Keynote Speakers

John Daly

Biography
Professor John Daly PhD, RN, FACN, FAAN is the current Dean of the Faculty of Health and Head of the UTS/World Health Organization Collaborating Centre for Nursing, Midwifery and Health Development at the University of Technology, Sydney. He was previously Dean of the Faculty of Nursing, Midwifery and Health at UTS (appointed 2008).

Professor Daly is an active professional and academic leader, educator, administrator, consultant, researcher, author and editor. He has published widely on leadership in nursing and health, nursing education, cardiovascular health, role transition in nursing, aged care, cross-cultural nursing and nursing workforce issues. Professor Daly is a former Chair of the Global Alliance for Leadership in Nursing Education and Science (GANES), a former Chair of the Council of Deans of Nursing and Midwifery (Australia and New Zealand) and former Editor-In-Chief of Collegian: The Australian Journal of Nursing Practice, Scholarship & Research (the refereed journal of the Australian College of Nursing which is published by Elsevier) a position he held for 9 years.

Professor Daly has served on many committees and working parties over many years with local, national and international organizations including: NSW Health, The Health-Science Alliance, Sydney Alliance for Healthcare, Research & Training (SAHRT), the Council of Deans of Nursing & Midwifery (Australia and New Zealand), the World Health Organization, Sigma Theta Tau International (STTI), and the International Network for Doctoral Education in Nursing. He is a member of the Board of Directors of AccessUTS and the Board of the Randwick Health & Medical Research Institute.

In 2013 Professor Daly was elected to Fellowship in the American Academy of Nursing (FAAN). In July 2014 he was invested as Secretary-General for the Global Network of World Health Organization Collaborating Centres for Nursing & Midwifery (www.globalnetworkwhocc.com). In addition he was the only Australian nurse academic appointed to the STTI Global Advisory Panel on the Future of Nursing (GAPFON) in 2014. He continues to play an active leadership role in academic publishing having been appointed to the position of Editor-In-Chief of the Journal of Nursing Management (Wiley,Oxford) in August, 2014.

In 2008 Professor Daly was awarded the title Emeritus Professor by the University of Western Sydney for distinguished service to the university and contributions to the discipline and profession of nursing at national and international levels. He currently holds a number of adjunct, conjoint or visiting appointments with other academic institutions including: the University of New South Wales, Curtin University, Huazhong University of Science & Technology (HUST), Wuhan, China, and Johns Hopkins University, Baltimore, USA.

Abstract
In the ever increasing complexity of the “global” world, where health workers and people move between nations easily and increasing urbanization places a strain on underserviced rural and remote communities the challenges for nurses and midwives are more complex than ever. Across the world, but particularly in low and middle income countries, there are challenges with a lack of human resources. The World Health Organization estimates that to
reach universal health coverage we will need 4.45 midwives, nurses and physicians per 1,000 population, which will be a further 40 million new health workers, needed by 2030. Nurses and midwives make up 70% of the health workforce making these professions a critical component of achieving universal health coverage. It is vital to substantially increase health financing to not only optimize the existing health workforce but also recruit, develop, train and retain the future health workforce particularly in developing countries.

This year, the world has adopted the Sustainable Development Goals. Health is integrated throughout the 17 goals with one goal dedicated specifically to health issues. We will need strong leadership to maximize the input of the nursing and midwifery workforces and further work will need to be done to develop relevant nursing and midwifery indicators and targets for the Sustainable Development Goals. The new WHO Global Strategic Directions for Strengthening Nursing and Midwifery has been developed to guide global action. Nurses and midwives will need a strong voice in developing relevant policies and to provide leadership at a country, regional and global level.

The Global Network of Collaborating Centres for Nursing and Midwifery is in a unique position to increase the visibility of a critical part of the global health workforce – in particular, the nursing and midwifery professions. We can do this through communication, research, collaboration and sharing our knowledge and expertise.

Key documents for discussion:
- Global Strategy on Human Resources for Health: Workforce 2030
  http://www.who.int/hrh/resources/globstrathrh-2030/en/
- Sustainable Development Goals
- The Global Strategic Directions for Strengthening Nursing and Midwifery

Jim Campbell

Biography
Jim Campbell is the Director of the Health Workforce Department at the World Health Organization, and the Executive Director of the Global Health Workforce Alliance (GHWA), a hosted partnership established at the WHO in 2006 with a ten-year mandate to support actions on the health workforce crisis in low- and middle-income countries. His role at WHO has included the development of and a global consultation on WHO’s Global Strategy on Human Resources for Health: Workforce 2030 for submission to the Sixty-ninth World Health Assembly, and ongoing support to the United Nations Secretary-General’s High-level Commission on Health Employment and Economic Growth; an initiative to inform multi-sectoral engagement on the Global Strategy. Prior to joining WHO and GHWA he spent eight years as the founder/Director of a not-for-profit research institute. His publications include A Universal Truth: No Health Without a Workforce (2013), and the State of the World’s Midwifery reports (2011 and 2014). He is a Board member of the International Institute for Educational Planning.

Twitter: @JimC_HRH
Abstract

What will it take to achieve the SDGs? A new social contract and evidence agenda for health employment and economic growth

Health systems are often examined through its component building blocks, and rarely seen as a driver for inclusive economic growth and a major employer in its own right. Ensuring a fit-for-purpose health workforce is not only essential to better health (SDG 3), it is important to the economy as a major employer (SDG 8). This is especially important against the context of economic uncertainties, increasing instability, growing unemployment and major demographic and social transitions.

Health and social sector occupations are labour intensive, least likely to be automated and thus will be an even more important source of employment in the future. Shaping health employment trends with the right policies have transformative potential for health, decent jobs, women and inclusive growth.

By 2030, the World Bank estimates a rapid and unprecedented growth in global health employment of around 40 million new jobs in mostly middle- and high- income countries. The World Health Organization (WHO) estimates that a needs-based shortage of health workers to achieve and sustain the SDGs could total 18 million by 2030, in mostly low- and middle-income countries [9]. Unless we change course, the anticipated expansion in health and social sector jobs will not meet the SDG needs.

The Global Strategy on Human Resources for Health: Workforce 2030 (adopted at the 69th World Health Assembly in May 2016) provides a collective framework to stimulate the development and implementation of transformative national and global strategies. Its implementation will be catalyzed by the United Nations Secretary-General establishment of a High-Level Commission on Health Employment and Economic Growth. New data, evidence, thinking and evidence is critical to success. This presentation seeks to explore these issues and a new social contract and evidence agenda that could maximize socio-economic gains, particularly for women and youth.

Jim Buchan

Biography

Professor Buchan has thirty years experience in research, evidence and policy analysis on the health workforce, developing strategic intelligence and policy advice at national level and internationally on the HR components of health sector effectiveness.

He is an Adjunct Professor, at the WHO Collaborating Centre, University of Technology, (UTS), Sydney, Australia; and a Professor at Queen Margaret University, Scotland.

He is qualified in economics and personnel management. The current focus of his work is on labour market analysis; health worker migration; health workforce incentive strategies; workforce planning; and skill mix.

He has worked with international organisations such as the WHO, World Bank, ILO, ICN, and with health ministries and other national stakeholders in more than 50 countries, most recently including Kazakhstan, China, Malaysia, and India.
His background includes periods as a senior HR manager in the NHS in Scotland; senior policy analyst at the Royal College of Nursing, UK; HRH specialist at the WHO; and specialist adviser at Health Workforce Australia, a federal government agency.

His other current commitments include being Associate Editor of the peer reviewed journal “Human Resources for Health”; and Professor Catedrático Convidado, IHMT, Universidade Nova de Lisboa, Portugal (WHO Collaborating Centre).

Abstract
The nursing workforce implications of HRH 2030
This session will set out the key elements of HRH 2030, and will give a nursing workforce perspective. The session will examine the key implications for those involved in nurse workforce policy and planning, nationally and globally, and will cite key sources of evidence and analysis. The session will conclude with a summary of key factors that should be the focus of future evidence generation.

Jacqui Reilly

Biography
Jacqui is Lead Consultant for Healthcare Associated Infection (HAI), Antimicrobial Resistance (AMR) and Infection Prevention and Control (IPC) in Health Protection Scotland (HPS). In addition to having a clinical leadership and management role, she leads the HAI AMR screening programme within HPS and specialist HAI epidemiology work.
She is the current elected chair of the European Centre for Disease Control (ECDC) HAI-Net coordinating committee, a member of the Scottish Governments AMR and HAI Strategic Group, and Public Health England’s AMR Delivery board. She is a fellow of the Faculty of Public Health (FFPH) of the Royal College of Physicians, Fellow of the Royal Society of Biology, and has a joint appointment at Glasgow Caledonian University, where she is a Professor of Infection Prevention.

Abstract
Responding to the global threat of Antimicrobial Resistance
The health and macro-economic consequences of failing to tackle drug-resistant infections has been said to be akin to climate change. There is therefore a worldwide call to action and a supporting WHO AMR strategy. There are three main action areas of this strategy all require nursing and midwifery contribution: improving infection prevention and control, optimising safe management and prescribing of antibiotics, and improving professional education, training and public engagement. This presentation will review the current threat of AMR and how we learn lessons from our experience to date, in order to prepare us for the risk of a future world without antibiotics.
Mary Renfrew

Biography
Mary Renfrew leads the Scottish Improvement Science Collaborating Centre, a national alliance of universities, health boards, local authorities, and advocacy groups, which works to strengthen the evidence base for large-scale improvement in health and social care. She is Associate Dean for Research for Nursing and Health Sciences at the University of Dundee, where she is also Director of the multidisciplinary Mother and Infant Research Unit. She is Principal Investigator for the groundbreaking global Lancet Series on Midwifery. She was awarded inaugural Senior Investigator status with the National Institute for Health Research, and has been elected as a Fellow of the Royal Society of Edinburgh, Scotland’s national academy for science and letters - the only midwife or nurse to be elected to date.

Mary has conducted research in maternity care and in infant feeding and nutrition for over 30 years, and her work has informed and helped to shape public health policy and practice nationally and internationally. Her work has a core focus on improving health and care for women, babies and families, and reducing the impact of inequalities, and she has a longstanding record in involving women and families in research, development, and service improvement. She has worked in the universities of Oxford, Leeds, and York, and in Alberta, Canada; and has held NHS roles as a nurse, a midwife, midwifery sister and senior midwife for practice development. She established and led the national Midwifery Research Initiative at the National Perinatal Epidemiology Unit in the University of Oxford (1988-1994), and was Director of the NICE Public Health Collaborating Centre for Maternal and Child Nutrition (2004-2008). Her research and development work has been supported by the MRC, NIHR, Bill & Melinda Gates Foundation, government departments, NHS agencies, and charities. She has advised government departments and global organisations including the WHO, UNICEF, and ICM. She has been co-editor of the Cochrane Pregnancy and Childbirth Group, panel member for the Universities’ Research Assessment Exercise, member of commissioning groups for funding agencies including the MRC and NIHR, and Council member of the NMC. She is currently a Board member of UNICEF UK, and a member of the WHO group on quality of maternal and newborn care, and of the Scottish government review of maternity and neonatal services.

Abstract
Re-balancing care, transforming lives

This is a key moment for midwifery, both nationally and globally. On the international agenda, despite the gains in reducing maternal mortality in recent years, levels of mortality and morbidity for women and infants remain unacceptably high. At the same time there is increasing concern about the sustainability of over-medicalised health systems, increasing inequalities in provision of care, and increasing awareness of the disrespect and abuse that many childbearing women experience. These concerns, and new evidence about the positive contribution that midwifery can make to survival, health and well-being, are prompting action by international agencies to promote midwifery. We are therefore at a crucial point in the evolution of midwifery globally; thoughtful, positive planning and co-ordination are needed to use this opportunity to gain the recognition and resources needed to scale up high quality midwifery, and to make it accessible to all women and children globally.
This lecture will draw on recent evidence and debates to reconsider the place of midwifery in this broader context of maternal and newborn care and health systems. It will examine the reasons why it has been surprisingly difficult to evidence the impact of midwifery, including systemic barriers to its full implementation and a limited evidence base. It will draw on insights from public health and quality improvement perspectives, and from extensive debates arising from the Lancet Series on Midwifery to illuminate some of the contentious issues and to challenge the often dichotomised discourse.

This lecture will demonstrate that midwifery has a unique and irreplaceable role in promoting the survival, health and well-being of women and children, and in ensuring the sustainability of health systems. Wherever it is strong and embedded into the health system, midwifery seems to create a necessary balance in the system that works to protect women, infants and families, to strengthen women’s own capabilities, and to promote longer-term health and well-being. Health systems without strong midwifery have escalating rates of unnecessary interventions – a pattern of health system provision that is unsustainable, as well as harmful. Yet midwifery is often weakened by professional territorialism, commercial interests, and disempowerment related to traditional gender roles. These barriers must be tackled.

The lecture will conclude with a challenge to strengthen midwifery globally through multi-agency, multi-disciplinary, coordinated action. There is a new global strategy for Women’s Children’s and Adolescent’s Health, and the SDGs offer a platform for concerted action. Can we use these opportunities to scale up high quality midwifery for every woman and every child?

Patricia Davidson

Biography
Dr. Patricia M. Davidson is Dean and Professor of the Johns Hopkins School of Nursing. She is a cardiovascular nurse with expertise in addressing the needs of vulnerable populations. Dr. Davidson is Counsel General of the International Council on Women’s Health Issues and is a member of Sigma Theta Tau International’s Institute for Global Healthcare Leadership Advisory Board. She is a Fellow of the American Academy of Nursing, the American Heart Association, the Preventive Cardiovascular Nurses Association, and the Australian College of Nursing. She is co-director of the PAHO/WHO Collaborating Center for Nursing Knowledge, Information Management & Sharing at Johns Hopkins University which hosts the Global Alliance for Nursing and Midwifery (GANM).

Abstract
Burden of non-communicable diseases: the next phase of the global health agenda

Chronic conditions, such as chronic heart failure, chronic obstructive pulmonary disease, cancer and diabetes are increasing in prevalence. Globally, these conditions are the leading cause of mortality, representing 60% of all deaths. Of the 57 million deaths that occurred globally in 2008, 36 million were due to these non-communicable diseases (NCDs). As nurses and midwives constitute the highest proportion of health care workers they are well
positioned to address the increasing burden of NCDs. Achieving this goal will require innovative, coordinated and strategic approaches across the life span. Addressing the burden of NCDs will need a focus on prevention, management and palliative strategies that are both disease specific and generic. The World Health Organization, *Innovative Care for Chronic Conditions Framework*, proposes fundamental components within the patient (micro), health care organization and community (meso), and policy (macro) levels that need to be considered in decreasing the burden of NCDs. Strategic consideration of each of these dimensions will provide the building blocks for preparing a dynamic and responsive health care system. NCDs are inextricably linked with poverty, and emerging economies facing unfinished agendas in managing acute infectious diseases, malnutrition, and maternal health are particularly hardest hit requiring a focus on the social determinants of health.

**Naeema Al-Gasseer**

**Biography**
Not submitted

**Abstract**
Not submitted

**Amelia Afuha’amango Tuipulotu**

**Biography**
Amelia’s career spans more than 20 years both in Tonga and Australia across a variety of nursing services. Amelia is currently the Chair of the South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA).

In 2014 Amelia won the Alumni Award for Professional Achievement, a prestigious honour award from the University of Sydney, Australia. Amelia is currently the Chief Nursing Officer for Tonga. In 2012/13 she was the Director of Nursing (matron) of the only tertiary and referral hospital of Tonga and prior to that was a senior lecturer for more than 10 years at the Queen Salote School of Nursing, Tonga.

Amelia has provided her professional expertise to health services, organisations and governments over the years, in three major areas including Strategic policy level, Innovation and Research Initiative level.

Amelia’s particular research interests focus on professional standards issues in nursing and health care delivery. She speaks nationally and internationally on her work and has presented in various regional and international conferences. Recently, Amelia had been conducting national approach awareness programme for communities on the Sustainable Development Goals (SDG) – in particular SDGs relevance to communities’ daily lives. Amelia continues to work closely with the Ministry of Health, Tonga and international partners towards inclusive and sustainable development both within the Pacific and Global contexts.
Abstract

Responding to natural disasters: Challenges and Enablers within the Small Pacific Island Contexts

The mounting potential negative impact of climate change on the health and development of already vulnerable small Pacific Island nations maybe under estimated given limited body of evidence on disaster vulnerability within the Pacific region. Such a situation is made worse by insufficient investments in relevant policies and appropriate actions to reduce the suffering, burden of disease, death and economic costs of disasters and public health emergencies.

In response to the above complex situation the South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNOA), representing the nursing and midwifery leaders working in Governments across the South Pacific in 14 Pacific Island Nations agreed on a resolution that aims at ‘Strengthening Nursing and Midwifery Capacity to Reduce Risks and Deal with Disasters and Public Health Emergencies, including those related to Climate Change’

In 2013, SPCNMOA together with key partners undertook a research that aimed at: ‘Understanding adaptive capacity to emergencies in the Pacific in the context of climate change’. As a result of this research five key recommendations were made around these areas; 1) Assessment of health workforce capacity, 2) Country specific guidelines, 3) Capacity of field medical services; including continuous professional development, 4) Ongoing educational support and capacity building and finally, 5) Clear and transparent policies.

Given the above recommendations the Siale flower, a common flower within the Pacific region with six petals was been employed to describe the six strategies for future direction towards strengthening Nursing and Midwifery Capacity to reduce risks and effectively manage future disasters within the Pacific region. Effective and efficient management of future potential disasters within the Pacific region is critical for sustainable health development both within the Pacific and the Global context thus responding directly to both Goal 13: ‘Climate Change’ and Goal 3: ‘Good Health and Wellbeing’ of the Sustainable Development Goals.

Joan Shepherd

Biography

Born in Freetown, Sierra Leone in 1963, completed her general Nursing and Midwifery training in the early 80’s. Is currently the Principal of the National School of Midwifery in Freetown, Sierra Leone a position she has held since 1997. Associate Lecturer 1, College of Medicine and Allied Sciences (COMAHS), Faculty of Nursing where she also successfully supervised a number of under-graduate research projects. She is the Immediate Past Chairman of the West African College of Nursing, Sierra Leone Chapter and Immediate Past President Sierra Leone Midwives Association. Currently a Fellow of the West African College of Nursing, Maternal and Child Health Faculty, also serves as a Board Member of the Sierra Leone Nurses and Midwives Board, member Maternal Death and Surveillance Response National Committee, Member of the Post-Graduate Committee and Research Ethics Committee. Nominated Adviser to the Nursing Taskforce, Ministry of Health and Sanitation.
She studied in Sierra Leone, Ghana, Durban South Africa, and Sweden where she earned a Registered Nurse, Registered Midwife Certificates, Diploma in Nursing Administration and Education in Midwifery, Diploma in Sexual and Reproductive Health Rights respectively. Received training in Change Project Management, Research and Grant Writing among others. Has a Masters Degree in Midwifery and a PhD in Nursing Philosophy and Adolescent sexual and reproductive care from the University of KwaZulu-Natal, Durban, South Africa. Has published articles in Renowned Nursing and Midwifery Journals and contributed to a Chapter in a Book on Nursing and Midwifery in Africa.

She is passionate about Nursing and Midwifery and is recognized as a role model and Motivational Speaker to many within and outside the Nursing and Midwifery profession. Loved serving vulnerable groups and have organized free Midwifery fairs for pregnant women and newborns. She organized the First Free Breast Cancer Awareness and Breast Self Examination for women in Sierra Leone in 2002. Has a rich background in Midwifery Education and Administration, Sexual and Reproductive Health Rights, rebuilding and strengthening the capacity of Midwifery associations. Served as a Local Consultant and Chairman for several Maternal and Child Health and Women’s Health projects and Midwife Specialist Consultant in Association and Regulation for UNFPA South Sudan in 2012. Has a passion for Midwifery and enjoyed teaching Midwives and Midwives Educators. She organized a special group of Midwives in 2014 during the Ebola crisis emergency Lockdown in Sierra Leone in response to pregnant women needing support at home to come to the hospital and also served a Local Consultant for the 1st Lady Post-Ebola confidence building workshops for Midwives and other cadres of Nurses.

Abstract

The Ebola Disease Crisis: Impact on Midwifery Practice and Service Delivery?

Background

The unprecedented outbreak of the Ebola Viral Disease in Guinea, Liberia and Sierra Leone is believed to be the deadliest outbreak in history in comparison to countries like DRC and Uganda which have been previously affected by the disease. In Sierra Leone, a total number of 8,704 people were infected from the Ebola Viral Disease (EVD) and 3,589 have died. From those who tragically lost their lives, 221 of them were healthcare workers who succumbed to the Ebola Viral Disease. Because of the possibility of contamination from patients with EVD, Health Care workers were afraid to go to work or touch patients due to risk associated with the nature of their work. The Medical, Nursing and Midwifery profession were exposed to the threat of dying from Ebola. “My Profession or My Life” became a daily question on the minds of health care workers. There are documented cases of Nurses and Midwives withholding or delaying services to pregnant and lactating mothers with history of bleeding for fear of Ebola during the outbreak. Although protocols and guidelines for delivering maternal and newborn health services at health facilities in the context of Ebola has been developed by the National Infection, Prevention and Control unit of the Ministry of Health and Sanitation, the clinical practice of Midwives is still shrouded with fears at the mere signs of high fever and bleeding among pregnant women. Consequently, this has resorted to the withholding or denial of services until the suspected case is given the all clear through laboratory evidence of a negative Ebola test. Lack of knowledge has been identified as one of the reasons for cross-infection during the Ebola outbreak in hospital settings. Other reports have highlighted fear of death and the serious nature and poor outcome of the Ebola disease as factors contributing to the poor attitude of health workers.

The Ebola Virus Disease (EVD) also had a devastating effect on access to, and utilization of maternal and child health services thus negatively impacting service delivery. Due to lack of knowledge, rumors, misinformation, inconsistent and conflicting messages, pregnant women were also afraid to go to health facilities because of fear of possible contamination from EVD due to interaction with health care workers as evidenced in a decline in use of maternal and child health facilities based on data from the service delivery points. Restoration of public and health workers’ confidence through re-building trust is therefore essential.
Aim of paper
This paper aims to highlight the response of health care workers and the challenges confronting Midwifery practice and health seeking behaviours of pregnant women during the Ebola Viral Disease crisis.

Key points for discussion
The Ebola Viral Outbreak has clearly revealed serious gaps in the knowledge of Midwives and other health care providers in infection prevention and control. Most of the strategies adopted have targeted infection, prevention and control interventions aiming at training of staff, community sensitization through education of communities through various channels, and management of the disease at Ebola Treatment and Holding Centres. Although pregnant women fell victims to the Ebola disease, very little information is available on the effect of Ebola on Midwifery practice and the preparedness of Midwives to respond to emerging infections such as the Ebola Viral disease. Lack of training of health personnel is believed to have contributed to a substantial number of deaths due to Ebola among health workers. The Post-Ebola confidence-building in addressing the Emergency Gender dimensions of the Ebola Viral Disease (EVD) in relation to maternal and child and reproductive health service is seen as another step in the right direction. Health care workers are now putting their clients’ needs first while at the same time taking necessary infection prevention control measures to safeguard both the well-being of their client and self. There is the urgent need to obtain empirical data through research on midwives and midwifery practice in the era of Ebola Viral disease.

Conclusion and recommendations
The Ebola Viral Disease outbreak served as an eye opener and a call for serious action to be taken to ensure the safety of Nurses, Midwives and other staffs including clients. Promoting a risk free environment leads to professionalism, access, increase uptake and utilization of quality and safe maternal and child health services. There is need to invest in life saving measures by having functioning infection Prevention and Control structures and disease response and surveillance systems in place in all settings in the event of future outbreaks. Confidence is essential for service providers to deliver quality and safe services within an enabling environment.

Anne Marie Rafferty

Biography
Anne Marie Rafferty is Professor of Nursing Policy and former Dean, Florence Nightingale Faculty of Nursing and Midwifery, King’s College London. She was educated at Edinburgh University, (BSc Nursing Studies); Nottingham University (MPhil Surgery) and was the first nurse to gain a doctorate from Oxford University (DPhil, Modern History). She won a Harkness Fellowship in Health Policy to the University of Pennsylvania, USA, mentored by Dr Linda Aiken which began a research collaboration which has continued to today through the influential EU funded RN4Cast study of nurse forecasting. She was seconded to the Department of Health to work with Lord Ara Darzi on the nursing contribution to the Next Stage Review of the NHS, 2007-8 and was awarded a CBE for services to healthcare in 2008. She was a member of the Prime Minister’s Commission on the Future of Nursing and Midwifery 2009-10 and recipient of the 3M/Nursing Times 1st Prize for Research, Nursing Times Leadership Award in 2014 and Health Services Journal Top 100 Clinical Leaders Award in 2015. She holds fellowships from the Royal College f Nursing, American Academy...
Abstract
Strengthening health systems through nursing and midwifery
In this paper I shall consider the role that nursing plays in strengthening health systems and argue that nurses are a strategic resource in building resilience in health systems. Drawing on data from a major EUFP7 funded study of nurse forecasting, RN4Cast and subsequent analyses, I shall argue that certain conditions need to be put in place to optimise the contribution that nurses can make to strengthening health systems. These include; providing the right environmental conditions not only of adequate staffing but providing the right support and educational capacity to enable nurses to operate at their full scope of practice. Currently, there is an urgent need to invest in the current workforce beyond the point of registration as a strategic intervention to leverage better outcomes for patients. The logics of workforce planning systems, particularly with medicine, also need to be aligned in order to strength leadership at the point of care. Finally, attractive career pathways need to take account of intergenerational demand and designed for sustainable workforce solutions to ensure innovative models of care and nurse leadership for the future.