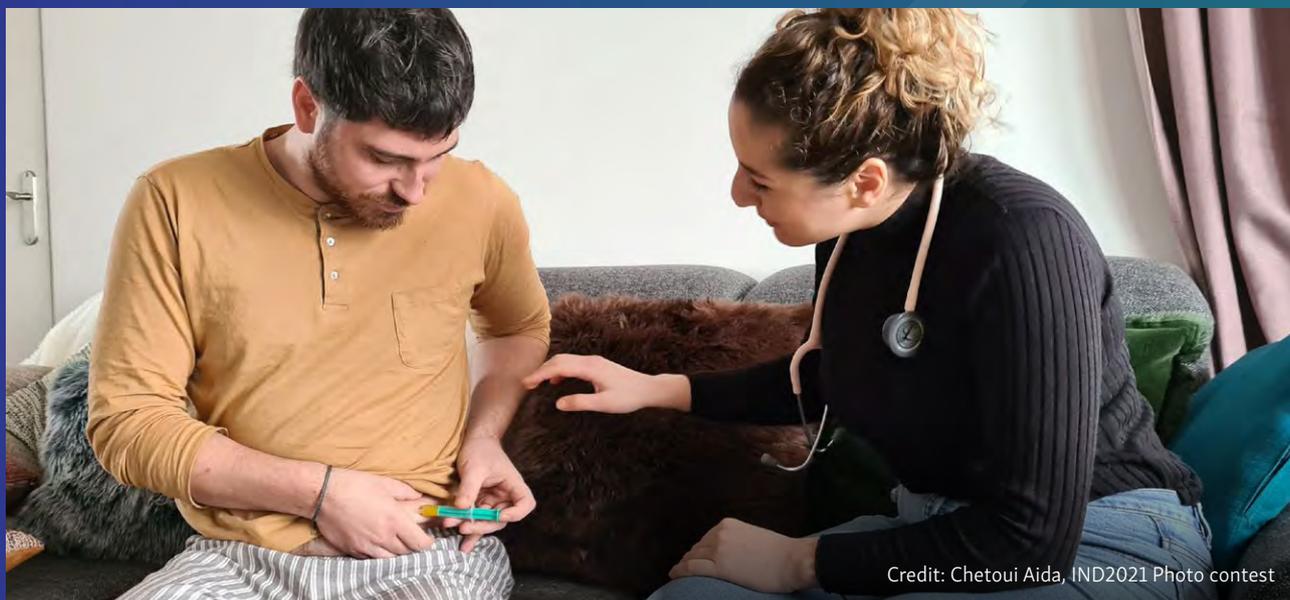
USA – Working with volunteers to enhance the health of the elderly

In a small regional community, 3,400 seniors were identified as at risk of COVID-19 exposure. Nurses, other health professionals and volunteers worked to cater to the needs of these people who were sheltering in place. Significant coordination between different sectors meant that people’s daily living needs were met including food, companionship and physical health needs. As a result, there was a significant reduction in hospitals visits and the transmission of COVID-19. (American Hospital Association 2020).



Iran – Providing health education to vulnerable children

Nurse Haleh Jafari volunteers in the community to provide education on protection from COVID-19 infection to vulnerable children who are forced into labour on the streets of Tehran. As part of her support, she assists in the distribution of disinfectant gels, masks and gloves in the community. She also teaches children about other health issues and how to access healthcare. While she is only able to reach a few people at a time, she believes that many children have been protected from COVID-19 and have been given some hope in their lives. (IND Case Study submitted by Haleh Jafari, Tehran University of Medical Sciences).



Credit: Chetoui Aida, IND2021 Photo contest



Ireland – Partnering with the community to solve healthcare challenges

Nurse Gillian Fahy and Dr Roisin Lyons, set up 'Open Source Volunteers Extended (OSVX)'. This programme is a community of volunteers throughout Ireland who give their time freely to design open-source solutions to challenges faced by front-line staff during the COVID-19 pandemic. In total 1,500 volunteers, engineers, artists, nurses, and physicians all joined forces to create over 30 innovations to improve health and well-being. Innovations ranged from telecommunications to PPE. One particular innovation was an app where individuals' health could be monitored without requiring face-to-face consultations with nurses. As a result, entire communities have benefited from the innovations. (IND Interview with Gillian Fahy).



Bermuda – Chief Nursing Officer

The Chief Nurse of Bermuda has been an active member on the country's Emergency Measures Organisation. To date, Bermuda's response has been effective against the COVID-19 crisis whilst maintaining business continuity and resilience in tackling the pandemic (Bermuda Business Development Agency, 2021).



Australia – Specialist nurses effectively working to stop community transmission of COVID-19

Australia has been one of the most successful countries in stopping community transmission of COVID-19. Nurses have been actively involved in high-level decision-making including being leaders of the Infection Control Expert Group which advises the Australian Health Protection Principal Committee and its other standing committees on IPC issues.

Figure 2: The Ottawa Charter for Health Promotion and nursing involvement

1. Encourage nurses to engage with the community in an effort to increase individuals' and communities' involvement in the decision making process about issues that impact their health and wellbeing
2. Encourage the role of the nurses as a patient advocate - nurses have the pivotal role in giving voice to the voiceless
3. Equip nurses with the data and information to understand the health issues that are playing out in the community

Strengthening community action



Developing personal skills

1. Utilise nurses proximity to patients in order to help people develop their skills ensures that people have the information and knowledge necessary to make informed choices
2. Utilise nursing skills to support health literacy for patients, their families, and the wider public
3. Harness the skills of nurses to help individuals navigate the complex health system
4. Ensure nursing education contains scientific reasoning, technical competencies and interpersonal communications in order to uncover and address needs of the people they serve

1. Utilise Government Chief Nurses to be directly involved in policy development at the State/Province, National, Regional and International Levels
2. Actively engage nurses in public policy development, including problem definition and solution framing
3. Increase the number of nurses who are active within and through their National Nursing Associations, and engaged in local policy issues

Building healthy public policy

Creating supportive environments

1. Harness the pivotal role nurses have in facilitating interaction between various groups / entities (e.g. schools) in an effort to exchange information, ideas, clarify roles and identify strategies to create healthy environments
2. Support the networking between nurses in the acute and primary health care sector
3. Encourage nurses to assume responsibility and take a leadership role so that they can work autonomously and as part of a team within the community
4. Encourage nurses to undertake roles on Boards and other high level committees

Reorientating health services

1. Utilise nurses effectively so that they can foster intersectoral collaboration between the health sector, police, education, transport (etc) with the public
2. Working in partnership with other health care providers, nurses can encourage positive health practices that focus not just on the curative but also the promotion aspects
3. Ensure nurses to be present in all hospital and health service senior decision-making bodies
4. Support an environment in which no one profession dominates the conversation and builds a culture of mutual respect



Universal Health Coverage: An investment for economic and community prosperity

COVID-19 has clearly shown the fragmentation and under-resourcing in our health systems worldwide. This in turn has demonstrated just how important Universal Health Coverage (UHC) and Global Health Security (GHS) are. Achieving UHC means that everybody can access the quality health services they need without suffering financial hardship. Countries with strong commitments to UHC in combination with GHS and population-based health promotion are better prepared to manage the health impacts of the pandemic and its subsequent economic impacts (Ooms et al., 2018).

But both UHC and GHS programmes are under threat. Public revenues have decreased due to declining economic activity; countries are increasing their deficit financing which, in turn, is increasing debt for years to come. It is highly likely that out-of-pocket expenditure for healthcare will rapidly increase. This will result in people forgoing vital and necessary healthcare. As leading economists from the World Bank (Iravaa & Tandon, 2020) state:

“The economic shock raises the prospect that we may see a slowdown or even reversal of growth in public spending on health, risking years of progress made toward UHC.”

There is a misperception that health systems have been flooded with new resources because of COVID-19 (Iravaa & Tandon, 2020). But this increase has been in emergency surge financing which is unlikely to be sustained into the future, thereby limiting the capacity of health systems to deliver routine care and to cope with the next major surge of health demand – mental health and other NCDs.

The pandemic, economic disruption, social justice crises and other turmoil have produced a spike in anxiety, depression, substance use disorders and other mental health and behavioural challenges. Prolonged isolation and physical distancing measures are demonstrating how social connection contributes to physical health as well as mental and emotional well-being. With these issues in mind, there is likely to be a rapid increase in demand for mental health services which could cost the global economy up to \$16 trillion by 2030 if the collective failure is not addressed (Deloitte, 2021). Today, less than 1% of health expenditure is spent on mental health services and less than 1% of the global health workforce is working in mental health. The health of our communities directly affects the wealth of a nation.

The vision for future healthcare is that health and the economy are viewed as inextricably linked. This means that governments, policy makers and health systems re-evaluate their priorities, accountabilities and performance to ensure pandemic preparedness, effective vaccine distribution, improved population health and access to care to support a post-COVID-19 economic recovery. UHC must be an investment and this means investing in the health workforce—particularly nurses. Nursing care accounts for approximately 80% of the contacts between patients and healthcare providers (Kickbusch, 2018).

Due to the size of the workforce and their impact on individual and community's health, investing in nursing as a means of implementing UHC should be considered as half of the battle. Further investing in nursing will improve health services as well as bolster health promotion and disease prevention—a core element of achieving and sustaining UHC.

Figure 3: Effective strategies to strengthen UHC



Nurses are the solution to the rapid and cost-effective expansion of high quality UHC



Spotlight



Kenya – Nurses as primary care providers for rural populations

In Kenya, there is currently a ratio of nine practicing nurses to 10,000 people (WHO, 2020a) which is significantly below WHO’s recommendation of 25 nurses per 10,000. Many nurses often attend to more than 100 patients per day, and in many health centres nurses are the only professional care available to rural populations.



Poland – Nurse prescribing to improve the patient experience

Suitably qualified nurses and midwives may prescribe specific medical devices, medicinal food and medicinal products with specific active substances, except for medicines containing very potent substances or controlled drugs. This has improved patient access to medicines, improved patient compliance with medications, reduced polypharmacy and built improved team performance. Research demonstrates that it also mitigates situations of medical staff shortages (Zimmermann et al., 2020).



Taiwan – Supporting Advanced Practice Nursing

The Ministry of Health and Welfare in Taiwan is promoting Advanced Practice Nurses (APNs) to improve access to healthcare and meet the health needs of individuals and communities. There is further investment to create new nurse practitioners in the areas of nurse anaesthesia and community/primary healthcare (PHC).



United Kingdom

Because of COVID-19, many homeless hostels were shut down and homeless people were temporarily housed in hotels. As a result, outreach became more important than ever. Nurse practitioners in the UK have rapidly responded to address health issues and advocate for those left outside (Healy, 2020).

Accessing care, shifting priorities and innovation

The changes to healthcare delivery due to COVID-19 cannot be understated. The combination of lockdowns, quarantining, misinformation, high bed occupancy rates in hospitals and a culture of fear have resulted in a dramatic transformation in the public's response to seek care when needed. In addition to this demand issue, many healthcare services were scaled back, and staff and resources prioritised elsewhere. Care for chronic health conditions has been disrupted with early discharges from hospital to home, rescheduling of non-urgent elective procedures/ outpatient appointments and redeployment of staff.

In 2020, WHO undertook a survey to which 105 countries responded. The responses demonstrated 90% of countries had experienced major disruption to their health services with low and middle-income countries (LMIC) reporting the greatest difficulties (WHO, 2020b). The pandemic has exposed real vulnerabilities in health systems which need to both respond to emergencies and continue to respond to people's needs throughout the life course. There is the potential that the major gains in health over the last two decades could be wiped out in just a short period of time. The collapse of many of the essential diagnostic and monitoring services will have serious adverse effects to health, the consequences of which may not be seen for many years. Vulnerable populations are most affected during this period and these barriers to healthcare have the potential to deepen health inequalities.

However, in responding to this crisis, many countries are attempting to develop new ways of delivering care. The rapid transformation may set the foundations for improved access and delivery as long as they are financially sustainable, safe and of quality in the delivery of care, accessible and provide a positive consumer experience.

Such a transformation of health services will require redesign across the continuum including primary, secondary, community and acute care. It is expected that the entire health workforce will become more agile with a focus on interprofessional team-based care which is empowered through technology (particularly virtual care).

Nurses across the world have been at the forefront of system transformation in an effort to provide quality, safe, accessible healthcare. Their call to duty has meant that, despite the challenge set before them, they continued to treat and care for patients in extraordinary difficult situations. The innovations and advances in healthcare need to be harnessed and remembered for future generations to build upon.

Figure 4: Disrupted healthcare services as per WHO Global Pulse Survey 2020

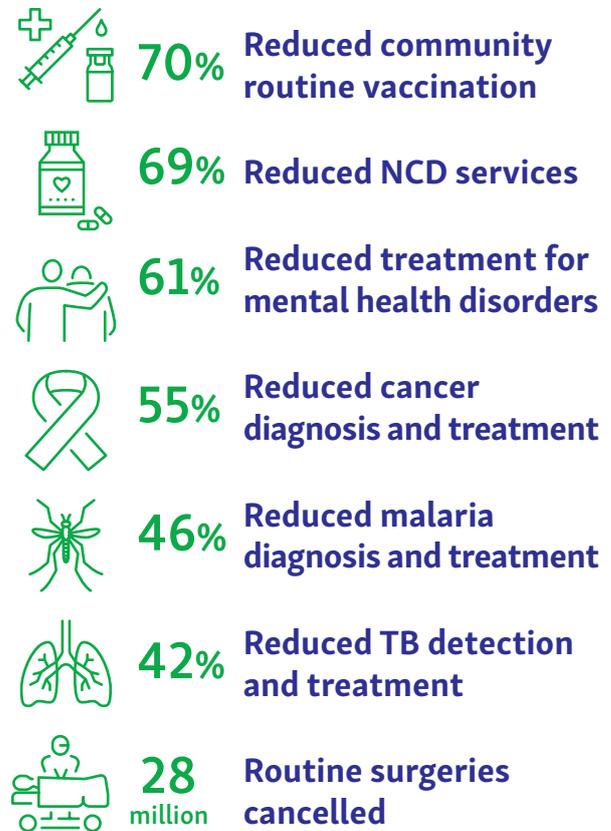


Figure 5: The use of telemedicine across the world has increased dramatically during 2020/21

Of NNAs surveyed by ICN,



There has also been growth in the use of other supportive technologies. Approximately 50% of NNAs report the implementation of other supportive technologies as a result of COVID-19.



Spotlight



China – Protecting the patient: The essential need for nursing research

In February 2020, nurses from China published research on caring for cancer patients in response to COVID-19. Their research was a catalyst for protecting cancer patients throughout the world. They recommended intentional postponement to chemotherapy when safe to do so in endemic areas; stronger protection provisions for patients with cancer or cancer survivors; and more intensive surveillance for when patients with cancer were infected with COVID-19. (Liang et al., 2020).



Canada – Improving access to care for people with mental illness

Nurses working within a multidisciplinary team supported access to mental health services for people with mental illnesses. They developed a telehealth service to triage, monitor, support, treat and promote health. Due to the vulnerable nature of the clients, many did not have access to phones or other forms of electronic devices. The team worked with community organisations and private businesses for the donation of mobile phones and plans. This provided the tools necessary to provide care to clients (Guan et al., 2021).



Taiwan – Nursing care enhanced by technologies

Taiwanese nurses have increased their utilisation of a wide variety of supportive health technologies to support the care that they provide. Examples of this include non-contact physiological information detection, auxiliary diagnostic tools, remote interactive medical platform, home quarantine care tracking, telemedicine consultation, simultaneous tele-imaging dermoscopy and ophthalmoscopy; infrared temperature detection, screening of travel history data for health insurance VPN, electronic TOCC booking and login for caregivers and visitors, using face identification system and body temperature for hospital entrance/exit access control, using smart reptile robot programming to read health insurance card for rapid travel history screening, and epidemiological investigation and electronic fence system.



Portugal – novel approaches to new problems

In Portugal, nurses developed solutions through the use of 3D printing technologies. One example of a vital innovation was the creation of a safe clamping device of the orotracheal tube at the time of intubation and/or manipulation of the ventilatory circuit, with a view to inhibiting potential aerosolization processes. (IND Case Study submitted by Mario Ricardo Cardoso Gomes, Ordem dos Enfermeiros).

Trusted communication – an effective tool for responding to public health emergencies

*“We’re not just battling the virus.
We’re fighting an infodemic.”*

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

Mis- and disinformation about COVID-19 has spread more widely and quickly than the virus itself; from eating sea lettuce and drinking disinfectant in attempts to prevent catching COVID-19 through to 5G networks spreading the virus. Enormous demand for information on the disease, the high degree of uncertainty, the unknown and fear have created a perfect storm. Myths, fake news and conspiracy theories have flourished, and these are not only time consuming to deal with, but they also cause confusion, disharmony and risk to life.

We are living in an era of misinformation and information overload which is extremely harmful to our communities.

“The spread of false and potentially dangerous claims during a lethal pandemic clearly poses a threat to our national security,” U.S. Representative Lauren Underwood, RN, said at a 2020 House of Representatives Homeland Security Committee meeting. “When it comes to vital public health information, the stakes are life and death” (Stone, 2020).

The overabundance of information, some factual, much false, is referred to by WHO as a “massive infodemic” (WHO, 2020c). During times of crises, people need accurate information to adapt their behaviour to protect themselves, their families and communities against infections. Truth is one of the most precious resources for effective health policy. Its importance cannot and should not be understated.

For example, even with the announcement of a vaccine that is safe and effective, there is growing misinformation about immunisation and a groundswell movement of “anti-vaxxers” that may deter people from getting the vaccine when it becomes available to them.

“In many countries, a trust deficit has been a significant factor impeding effective COVID-19 responses.”

The Independent Panel for Pandemic Preparedness and Response (2021)

False information erodes public trust in health workers, officials, health organisations and governments that are leading the fight against COVID-19. Moving forward in restoring public confidence and trust requires concerted effort and a multitude of strategies. One of the most pivotal strategies will be to harness the opportunities provided through the public’s trust in nurses. As the vast majority of the health workforce, delivering the majority of health services around the world, and the most trusted profession (as evidenced in community research in many countries), nurses are the world’s greatest resource and opportunity to disseminate clear, concise and accurate information to individuals, families and communities.

“In the next influenza pandemic, be it now or in the future, be the virus mild or virulent, the single most important weapon against the disease will be a vaccine. The second most important will be communication.”

John M Barry
American author and historian, 2009

In many different circumstances, nurses are asked to bring clarity to confusion. The public look to nurses to provide accurate information and a sense of reassurance. This voice is needed now more than ever.

The vision for future healthcare centres around using the trusted resource that health already has—its nurses. What is needed are the resources to equip nurses with the best evidence-based information in accessible language in order to promote and disseminate trusted and trustworthy messages in a timely manner.

In addition, the nursing voice must be heard in high levels of decision making. Currently, nurses represent more than half of the entire global health workforce. Despite this, nursing has extremely limited representation in governments, boardrooms and executive levels of health systems. The importance of the nursing voice cannot be overstated – no other profession can replicate the situational knowledge of the healthcare needs of individuals and communities that this profession offers. The kind of intelligence that nursing offers to make critical health decisions is priceless (Anders, 2021). Like the community’s trust in nurses, governments and health systems must trust and support nurses in leading in public dialogue and debate.

Figure 6: Strategies to building trust in the healthcare systems



Nurses support patients to obtain, understand and act on information that is needed for optimal health – make every opportunity count

Spotlight



USA – School based nurses

In the USA, school-based nurses have a pivotal role in increasing the rates of vaccination amongst children and their families. School nurses have regular access to students, are trusted by parents to deliver accurate health information, and have access to state immunisation registries. School nurses are strongly positioned within their communities to educate students, families and school staff about the critical role vaccines play in preventing disease, allowing students and staff to remain healthy and in school (National Association of School Nurses, 2020).



Chile – nurses helping patients and their families navigate the health system

In Chile, nursing positions have been created to enhance the communication between the different healthcare providers in different settings. This ensures continuity of care through the sharing of timely and accurate information. These roles also follow up with patients and their families following hospital discharge to ensure that their health needs are being supported and that they have accurate information about their health so they can effectively manage their condition (Guzmán et al., 2020).



Solomon Islands – engaging with the community

Nurses are connecting with patients, individuals and the community using text messages, telephone communications, emails and social media in order to get key messages out. Nurses are viewed as essential resources for enabling the effective realisation of health policies in the community. are in excess of their agreed capacity.



A focus on caring for vulnerable people: People living in long-term care

History has shown that during public health emergencies and disasters, vulnerable populations are at a higher risk of poor to severe illness. Despite the plethora of articles written about this issue, we have failed to learn the lesson and, as a result, we are faced with incredible challenges in protecting the most vulnerable. Immediate action is required to protect the most vulnerable and policies must be enacted to better care for these people into the future.

One of the most affected vulnerable groups during the pandemic has been older people and people living in long-term-care (LTC) facilities. WHO reported that the fatality rate for those over the age of 80 is more than 20% in Australia, Japan and the Republic of Korea. In Europe, it was estimated that 30-60% of deaths occurred in residents of LTCs (WHO, 2020d). There are also other health issues that have affected this group that are not so quantifiable. This includes increasing social isolation, worsening generalised anxiety and major depressive disorders, and neglect.

Before COVID-19, there were significant challenges affecting LTCs with numerous failures plaguing the system. One of the possible reasons for this is the devaluing of older people. As individuals grow older, they may have reduced options and autonomy, increasing their vulnerability and potential risk of harm (Duckett et al., 2020).

COVID-19 exposed the gaps in LTCs. Significant underinvestment and lack of quality assurance oversight has led to the system being unable to provide older people the care that they need. For a long time, LTCs have struggled to maintain adequate and appropriate staffing levels. Studies have shown that facilities with higher staffing levels with the appropriate skills and expertise performed significantly better than other facilities (Ochieng et al., 2021). Other key contributors to the increased burden of COVID were the lack of standardised guidelines and information and the necessary resources (i.e. Personal Protective Equipment (PPE), etc.) to care for older people. For example, due to the lack of resources in LTC facilities, many nursing home staff have been infected with COVID-19 and subsequently lost their lives. A recent report from Amnesty International, Public Service International and Uni Global Union (Amnesty International, 2021) states that at least 1500 nursing home staff have died from COVID-19 in the USA. In the UK, government data shows that those working in nursing homes and community care were more than three times as likely to have died from COVID-19 as the general working population.

The Ontario Ministry of Long-Term Care stated the solution to the crisis in this way: “hire more staff, improve working conditions for existing staff, drive effective and accountable leadership, and implement retention strategies to make long-term care a better place for residents to live and a better place for staff to work” (Webster, 2021).



Table 2: ICN Survey results related to Long Term Care (LTC)

Changing this paradigm requires a shift in the way we consider ageing and a recognition that older people have rights. These rights should shape the new system of providing support for older people, and also consider the rights of carers and staff. This approach can create the foundation for a vision of healthcare beyond the pandemic and can support vulnerable population groups, such as older people, to thrive in their health and wellbeing.

The vision for future healthcare must consider vulnerable populations. Failure to do so will only exacerbate the barriers to healthcare faced by these populations and widen health inequalities.



Health is a human right IND publication.

20% of NNAs

REPORTED THAT THEIR COUNTRY STILL HAS INADEQUATE OR INSUFFICIENT PPE IN LTCs.

In many LTCs, staff had to make their own PPE.

At the beginning of the pandemic, the majority of countries reported severe shortages in PPE for LTCs.

26% of NNAs

REPORTED THAT THEIR COUNTRY'S STAFFING LEVELS HAVE DECLINED IN LTCs AS A RESULT OF COVID.

Spotlight



New Zealand – Nurse leaders are the driving force behind LTC response

By February 2020, a senior nurse in New Zealand's second largest aged care provider developed plans to mitigate the impact in COVID-19 facilities. Shortly after this, a Nurse Leadership Group was formed to provide advice to the government, policy makers and health systems regarding the management of COVID-19 in LTCs. This group mobilised the public to understand the issues and keep older adults protected from the virus. It is clear that nursing leadership has made a profound impact on keeping aged care services safe. (Hughes, 2020)



Australia – Early detection of deterioration in elderly residents

A collaboration between a LTC facility and an acute hospital was developed in order to reduce the number of avoidable hospital admissions. The Early Detection of Deterioration In Elderly residents (EDDIE) programme, developed by nurses and other community healthcare providers, aims to improve the clinical skills of all care staff, improve decision support, enable increased diagnostic services locally and improve access to specialist advice. As a result there was a 19% reduction in hospital admissions and a 31% reduced average length of stay (Carter et al., 2020).



Canada – Caring for the carers to prevent the spread of COVID

The LTCs in British Columbia implemented a number of strategies for preventing outbreaks in their facilities. In particular, they supported their employees for six months, providing workers with comparative pay, full-time work and sick leave benefits. This allowed staff to take time off work if they were exposed to COVID-19, dedicate their time to simply one facility, as well as streamline public health information (O'Toole, 2020).



Singapore – comprehensive approach to care

A LTC facility protected their residents through a number of key strategies. This included moving aged care staff into private accommodation, testing staff before every shift and ensuring that new residents to the facility were tested prior to admission.

Guardians of the public's health

Public health nurses (PHNs) have been a key part of leadership during the current public health crisis. They have been rapidly deployed on 'mobile-strike' teams, investigating case-contacts, delivering health education, including self-isolation and quarantine, and in monitoring health and wellbeing and responding as necessary. This monitoring and response has been conducted through both telemedicine and home visits. These highly skilled PHNs have carried a huge weight of responsibility particularly in relation to health education given the rapidly shifting guidance on COVID-19 (Edmonds et al. 2020).

Evidence has demonstrated that PHNs are reliable and effective responders during infectious disease emergencies, providing safe, effective and non-discriminatory care to the communities they serve. Despite their critical role, in many countries PHN positions have been underfunded, often eliminated or under-resourced. This has resulted in a diminished public health mandate and reduced access to institutional experience to provide public health services, resulting in making communities more vulnerable to both chronic and infectious disease threats (Edmonds et al., 2020).

Currently, in response to COVID-19, many public health programmes have been suspended, including the

monitoring of tobacco use, maternal health services, domestic violence (including child abuse and neglect), mental health and substance use disorders. Withdrawal of these services will compound the societal impact of COVID-19 and many of the public health crises will be exacerbated after the pandemic (Centers for Disease Prevention and Control, 2017).

With the economic constraints governments face in rebuilding post COVID-19, the need for all spending will be questioned including roles such as PHNs. There is potential for the rationing of services and substituting skilled staff with lower-cost employees. However, efficiency gains cannot be achieved in this way. Given PHNs' preparation, knowledge, clinical decision-making skills and flexibility, they will need to be seen part of the solution (Campbell et al., 2020). The evidence is clear that these roles are cost-effective, provide value for money and give returns on investment in both the short and long term. Prioritising public health infrastructure for safeguarding the future, including PHNs, is a strong lesson from the pandemic (Kub et al., 2017; National Advisory Council on Nurse Education and Practice, 2016).

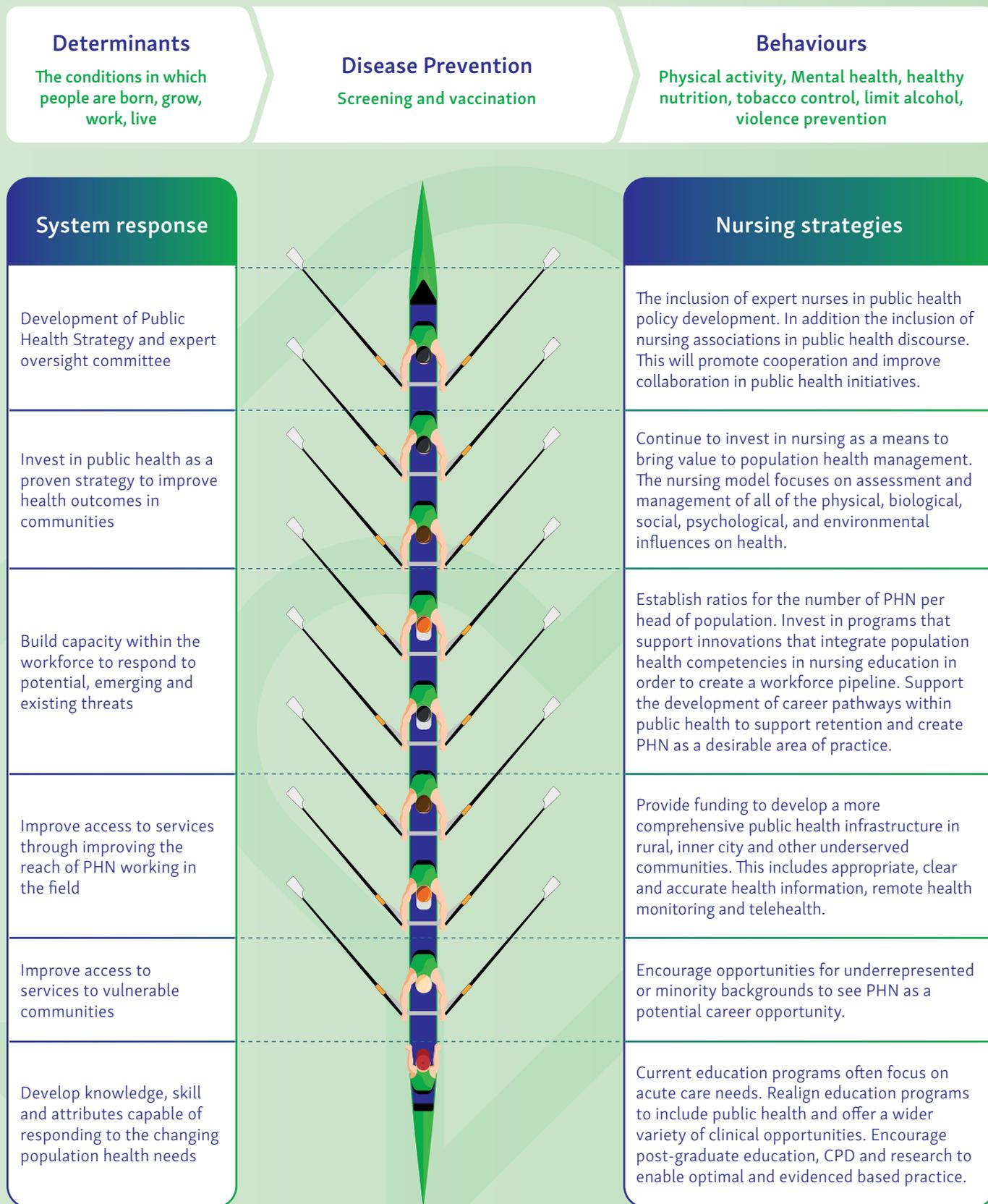
"A close reading of the chronology of the earliest events in the emergence of COVID-19 suggests to the Panel that there were lost opportunities to apply basic public health measures at the earliest opportunity... The public health measures which would curb the pandemic need to be applied comprehensively."

The Independent Panel for Pandemic Preparedness and Response (2021)



Credit: Nazila Ghomian, IND Photo contest

Figure 7: Strengthening Public Health Nurses as a key to a healthier future and better health outcomes



The health of a nation has a strong correlation to the strength of the public health workforce

Spotlight



Sierra Leone – Working with the community to address public health needs

Since the end of the Ebola epidemic, the government of Sierra Leone has highlighted the importance of drawing on communities to promote health. Nurses work closely with community health workers to maintain health records, conduct contact tracing, undertake home visits to find ill community members, notify burial teams of death and conduct screenings (McMahon et al., 2017).



Mexico – Nurses key to promoting vaccination programmes

In Mexico, PHNs are responsible for promoting vaccination programmes and strategies for the prevention of non-communicable diseases (Nigenda et al., 2010).



Cuba – Educating all nurses about the pivotal role of public health

Nurses in Cuba carry out a wide range of important public health functions, including providing care for individuals, families and communities, performing health administration duties, training other nursing and health personnel, researching population health problems, and shaping health policy. Academic programmes for all levels of nursing education and training—from auxiliary to specialist nurses—have significant curricular content concerning public health (Nigenda et al., 2010).



PART TWO: Supporting nurses to leverage a better health system

Over the past year, nurses have had some of the most critical roles and responsibilities during the pandemic. They will continue to be at the front-line of healthcare in communities, primary health care (PHC) and the acute care sector. Nurses have been leaders in ensuring that all patients received patient-centred and high-quality care. While performing in their roles and responsibilities, nurses have sacrificed much including their physical, mental and emotional health, and even their very lives.

Nursing organisations around the world have played a critical role in highlighting these issues, advocating for change with policy makers and health system leaders. In addition to their advocacy role and representing the nursing profession, nursing organisations have been instrumental in supporting nurses with professional practice standards, personal and professional development, opportunities for networking and collaboration, emotional and psychological support and many other essential functions.

ICN has been leading from the front in relation to nursing and healthcare issues around the world. For years, ICN has been warning leaders of the dangers of epidemics and

pandemics and the underinvestment in nursing around the world. The organisation acted quickly during the early days of the crisis bringing together nursing leaders to help each other and to learn from their experiences. ICN has been actively involved on key issues throughout the pandemic with a particular emphasis on protecting healthcare workers physically, mentally, and emotionally. A full report on ICN's work during the COVID-19 pandemic is available [here](#).

The calls for action by ICN for investing in nursing, ensuring nurses have a seat at the decision-making table, improving the education of the profession and building and retaining the nursing workforce are now being echoed by international organisations and leaders throughout the world. ICN has been the global public voice advocating for the health needs and rights of individuals, communities and healthcare workers.

ICN's call is simple:

Now is the time to work together.

Now is the time to act.

This section focuses on actions to support nurses to leverage a better health system.



A safe place to work

In January 2021, ICN received reports that over 2,800 nurses had lost their lives to COVID-19 in 60 countries. This number is likely a gross underestimate, but due to insufficient data collection, it may be years before the true figure is really known. There are few precedents for the deaths of nurses on this scale which has even exceeded nursing deaths during World War I. In addition to the high number of nurses dying from the disease, there are still countless others who suffered from the effects of the disease as a direct result of their work and proximity to the patients who are sick with COVID-19.

In 2020, nurses were required to work under conditions that posed substantial and inadequately understood risks to their overall health and well-being. It is not new for nurses to work in areas of risk of exposure to infectious diseases. Recent encounters include Ebola, Measles, Swine Flu, SARS and HIV/AIDS. Nurses' very role places them in areas of risk of exposure and danger to health hazards. In the early stages of the pandemic, there were additional unknowns with COVID, including its pathophysiology, mode of transmission, susceptibility profile and the contagious nature. This, coupled with widespread public fear and failures in supply chains for PPE and other infectious prevention and control products, means that nurses are being placed in harm's way with an uncertain level of risk.

"No country, hospital or clinic can keep its patients safe unless it keeps its health workers safe. WHO's Health Worker Safety Charter is a step towards ensuring that health workers have the safe working conditions, the training, the pay and the respect they deserve."

Dr Tedros Adhanom Ghebreyesus

WHO Director-General

Figure 8: Risks faced by healthcare workers



Apart from the risks to physical health, there are also threats to psychological and emotional health. With inadequate protection for healthcare workers in all health settings, nurses have had to deal with professional and ethical questions related to duties of care. Nurses' primary duty is to the recipient of nursing care. However, it is also ethically required that nurses promote their own health and safety. These challenges place nurses in a vulnerable position. They are required to balance the three competing obligations:

- **beneficence and duty to care for patients with rights and responsibilities**
- **address inadequacies within their healthcare systems in ways that are consistent with rights and duties**
- **protect themselves and their loved ones (Morley et al., 2020).**

COVID and the response from many countries and health systems has required that nurses jeopardise their own safety, and that of their loved ones in order to provide care. These conditions demand a disproportionate amount of altruism and self-sacrifice (Morley et al., 2020). This is not acceptable. Countries and health systems have a duty of care to health professionals. This means the provision of appropriate and quality IPC products (including PPE), guidance on how to use it effectively, and the mitigation of other possible risks. With these elements in place, nurses will have increased trust in their health system and improved physical, mental and emotional health, thereby improving the quality of care to patients.

Moving into the future, it is paramount that, as a result of COVID, IPC is seen as a priority requiring strategic intervention and investment. As front-line health workers, nurses are frequently exposed to infectious diseases. IPC is the nurse's greatest weapon in protecting their health, their patients' health and the health of entire communities.

"...the world was not prepared for the coronavirus disease (COVID-19) pandemic... Frontline workers exposed themselves to risk and put their lives on the line for their fellow human beings."

The Independent Panel (2021)

Table 3: ICN Survey results related to workplace health and safety

~5 – 22% of NNAs

SURVEYED REPORT PPE SUPPLIES WERE EITHER RARELY ADEQUATE OR NEVER ADEQUATE IN SOME HEALTHCARE SETTINGS.

During the early stages of the pandemic, the majority of NNAs reported shortages of PPE. Whilst this situation improved over time, there continues to be shortages of PPE in some setting of the healthcare system. The areas most affected from shortages in PPE were in the primary health and community care including LTC, correctional facilities and schools. In a number of instances, nurses were forced to either buy or make their own PPE.

30% of NNAs

SURVEYED REPORTED THAT THEY HAD CONCERNS WITH THEIR COUNTRY'S APPROACH TO IPC.

Startling reports from the survey also indicated that other basic yet essential IPC were not adequately provided to healthcare workers (HCWs). This included access to clean water, soap or hand sanitiser.

Over the last few years, many organisations have been warning about the dangers of a catastrophe such as COVID-19. In addition to this, there have been many warning signs with other disease outbreaks. Questions must be asked as to why countries were so unprepared with the supply of PPE and other IPC measures.

over 70% of NNAs

SURVEYED REPORTED THAT THEY RECEIVED REPORTS OF MENTAL HEALTH DISTRESS FROM THEIR NURSES IN THE COVID-19 RESPONSE.

38% of NNAs

SURVEYED REPORTED THAT THEY BELIEVED THEIR HEALTH SYSTEMS WERE NOT WELL PREPARED TO SUPPORT THE PSYCHOSOCIAL WELL-BEING OF NURSES.

Since the beginning of the pandemic, nurses and other HCWs have experienced insurmountable grief, anxiety and stress from the burden and uncertainty brought on by the pandemic. The result is that there is currently a "parallel pandemic" caused by the overwhelming of clinical services, the direct toll of death and illness among front-line staff, dealing with a crisis over a prolonged period of time, and reported violence against HCWs. As part of developing a safe place to work, efforts will need to be amplified to promote mental and emotional well-being. Psychological safety will be an essential strategy (Vinoya-Chung et al., 2020).

Spotlight



Portugal – Improving access to mental healthcare for HCWs

In Portugal, a hotline has been set up with specialist nurses in Mental Health. They have the technical and scientific knowledge that allows them to evaluate, plan and implement psychotherapeutic, sociotherapeutic, psychosocial and psychoeducational interventions. Other organisations and entities have also set up lines of support, notably the Order of Psychologists.



Italy – The essential voice of NNAs

The NNA, in partnership with unions and regulators, strongly and successfully advocated for the development and implementation of specific policies to protect nurses and other HCWs during COVID-19.



Iceland – Mandatory guidelines on the correct use of PPE

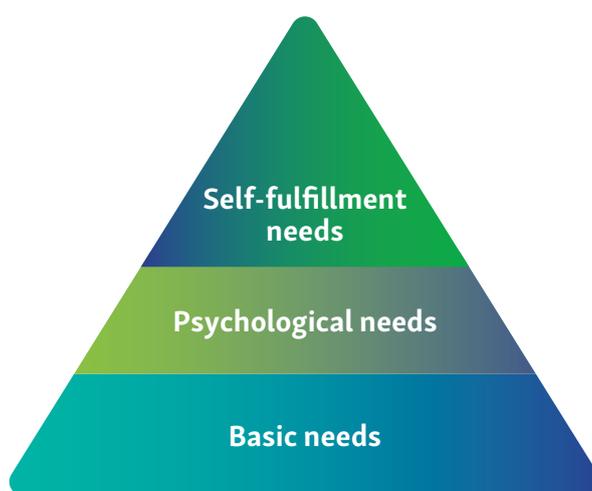
In Iceland, the Directorate of Health and the Chief Epidemiologist have published mandatory guidelines regarding PPE. The healthcare institutions, community care and nursing homes are required to follow these guidelines.

Figure 9: Fundamental areas to support the creation of a safe workplace

According to ILO standard and COVID-19, countries should apply the Nursing Personnel Recommendation, 1977 (No. 157) to address occupational health protection in the nursing sector and to take all possible steps to ensure that nursing personnel are not exposed to special risks. Where such risks are unavoidable, the recommendation calls for measures to be taken to minimise these risks, including the provision and use of

protective clothing, shorter hours, more frequent rest breaks, temporary removal from the risk and financial compensation in the event of exposure. Also the Nursing Personnel Convention, 1977 (No. 149) calls for Governments to, if necessary, endeavour to improve existing laws and regulations on occupational health and safety by adapting them to the special nature of nursing work and of the environment in which it is carried out.

Nurses are indispensable in all phases of the emergency health response (prevention, detection, response, recovery) and are essential in all elements of healthcare.



Individuals cannot reach their full potential if they are struggling with basic needs. Countries and health systems need to address foundational issues affecting nurses.

To support the creation of a safe workplace both now and into the future, the following fundamental areas must be addressed:

1. Recognising the competence, generosity and personal sacrifice of healthcare professionals and services in the exercise of their duties to contain the spread of the pandemic
2. Establish and implement minimum standards for safe water, sanitation, hygiene and infection prevention and control in all healthcare settings
3. Countries review and report their progress against WHO 2019 Minimum requirements for infection prevention and control (IPC) programmes.
4. Support full implementation of all recommendations on the WHO Core Components of IPC programmes.
5. Collect and report information about healthcare worker infections and deaths in epidemic and pandemic contexts, including pathogen exposure and protective measures.
6. Investigate and publicly report, where possible, the underlying conditions, mistakes, negligence, or other systematic failures at health facilities that lead directly or indirectly to any cause of death or serious illness or condition, including actionable recommendations on how to prevent such morbidity or mortality in the future
7. An adequately trained and equipped nursing workforce:
 - Provision of continuing professional education in IPC
 - Actively forecasting and working to close gaps between health workforce PPE needs and supply
 - Dedicating funding for IPC supplies, including continuous and sufficient provision of PPE
 - Dedicating resources to ensure a safe working environment for healthcare workers and their patients, with a focus on adequate supply of water, solid waste management, power sources and ventilation
8. Implement strategies to obtain safe staffing levels
9. Improve mental health and psychological wellbeing
10. Creation of evidence-based, nationally-approved guidelines on IPC and adapted to the local context



The importance of recognising the skills, capabilities, and attributes of nurses

In the early stages of the pandemic, a 24-year-old Italian nurse captured the attention of the world when she described the day in the life of a nurse caring for patients with COVID-19. In the press release, she said, *“We’ve always known that our job, as nurses, carries some risk with it. The difference now is that others know it too. I feel rewarded by the expression of solidarity from everyone; it is gratifying to read that people recognize our role – they truly see us and our work now.”* (UN News, 2020)

In 2020 and early 2021, the media has been positively representing nurses with an increase focus on the work that they do. This has not always been the case. In health, physicians are generally wrongly considered to be on a higher status than nurses. This means that nurses and their work is often invisible and undervalued, out of the community spotlight.

Professional nursing has been a major driver of improvements to patient care, effective health policy and efficient business models. Nurses are at the forefront of care, working on the front-lines, undertaking vital research, holding high level executive positions and serving as Government Chief Nursing Officers. Despite this, nurses are not often sought out by the media for their expertise (Schnur, 2018).

COVID-19 has dramatically changed this situation by putting nurses directly under the spotlight of public attention. This transformation has been rapid with nurses being elevated from ‘essential health workers’ to the position of ‘heroes’ by the public. While this support is welcome, we need to ensure that the public’s attention moves beyond ‘hero’ status to see nurses as highly educated, skilled professionals with exceptional critical thinking and reasoning, working with and for individuals and communities so that they can achieve optimal health. Moving beyond this, the curtain also needs to be pulled back so that the public is aware of the risks to physical and mental health, the economic vulnerabilities, the dearth of promotional prospects, heavy workloads, stress, difficult working conditions and the lack of appropriate and timely resources.

Moving forward into the future, it is our hope that the awakening of a widespread consciousness of the work of nurses is positively represented in the media, the public and institutions. It is not so much about valorisation of the profession, but the social and organisational willingness to care genuinely about the profession whose job it is to take care of all of our health (Hennekam et al., 2020). In addition, nurses must be respected for their wisdom, knowledge and insight into matters of health. Ongoing discourse between nurses and the public will be required for the promotion of new ways of delivering healthcare and improving health outcomes.



Credit: Shaare Zedek Medical Center,
IND2021 Photo contest

Table 4: ICN Survey results related to the public image of nursing

77% of NNAs

SURVEYED REPORTED AN INCREASED FREQUENCY OF NURSES APPEARING IN THE MEDIA DURING THE PANDEMIC.

Rwanda Nurse and Midwives Union: *“COVID-19 and the International Year of the Nurse and Midwife (YoNM) provided the opportunity for more nurses to appear in the media. Many radio and TV spots were aired talking about YoNM, nurses’ achievements, roles and contribution to UHC and SDGs and nurses’ contribution to address COVID-19.”*

General Council of Nurses of Spain (CGE): *The CGE has been actively supporting the visibility and voice of nursing. “Media organisations are regularly requesting statements from the organisation. As a result, nearly every day, nurses are interviewed by the media.”*

Icelandic Nurses Association: *“Both the public and press realise the importance of nurses and see them as the core HCW at the patient side, the most valuable HCW at the frontline.”*

66% of NNAs

SURVEYED REPORTED IMPROVED PUBLIC UNDERSTANDING OF THE WORK OF NURSES.

National Consociation of Nursing Association of Italy: *“More people know about role of nurses in health system. But this role is often connected as physician help profession. The public does respect the commitment of nurses.”*

General Council of Nurses of Spain (CGE): *“Nurses are more in the spotlight now, although there is still a long way to go to make the nurse’s job more widely understood. They know that we are there working hard but they need to understand the independence and professionalism that we have. There is still a very strong prevailing cultural belief that the nurse is under the doctor’s orders.”*

49% of NNAs

SURVEYED REPORTED COVID-19 RELATED INCIDENTS OF VIOLENCE, ASSAULTS OR DISCRIMINATION AGAINST NURSES.

Japanese Nursing Association: *“There are some reports of discrimination, for example, taxi drivers refused to allow healthcare rides, childcare services refused to take care of children of healthcare workers, and neighbours of home care users are throwing heartless words that the home visit nurses are spreading the infection.”*

Indian Nursing Council: *“Tenants asking the nurses to vacate the houses, during quarantine, discriminating in the allotment of accommodation, for example the doctors are provided five-star hotels whereas nurses are given accommodation in the hostels.”*

Mexican Federation of Nursing Colleges, A.C.: *“They have been prevented from using public transport, they have been sprayed with chlorine, their property (houses, cars) has been torched, they have suffered social isolation, and they have been asked not to remain in their own homes. These and other incidents have been reported to the corresponding legal authorities.”*

Analysis of the survey results

During the pandemic, media organisations across the world have increased their focus on nursing and this is influencing the public’s understanding and attitudes towards the profession. It is essential that this enhanced attention and positive discourse about nursing turns into real action and definitive change. The pandemic has brought into clear sight the relationship, disconnect and weaknesses between politics, economics, health policy, public health and the available nursing workforce across the world.

Historically, nursing’s voice has not been heard in the public arena, particularly when it comes to public policy development. However, COVID-19 has provided the opportunity for this voice to be heard. Nursing must grab the opportunity that has been presented to have a stronger voice in influencing future policy and practice.

This voice also needs to challenge the public’s understanding of the profession and move it on from nursing tropes that serve only to devalue and limit nursing influence. The discourse needs to illuminate that nurses are highly educated and skilled, autonomous healthcare professionals who function as part of a team in their own right (Bennett et al., 2020). They work in all healthcare settings, including LTC facilities, PHC, high tech intensive care settings, acute care and the community.

With unique insight, the nursing profession can move forward confidently and powerfully, ensuring that its voice is not drowned out by others perceived as more powerful, in shaping the future of healthcare. This is an essential new reality (Bennett et al., 2020).

Figure 10: Creating a better understanding of health and healthcare through the nursing voice (Bennett et al., 2020; Finkelman & Kenner, 2013)



To create a better understanding of health and healthcare through the nursing voice

1. Stereotypes and portrayal of nursing do not equate with the professional image of nursing

CHALLENGE:

Depiction of nursing in the media and popular culture plays a strong role in shaping and reinforcing impressions of and stereotypes about nursing.

STRATEGY:

Media to promote healthy and accurate image of nurses. The health system and public to call out negative stereotyping.

2. Nurses feel that their work is undervalued and invisible

CHALLENGE:

Without the inclusion of the nursing voice in public discourse, the full picture of healthcare will not be represented accurately.

STRATEGY:

Public relations within health systems and NGO health organisations promote nursing voice

3. Nurses are concerned about how they present to the media and fear possible repercussions from employers

CHALLENGE:

Nurses often do not take the lead in standing up and present on health or healthcare topics.

STRATEGY:

Build a culture in which qualified nurses put themselves forward for media opportunities. Support training in public relations.

4. A contemporary image of nursing is required to provide assurance to the public and support the next generation of nurses

CHALLENGE:

There is need to move beyond the 'virtue script' toward a 'knowledge-based identity'.

STRATEGY:

Encourage nurses to reach outside of the profession and enter public discourse. Researchers to showcase their work with media outlets.

Investing in the world's nurses

In early 2020, the *State of the World's Nursing* report (SOWN) was released. One of the main findings was the estimated shortfall of six million nurses (WHO, 2020a). Despite years of calling for greater investment in nursing, historical inadequate workforce planning, lack of policies or weak implementation, fragmented responsibilities and a lack of political leadership have all contributed to a healthcare workforce crisis. Prior to COVID-19, workforce shortages were the biggest issue facing healthcare delivery.

Now, we are at the precipice of a disaster never seen before in healthcare. Already under enormous strain, nurses have worked through the challenges of the pandemic. This unrelenting pressure has taken its toll on the nursing workforce. Of NNAs responding to a survey conducted by ICN, 19% reported an increase in the number of nurses leaving the profession as a result of the pandemic. The main reasons reported for this included heavy workloads and insufficient resourcing and, secondly, burnout and stress.

The second issue facing the global health workforce is the economy. Following the global financial crisis of 2008, health systems' first priority was money (i.e. the lack of it). As a result, there were cuts to workforce and the capacity to care (Britnell, 2019).

Due to existing nursing shortages and ageing populations, we will already need to replace more than 10 million nurses in the coming years. The COVID Effect (ICN, 2021) could see this rise to a number nearly half the size of the current nursing workforce meaning the Sustainable Development Goals will not be achieved and individuals' and communities' health will suffer. These are life and death issues.

However, this problem can be addressed. Not with the usual linear strategies such as creating a global competition for skilled nurses in a time of nation-first politics. This will only exacerbate the disparities in workforce between countries as poorer countries train staff for their wealthier neighbours. Instead, there are strategies that can be effective and manageable and can support the development of healthy countries. There is surely no more important role of governments than to promote and create an environment where its citizens can flourish. This requires an understanding that health workers, such as nurses, are vital to the health of communities and economic prosperity.

"How can people deliver compassionate care if they are not cared for too?"

Mark Britnell
(Britnell, 2019)

Figure 11: Large scale strategies to address nursing workforce shortages (Britnell, 2019; Buchan & Catton, 2020)

Reframe

See resourcing the nursing workforce as an investment, growing productivity, health and national wealth creation.



1

Stimulate

Stimulate the supply of nurses through a host of measures aimed at the domestic education system.



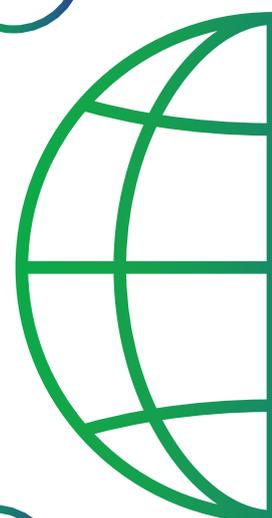
2

Promote

Provide the necessary support for individuals to be active partners in their care and take greater responsibility for their own health and wellbeing particularly in the management of their long-term conditions.



3





Embrace

Embrace proven techniques and strategies to elevate the culture, thereby improving retention and ensuring that nursing is a desired profession to work.

7

6



Enable

Enable nurses to work to at the upper limits of their license and reduce unnecessary barriers.

5



Implement

Support the adoption of new models of care that have been already tested and proven to improve productivity and capacity to care.

4



Equip

Equip nurses with the resources and technology to increase care time and productivity.

Table 5: ICN Survey results related to the nursing workforce

19% of NNAs

SURVEYED REPORTED AN INCREASE IN THE NUMBER OF NURSES LEAVING THE PROFESSION SINCE THE BEGINNING OF THE PANDEMIC.

A survey conducted by the **Danish Nurses' Organisation** in 2020 found that 9 out of 10 nurses considered looking for a new job.

Order of Nurses in Lebanon: The situation in Lebanon is at crisis point. In addition to the pandemic, Lebanon is facing an economic crisis. This has resulted in major downsizing of hospitals, reducing the numbers of HCWs as well as nursing pay.

In a survey conducted by the **American Nurses Association (ANA)**, respondents stated that in the last 14 days they were exhausted (72%), overwhelmed (64%) and anxious and unable to relax (57%).

74% of NNAs

SURVEYED REPORT THAT THEIR COUNTRY HAS COMMITTED TO INCREASING THE NUMBER OF NURSES.

The **Australian** Government responded early to the pandemic by increasing the number of Registered Nurses. As part of this initiative the government funded new nursing education programmes to refresh clinical skills and provide training in critical and high dependency care (Commonwealth of Australia, 2021).

In **Ireland**, there has been a reduction in overseas recruitment. In response, the Irish Nurses and Midwives Organisation has called on the government to increase the number of undergraduate nursing and midwifery places (Bowers, 2020).

New Zealand Nurses' Organisation - Nurses with expired annual practicing certificates were contacted to see if they wished to work in the pandemic.

54% of NNAs

SURVEYED REPORTED THAT THEIR COUNTRY HAD COMMITTED TO IMPROVING RETENTION OF NURSES CURRENTLY EMPLOYED.

The **Organisation for Economic Cooperation and Development (OECD)** reported that only half of countries implemented policies or reforms to enhance LTC workers recruitment since 2011 (OECD, 2020).

Peru is developing its health workforce capacity and capability. The pandemic, while exposing some weak points in the system, has also created new strategies to build and retain the health workforce. Examples of strategies include extraordinary payments and increased workforce flexibility (Rees et al, 2021).

Analysis of the survey results

The pandemic has had an enormous impact on the nursing workforce. Many NNAs reported an increased number of nurses leaving the profession as a direct result of the impact of the pandemic. In response, it appears that many countries have committed to increasing the number of nurses. With an estimated shortfall of six million nurses globally, the world is already starting from a difficult position.

As part of rapidly increasing the number of nurses in health systems, several countries have prioritised the recruitment and retention of nurses. One common strategy has been making changes to the registration system.

Almost 40% of NNAs surveyed reported having an increase in nurses re-registering to work in the health system. To support this, different regulatory mechanisms were implemented. Some have used temporary registration while others relaxed the registration process so that nurses would receive standard registration.

In the survey, many NNAs reported that their governments had committed to retaining the health workforce. However, there was a degree of scepticism by NNAs as to whether or not this would eventuate into action post pandemic.



Credit: Nazila Ghomian, IND Photo contest

Uvod

Demencija je oboljenje koje obuhvata grupu simptoma od narušenog pamćenja i funkcionalnosti koji su dovoljno zasegnuti i suficientni i da popreče dnevnom životu jednog lica.

Dijagnoza demencije je predizvik u primarnoj zdravstvenoj zaštiti. Postavljanje dijagnoze, uvoćenje terapije da bi se...

DEMENCIJA I DIJAGNOZA

RAZVOJ
ASTESKA
NEVSKA"
MAKEDONIJA

The evolving nursing workforce: An agile workforce that is valued, supported and optimised

The pandemic has overwhelmed many countries' hospitals and health systems and highlighted gaps in the health workforce. As a result, workforce dynamics rapidly transformed in order to meet demand. Despite the undeniable negative impacts, this unprecedented event also presents an opportunity to reimagine and reshape the nursing workforce.

ICN and experts throughout the world have been calling on countries for a long time to enable and support nurses to work to their full scope of practice to meet the needs of the health system. However, despite the obvious benefits that this would achieve, nurses from around the world report that they feel undervalued and that their true potential is not understood nor appreciated. Usually, this is evidenced by under resourcing, lack of representation at high-level decision making and artificial barriers created to stop nurses working to their full scope of practice or potential. Nurses need greater investment in addition to a shift in policy at the national and global level, to recognise what nurses can achieve if enabled to do so (Alford, 2019).

An example where this is being realised is in Advanced Practice Nursing. The pandemic has created a new period for advanced practice nurses (APNs) as emergency regulatory and policy changes expanded scopes of practice for these nurses. The legislative changes enabled APNs to strengthen the pandemic response by working to the full extent of their education and competence. In many cases, the changes are temporary; however, APNs now have an opportunity to educate others about their role and advocate for permanent policy changes that remove restrictions and barriers to their practice. When APNs practice to their full potential they have the capability to positively influence sustainable and resilient healthcare systems by increasing access to care.

APNs met the pandemic response challenges by providing life-saving direct primary care and acute care for COVID-19 positive patients. As a result, the pandemic increased public awareness of nursing's value and the integral role of APNs in provision of optimal healthcare. It is time for APNs to initiate, advocate for and recommend progression towards models and policies that support full practice authority.

Nursing is a distinct discipline with a vast body of knowledge independent of other healthcare professionals. Innovative practice models and frameworks that include the APN provide value in provision of care in collaboration with other disciplines. Each discipline has the potential to enhance delivery of effective healthcare services. Restrictive regulations are a barrier to optimal APN practice, limit APN practice and are often outdated. Progression toward full practice authority and removal of title ambiguity (e.g. APNs are not physician extenders) would elevate nursing and promote a collaborative collegial environment vital to healthcare.

Advocating for full practice authority is not only an APN issue. All nurses benefit from advancing the nursing profession and, as a result, amplify nursing's voice and visibility within healthcare systems worldwide. Nursing is well poised to promote best practices and standards of care for the future. Nursing leadership, research and publications can offer support for strategical approaches to change.

As we look toward and plan healthcare in the future, we need to learn from the lessons of advanced practice nursing's role during the pandemic and how the entire nursing workforce can better respond to the health needs of our communities. Part of this will be the transitioning of the nursing workforce to new and different ways of working on a permanent basis.

Figure 12: Strategies to support the development of the Advanced Practice Nursing Workforce

Access to healthcare professionals is crucial to preventing, treating and managing health conditions and the realisation of the highest attainable standard of health.



When APNs work to their full potential, they have the capability to positively influence accessible, sustainable and resilient health care systems.

To support the development of an Advanced Practice Nursing workforce in order to improve access to safe and affordable care, policy makers must address the following challenges:

1. Inappropriate funding models and policies create barriers for APN working to their full potential

IMPLICATION:

Reduces the number of qualified APN and hinders optimal and effective healthcare services.

STRATEGY:

Update policies and funding models to support new and effective models of care. Adopt funding models and policies that stimulate growth in APN workforce.

2. Physician and other health professionals resistance leads to barriers in developing APN roles

IMPLICATION:

Hinders progress in the adoption of new models of care.

STRATEGY:

Leadership and political will to foster and enable effective and sustainable change. This includes the development of workforce plans and strategies that incorporate APN pathway transitions.

3. Lack of public understanding of the roles and responsibilities of APN reduces their support for new models of care

IMPLICATION:

Reduces access and choice to health care services.

STRATEGY:

Education regarding the work of APN can improve public understanding of their roles and responsibilities. In addition, increase the number of expert APN voices in policy development and public discourse.

4. Diversity of professional standards and education leads to variable APN practice

IMPLICATION:

Reduces the credibility and trust by other Health Care professionals and the public.

STRATEGY:

The adoption of professional standards and education to promote continuity and consistency of practice. Examples of this include the implementation of master's degree education (or higher) and credentialling of the APN.

Table 6: ICN Survey results related to the role of nurses

57% of NNAs

SURVEYED REPORTED THAT NURSES HAVE BEEN ASKED TO UNDERTAKE ACTIVITIES THAT ARE OUTSIDE OF THEIR NORMAL DUTIES.

Rwanda Nurses and Midwives Union: *“Some nurses have been taken from their normal duties to be deployed in COVID-19 isolation or treatment centres.”*

In France, a large proportion of elective surgery had been reduced, leading to a reduced need for nurse anesthetists to work in surgical theatres. These highly skilled and educated nurses were relocated quickly to the intensive care units. These assets allowed France to accommodate a greater number of patients and to respond in a very short time to this urgent and unexpected public health need (Ouersighni & Ghazali, 2020).

Ordem dos Enfermeiros, Portugal: *“It was necessary for nurses to carry out activities outside the scope of their normal tasks, in particular with regard to the reorganisation of structures, circuits and teams providing healthcare. These activities required a great capacity for flexibility in health units in order to ensure the quality of care provided to the population.”*

Estonian Nurses Union: In an effort to “get what needs to be done, done,” professional boundaries between disciplines have shifted.

56% of NNAs

SURVEYED REPORTED THAT THERE HAVE BEEN POSITIVE CHANGES TO NURSING’S SCOPE OF PRACTICE.

Danish Nurses Organisation: *Some nurses in the municipalities had an expanded scope of practice for a specific time.*

DBfK Bundesverband, Germany: *As part of the pandemic legislation, nurses of national relevance are allowed to take on activities during the pandemic which usually are reserved for physicians but only in case where no physician is available.*

Canadian Nurses Association: *There has been an accelerating movement to allow more Registered Nurses to prescribe. For example, a number of Registered Nurses will soon be prescribing medications for the treatment of opioid addiction. In particular, this programme will support people in rural and remote areas access the treatments they need. RNs now join family physicians, psychiatrists and nurse practitioners who are already prescribing to treat opioid addiction (Judd, 2021).*

41% of NNAs

SURVEYED REPORTED THAT THERE HAS BEEN AN INCREASED INTEREST BY HEALTH SYSTEMS TO DEVELOP APN.

Nurses Association of the Commonwealth of the Bahamas: *The Bahama's is currently in the process of updating their nursing regulations. As part of this review, APN will be included.*

Analysis of the survey results

COVID has changed the scope of practice of nurses. This is particularly evident in countries highly affected by the virus.

Changes to scope include short term changes to regulations. Time will tell if these changes will last past the pandemic. NNAs are seeking to make these changes permanently.

Some changes are not seen as positive. Examples of this include nurses being taken out of their normal environments and expected to be proficient in other areas.

There is growth in the scope of practice outside of APN. Examples of this include nurse prescribing for the Registered Nurse.

While many NNAs reported that there has been increased collegial work and the breaking down of traditional barriers, some have experienced the opposite, where the medical profession has been put in charge of nursing.

There is an increased interest in APN, which is seen as a possible post COVID solution to addressing key issues with access to care. Key areas of advancement for APNs include prescribing, diagnosis, referral and immunisation.

Some NNAs have said that, while there is some interest in developing the APN role, there is a limited amount of resources invested into the nursing workforce therefore negating this possibility.



Credit: Wolfson Medical Center, IND2021 Photo contest



A transformative disruption: Reimagining nursing education

The COVID-19 pandemic has disrupted education systems around the world. Disruption of undergraduate and postgraduate nursing education was reported in 68.3% and 56% of countries respectively. Schools were closed, clinical placements were cancelled or postponed, and some countries are experiencing delays of up to a year.

Disruptions at all levels will impact nursing education. At the peak of the COVID-19 crisis, 1.6 billion learners in 190 countries were impacted by national school closures worldwide (UNESCO, 2020). The United Nations reports that both the global economic impact of the pandemic combined with the effects of school closures could result in a generational education catastrophe (UN, 2020). The number of people enrolling in nursing education programmes is directly affected by the education levels of a population. If governments and the nursing profession act now, the impact of this catastrophe on the number of students who will enrol in nursing education can be mitigated.

The good news is that NNAs are also reporting positive effects: over 30% of NNAs reported seeing an increase in the number of applicants, including more nurses accessing post-doctoral studies. Educators and students have had to rapidly adapt to new ways of learning. Beneficial outcomes including innovations in the delivery of education were reported by 57% of NNAs. Over the last several months, the adoption of e-learning, previously considered an alternate mode of learning, has been rapidly accelerated (Chinwendu et al., 2020). Is this the disruption that nursing education needed to transform?

Reimagining education delivery will not only allow us to respond to a post-pandemic way of life but may offer solutions to existing areas of concern in nursing education. Strategies such as virtual simulation could address the considerable variability in clinical placement availability globally and distanced e-learning offers flexibility and access that could support the geographical distribution issues that exist for students in rural and remote locations (WHO, 2020a). Expanding access in this way will also contribute to its diversity. Our vision for future healthcare is one where healthcare is equitable and inclusive. As we continue to build nursing's strong focus on equity, attracting a diversity of individuals to the profession will be essential to truly work from a place of inclusion. It is important to note that an ongoing challenge that comes with an increase in e-learning is its potential to widen the digital divide between countries and societies (UNCTAD, 2020). Ministries of education will have to ensure that as studies become increasingly digitalised, strategies to increase access to technology are developed.

While the COVID-19 pandemic has rapidly shifted *how* students are learning, it has also exposed existing gaps in *what* they should be learning. Clearer than ever before are the fault lines in our in our health and social systems and the inequities that exist in the world. Health system redesign is urgently needed to meet the challenges of the future: achieve UHC, be resilient in the face of crisis, and meet the health and social needs of populations.

Faced with the undeniable need for health systems strengthening, national health priorities have begun to shift. For these changes to be effective, nurses must be at the centre. Nursing education will also require shifting to optimise the role of the nurse within these evolving systems. All levels of nursing education, including continuing professional development, will need to respond quickly to prepare nurses to both contribute to the progressive health systems strengthening in leadership and decision-making roles and to deliver healthcare that is aligned with these priorities. Curricula will need to adapt to increase the preparation of nurses to work outside of acute care settings, have a stronger focus on community health and deliver collaborative multidisciplinary team-based care. The SOWN report has recommended a focus on graduating nurses who drive progress in PHC and UHC (WHO, 2020a). This requires a greater emphasis on health systems strengthening, influencing health policy, and an integrated knowledge of 21st Century challenges such as climate change, the social determinants of health and gender equality.

The pandemic has also underscored how truly interconnected the health of the world's population is – health knows no borders. The nurses of the future will be essential in shaping global health and nursing education in all countries must continue to integrate global health perspectives to develop nursing knowledge for global health. What happens outside of your country and the impact that nurses have on this has never been more crucial.

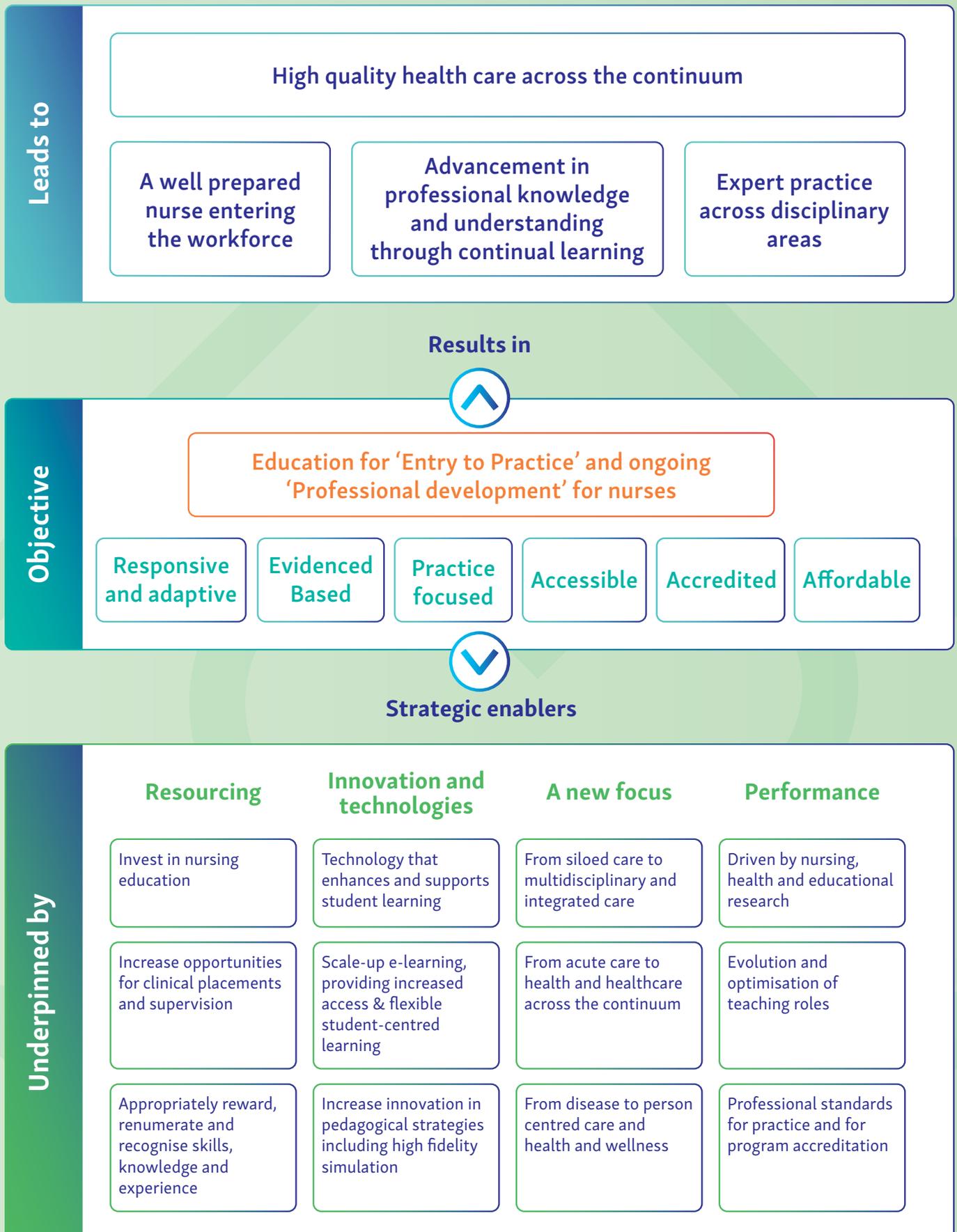
“Schools were closed and online classes were available, however devices and access to data was a limitation for some students, especially those from poorer homes.”

Nurses Association of Jamaica



Credit: Oasis International Hospital,
IND2021 Photo contest

Figure 13: Strategic education pathway for quality nursing practice



Spotlight



United Kingdom

Applications for nursing education enrolment have risen 32%. Inspiring stories from nurses delivering care during the COVID-19 pandemic have brought into sharp focus how important nurses are to the health of world and people wants to be a part of this (BBC News, 2021).



Solomon Islands

Over the last year, the country has reported huge interest in pursuing a nursing career which has resulted in a major increase in the number of applications to study nursing.



New Zealand

Preliminary information from the Heads of Schools of Nursing indicates that there has been significant interest in the number of applicants applying to study nursing. Some schools of nursing are reporting the number of applicants are in excess of their agreed capacity.



Qatar

In an effort to rapidly respond to the continued need for health services, a new approach to teaching and learning was adopted to upskill nurses. Employing virtual learning activities and simulated practice was found to have a powerful and positive impact on nurse confidence and subsequently patient outcomes.

Table 7: ICN Survey results related to nursing education

73% of NNAs

SURVEYED REPORTED THAT UNDERGRADUATE EDUCATION HAD BEEN DISRUPTED BY THE PANDEMIC.

88% of NNAs

SURVEYED REPORTED THAT CLINICAL PLACEMENTS FOR STUDENTS HAVE BEEN DISRUPTED BY THE PANDEMIC. AT LEAST 1 IN 5 NNAs SURVEYED REPORTED THAT THERE WERE “NO CLINICAL PLACEMENTS” AS A RESULT OF THE PANDEMIC.

23% of NNAs

SURVEYED REPORTED THAT THERE WILL BE A MINIMUM OF SIX-MONTHS’ DELAY IN STUDENTS GRADUATING FROM NURSING CURRICULA. A FURTHER 34% REPORTED UP TO A 6 MONTH DELAY IN STUDENTS GRADUATING FROM THEIR STUDIES.

30% of NNAs

SURVEYED REPORTED THAT THERE HAS BEEN AN INCREASE IN THE NUMBER OF APPLICANTS APPLYING TO STUDY NURSING.

54% of NNAs

SURVEYED REPORTED THAT POST-GRADUATE EDUCATION HAS BEEN DISRUPTED BY THE PANDEMIC.

Analysis of the survey results

In 2020, there was a staggering number of NNAs reporting that the education of nursing students was disrupted. This included all onsite learning such as lectures, clinical simulation and examinations. As a result, many universities moved their courses to online learning. However, not all countries could move quickly to online learning as there were issues with internet availability, data allowances and access to computers.

One of the main issues identified by NNAs who responded to the survey was the disruptions to clinical placements. The overwhelming number of responders indicated that clinical placements were either cancelled, delayed or restricted to certain areas. Key reasons provided for this were the reduced number of staff to oversee education, insufficient PPE and anxiety related to placements. This is a major concern for health systems as most regulators require a minimum number of clinical practicum hours in order for students to graduate and gain registration. This will delay or restrict the number of nurses entering the health workforce which in turn will exacerbate workforce shortages.

Although not as severe as the disruption of undergraduate studies, there have been delays to postgraduate education. In some countries, it was reported that post-graduate education for nurses had been suspended in order for these nurses to resume work within healthcare facilities. This has significant ramifications to healthcare, as there is likely to be a reduced number of APNs graduating, thereby limiting access to care. In addition, there will be disruptions to nursing research delaying the advancement of knowledge in all areas related to nursing care.

It is worthwhile noting that some NNAs surveyed, reported that an increase in post graduate education and nursing research. These NNAs have the support of their governments, health systems and nursing organisations to enhance evidence-based practice through the nursing profession. It is our opinion, that these healthcare systems will be better prepared to meet future health challenges.

Lastly, the survey has pointed out issues with Continuing Professional Development (CPD). It appears that the majority of nurses have received some form of CPD during the last 12 months. However, many reported that CPD has been limited to COVID-19 and IPC. This means that CPD for other health conditions has been limited, reducing the advancement of nursing knowledge and evidenced based practice. Of serious concern is that in some health systems, even prior to the pandemic, had no investment in CPD.

If health systems are to meet the healthcare needs of individuals and communities into the future, they must build the healthcare workforce. The pipeline for this workforce is through the education sector. As such, it is imperative that action is taken now to address student and nursing education. Delays to this area will lead to failures into the future.



Credit: Oasis International Hospital, IND2021 Photo contest



Credit: Liliانا Bravo Sierra, IND2021 Photo contest

PART THREE: A vision for future healthcare

The 2020 COVID-19 pandemic taught the world many, very painful, lessons. We now know how quickly a virus can spread in the age of accessible and abundant international travel; we know that our scientists can make vaccines in a tenth of the time it had previously taken them; and we know that politicians and the decisions they make are fallible. But most of all, we know that the world's healthcare services cannot meet our populations' healthcare needs without enough nurses, working in situations with favourable terms and conditions of service, and with the support they need to do their jobs well.

While we mourn the loss of the millions of people who succumbed to the virus, including at least 3,000 nurses, we must act now to reset our healthcare systems and our societies to secure a better future for our planet, everyone on it and the generations to come.

A whole range of issues need to be addressed if we are to make the changes needed to improve the health of the world's population—and nursing is central to every one of them. We need governments to realise that investment in nursing brings benefits that go way beyond healthcare. And we need them to recognise that while healthcare spending can take years, even decades to bear fruit, it should always be seen as an investment for the future, rather than an unaffordable cost for today.



What does this vision for future healthcare look like?

As we have seen in Part One, **nurses are central to the design of health systems that focus on public health, prevention and primary care.** Public health and prevention was at the forefront of the fight against the COVID-19 pandemic. While hand hygiene and masks were used by the majority, we also saw the spread of false information which hampered the response to the virus. Working at the heart of the community in all settings, nurses are ideally placed to promote and disseminate evidence-based, trustworthy messages to the public in a timely manner. Using the unique position they have, embedded in their communities, nurses can monitor the health of the people around them, provide an early warning system for community diseases and educate the public about healthcare. Infection prevention and control must be seen as a priority requiring strategic intervention and investment. Educating the public about healthcare came to the fore during the pandemic, and it should continue to be a role that nurses fulfil because they are best placed to do so.

This has been demonstrated by the key role of nurses in fighting NCDs as well as the pandemic. Nurses help people to adjust the way they live so that they can enjoy long, happy and healthy lives; they have individuals and their families at the heart of what they do, and that will never change. But the pandemic required innovative approaches to nursing care, including the use of technology to provide assistance from a distance. Nurses have been involved in finding innovative ways to integrate technology into practice in a way that maintains safety and people-centred, holistic care, and some of the methods developed in 2020 using internet-based applications will likely become mainstream once the pandemic has ended.

COVID-19 has also shown us the need for more investment in mental healthcare and palliative care. Many mental health services were put on hold at the height of the pandemic's waves, and services that had always been underfunded continue to be less well resourced, despite the increased needs that have become apparent in the wake of COVID-19. The pandemic has also forced society to look at the reality of *how* people die, and the important role of nurses in accompanying patients in the planning, care and psychosocial support of their final hours.

Simply put, nurses know what works: they know what technology, language, behaviour puts their patients at ease; where gaps between organisations exist; how management approaches can have unintended consequences; where risks to safety exist. And it is because of this experience and understanding of the reality of care delivery that they must be central to health systems design.

Our vision for future healthcare includes **health systems that are sustainable, equitable, ethically based and fit for the future.** Part One also showed us that a people-centred vision for future healthcare must also consider vulnerable populations. Failure to do so will only exacerbate the barriers to healthcare faced by these populations and widen health inequalities.

The pandemic has increased inequalities and made us realise that optimal levels of health cannot be achieved without addressing other social issues such as housing, education, employment, living standards, climate and nutrition. Working to eliminate inequalities related to gender, race, ethnicity, religion and socio-economic position will lead to better societies in general, and to reduced conflict and violence, so that everyone will be able to live more peaceful and fulfilling lives. Addressing gender inequalities in healthcare, such as biases in data gaps and access to care is a vital part of the vision for future healthcare, and one of the most effective ways to improve the health of society.

If we aim to achieve the Sustainable Development Goals by 2030, we cannot continue with the traditional medical approach to healthcare. We must turn towards a more holistic, preventative model. Healthcare systems must refocus to play a major role in 'creating health' and dealing with many of the underlying causes of poor health. The health system, other sectors, government and the public must work together to address the social determinants of health and build the conditions in which people can be healthy throughout the life course.

All of the above are vital if we are to build back better services after the pandemic. And looming above all of this is the issue of climate change, which presents the biggest single threat to global development and risks overturning 50 years of public health gains. Leadership from nurses will help to build sustainable, climate resilient health systems for the future.



Making the vision a reality

Our vision is a bold one. Nurses *can* be at the forefront of new models of care and new ways of working, as shown by our International Nurses Day case studies in this document and on our website. We want to see nurse-led services become the dominant model of care including, for example, in the provision of services to people with NCDs.

In Part Two, we discussed ways to support nurses to leverage a better health system. For our vision to become reality, we need governments to **invest in people-centred healthcare, in the health workforce and in nursing education.**

We have learned from the pandemic that health and the economy are inextricably linked, and health workers, such as nurses, are vital to the health of communities and economic prosperity. And so, our vision for future healthcare sees governments, policy makers and health systems investing in nursing to bolster health promotion and disease prevention thereby improving health services and getting people back to work.

Nurse leaders must be involved in high-level planning and design to strengthen health systems. Having nurses in positions of influence and power leads to more people-centred and integrated approaches to healthcare, and helps to achieve the ultimate goals of more positive outcomes for the people and communities that nurses serve. When health systems focus on metrics, targets and numbers, we lose sight of that goal. At its core, nursing practice is about holistic people-centered care; pathways of care designed around people rather than around health organisations but with greater integration, cooperation and planning between all health organisations as well.

As vaccines start to have their effect and the end of the pandemic is in sight, it is apparent that in many countries routine healthcare services have been put on hold. Many services were cancelled as hospitals went on to a war footing to deal with the surge in seriously ill patients, and many patients with chronic health conditions stayed away from hospitals because either their appointments were cancelled or they were just too scared to visit places they considered dangerous. Those unmet health needs will need to be addressed, and that is another reason why we need a massive investment in nursing: clearing the backlog of treatment will put a massive strain on nursing staff, which will only be relieved once additional staff are in place. It takes years to make a new nurse, so this problem is likely to take years to resolve, and that is why governments must act now to mitigate the effects of bad decisions about workforce planning in the past.

The *State of the World's Nursing* report has highlighted the need for investment in nurse education, not just to provide a massive boost to the numbers of nursing students in training, but to ensure that continuing professional development and education is the norm, rather than the exception. Nursing is changing and nurses need to be lifelong learners to provide the best up-to-date care for their patients, and to ensure their practice lives up to what is expected of them by nursing regulators. The nurses of the future will be essential in shaping global health, and nursing education in all countries must continue to integrate global health perspectives to develop nursing knowledge for global health.

For the future of healthcare to be planned carefully, ethically-based, secure and sustainable, long-term investment is needed, rather than the stop-start approaches that usually prevail because they fit in with the length of government terms in office. What is needed are strategic approaches that are planned over decades, rather than just a few years. At the least, we need to see governments get together and agree a ten-year plan to address the existing worldwide shortage of nurses. Without such a bold global plan, the nursing shortage will remain, low- and middle-income countries will continue to have their nurses lured away to high-income countries, and the goals of healthcare for all will remain nothing but a pipe dream.

In our vision of future healthcare, the **nursing profession is actively involved, engaged and at the heart of health system decision-making.**

The *SOWN* report (WHO, 2020a) called for a huge expansion in investment in nursing leadership at all levels, especially at the most strategic levels in governments and departments of health. ICN's research (ICN, 2020) has revealed that only 50% of countries effectively have a Government Chief Nursing Officer (GCNO), and yet such positions are critical to achieving national health goals and improving access to and outcomes of healthcare for individuals, families and communities. The expertise of GCNOs substantially informs the development of health policies and the delivery of health systems by ensuring the optimal use of the nursing workforce to best meet the needs of the population it serves. Wherever healthcare policy is discussed, the voice of nursing needs to be heard loud and clear.

The pandemic has increased public awareness of nursing's value and the integral role of advanced practice nurses in enabling health systems to better respond to the health needs of our communities. In our vision of future healthcare, APNs must initiate, advocate for and recommend progression towards models and policies that support full practice authority.

In addition, nurses must be well-respected, protected, supported, fairly paid, and considered as essential and equal partners in care teams. Nurses need safe and supportive working environments, which have the power to attract and retain staff, provide quality care, and deliver cost-effective, people-centred healthcare services (WHPA 2020).

Our vision is for people-centred, equitable, accessible, high-quality care for all. When that vision is fulfilled, we will see nursing take its rightful place at the centre of all healthcare plans and decisions, and health services around the world will reflect the plain fact that nurses are the best people to get the job done.

While we cannot guarantee this will happen, it is not a pipe dream. It is in our reach. But to make it happen we need other leaders to recognise that nurses are not just the implementers, doers, and deliverers of healthcare; they are also designers, leaders and advocates. Nurses are a voice to lead and that voice must be heard and be consistently present at the policy and decision-making table as well as in every conversation with the recipient of care.

Nurses can become a social force that will change the world for the better. We owe it to ourselves, to the people we serve and to the generations that will follow in our footsteps, to make that happen.

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