LEADING THE
SUSTAINABLE DEVELOPMENT GOALS
A GLOBAL NURSE REQUISITE

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SESSION OBJECTIVES

• Discuss the UN 17 SDGs as they relate to the future of nursing advancement and innovation

• Identify opportunities to further expand the scope of nursing research beyond social determinants of health to include planetary health and social justice issues

• Apply the ethos of the 2030 Agenda to local and global contexts through the development of mutually beneficial partnerships in research and evidence dissemination

*William Rosa, Allison Squires, & Rachel Breman have no actual or potential conflicts of interest in relation to this presentation.*
THE UN SDGS: BACKGROUND & SIGNIFICANCE

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OVERVIEW

- Journey to the SDGs
- Nursing’s role in SDG attainment
- Practice, education, & research
- Organizational initiatives
- Paradigm shifts
Evolving Concerns: United States

- Aging population; rise in disease
- Access & delivery costs
- Opioid addiction epidemic
- Social injustices
- Overt medicalization of patients

CDC (2016); CMS (n.d.); Ward et al. (2014)
Evolving Concerns: Transnational

- Human resources for health
- Universal health coverage
- Social determinants of health
- Displaced people and violence
- Degradation of planetary health

ICN (2016); UN (2016); UNHCR (2001-2018); Whitmee et al. (2015); WHO (2006); WHO & GHWA (2016)
PLANETARY HEALTH...

FOR A FUTURE OF SUSTAINABLE WELL-BEING
MILLENNIUM DEVELOPMENT GOALS

- UN Millennium Summit 2000
- 191 Member States
- “A renewed commitment”
- 8 MDGs
- 2000-2015

1. Eradicate Extreme Poverty and Hunger
2. Achieve Universal Primary Education
3. Promote Gender Equality and Empower Women
4. Reduce Child Mortality
5. Improve Maternal Health
6. Combat HIV/AIDS, Malaria, and Other Diseases
7. Ensure Environmental Sustainability
8. Global Partnership for Development

UNDP (2018)
UN Rio Summit 2012

17 Sustainable Development Goals (SDGs); 169 targets

People, Planet, Peace, Prosperity, & Partnership

Adopted September 2015; enacted January 1, 2016

Not legally binding; in-country ownership

UN (n.d.)
THE SDGs AND NURSING PRACTICE

- Reframing nurses as global and planetary citizens
- Contextualizing SDGs in reference to local, regional, and national initiatives
- Understanding global implications of local actions
- Integrating global policy advances into local agendas
- Expanding practice priorities to include advocacy and leadership

Dossey, Rosa & Beck (2019); Rosa (2017a); Rosa (2017b)
THE SDGs AND NURSING EDUCATION

- Integrating knowledge of SDGs throughout current curricula
- Promoting planetary health into theory and knowledge development
- Knowing (Understanding)
- Valuing (Attitude)
- Action

McKinnon & Fitzpatrick (2017)
THE SDGs AND NURSING- & MIDWIFERY-LED RESEARCH

- Focus on multidisciplinary research; integration of client perspective
- Acknowledging bias within nursing research
- Promoting research capacity building
- Creating consumers of research
- Leveraging opportunities for research impact

Squires et al. (2017)
• 2013: Sigma called for GAPFON
• 2014: Inaugural panel formed
• 2015-16: Meetings with leadership worldwide
• 2017-onward: Evidence-based recommendations
• Three ways to be a Voice to Lead:
  • As an individual
  • As a profession
  • As part of a multidisciplinary team
• Raise profile; make central to policy
• Strengthen nursing globally
• Non-nursing collaboration
• Collect and disseminate evidence
WHO Global Strategic Directions for Nursing & Midwifery 2016-2020: Conceptual Framework

VISION

Available, Accessible, Acceptable, Quality and Cost-effective nursing and midwifery care for all, based on population needs and in support of UHC and the SDGs

THREATIC AREAS

- Ensuring an educated, competent and motivated nursing and midwifery workforce within effective and responsive health systems at all levels and in different settings
- Optimizing policy development, effective leadership, management and governance
- Working together to maximize the capacities and potentials of nurses and midwives through intra and interprofessional collaborative partnerships, education and continuing professional development
- Mobilizing political will to invest in building effective evidence-based nursing and midwifery workforce development

PRINCIPLES

- Ethical Action
- Relevance
- Ownership
- Partnership
- Quality

Countries
Regions
Global
Partners

WHO (2016)
MOVING FORWARD

- Recognizing global imbalances
- Emphasis on humanitarian agendas
- Adopting humane principles
- Reorienting to One Health
- Weaving the One Health concept
- Shifting toward holistic health culture
- Replacing unidimensional public health

Lueddeke (2016)
Nursing & Midwifery Research to Achieve the SDGs

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APRIL 2019 – EASTERN NURSING RESEARCH SOCIETY ANNUAL CONFERENCE, PROVIDENCE, RI
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Contributors to this work

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- Melissa Ojemeni, PhD, RN; Pacific Lutheran University School of Nursing & Partners in Health
- Laura Ridge, MSN, APRN; NYU Meyers
Research by nurses and midwives has already contributed to the SDGs and will continue to do so.

The voices of nurses expressed through research varies widely around the globe.

Research capacity building becomes a critical component of ensuring that evidence generated by nurses and midwives contributes to meeting the SDGs.
Research Capacity Building

- Definition: Enhancing the ability within a discipline or professional group to undertake more high-quality research (Finch, 2003)

- Two key components in capacity building
  - Volume
  - Quality
Research Capacity Building - Outputs

- Training of nurses & midwives
  - Research process
  - Leading research
- Educating re: EBP
- Research translation skills to the clinical environment
- Fostering environments supportive of research
Threats to Capacity Building

- Limited resources to conduct research and disseminate research findings.
- A shortage of qualified and experienced nurse researchers who can serve as mentors to junior researchers, limited funding opportunities to conduct research, and lack of research infrastructure.
- Scarcity of graduate and postgraduate nursing programs that prepare nurses & midwives to better use and conduct research.
- The profession’s historical status and hierarchies of power in the health care systems.
- Language barriers for non-English-speaking researchers.
- Organizational constraints (high teaching loads, clinical responsibilities, administrative roles, etc.)
How do we get there?

- Create consumers of research
- Develop second language skills
  - Foster English language skill development in non-English speaking countries
  - Note: This is not a colonialist initiative
- Integrate research training as professionalization occurs
- Educational partnerships to build research capacity – New models!
The Role of Nurses: Implementation of Nursing Interventions to Support SDG Implementation

Rachel Breman, PhD, MPH, RN
Assistant Professor
WHO Global Strategic Directions for Nursing & Midwifery 2016-2020: Conceptual Framework

**Vision**

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**Thematic Areas**

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**Principles**

- Ethical Action
- Relevance
- Ownership
- Partnership
- Quality

WHO (2016)
Overview

• Focus on maternal health
• Discuss nursing barriers to implementation
• Provide 2 examples
  – Global example Dominican Republic
  – Local example USA
Goal 3: Ensure healthy lives and promote well-being for all at all ages

• By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

• By 2030, end preventable deaths of newborns and children under 5 years of age, reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.
Dominican Republic

Dominican Republic

- 98% of births take place in a hospital
- MMR 98/100,000 live births
- Neonatal mortality rate 20/1000 live births
- 20% of nurses have a BSN equivalent degree (licenciada)
- Ratio on labor and delivery is 4 nurses to 10-30 patients in public hospitals
- How would you prioritize care?
Program to Improve Care

• Focus on neonatal resuscitation
• Focus on use of the WHO partograph
  – Labor management flowsheet
Barriers to implementation

• Equipment
  – Ambu bags
  – Stethoscopes
  – BP cuffs
• Documentation
  – Fear of documentation
• Training
• Trust amongst the staff
Nursing Barriers

- Discomfort with taking blood pressure and pulse
- Discomfort assessing a fetal heart rate
United States
Maternal Mortality by Race in The US

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<td>Non-Hispanic Black</td>
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United States

- Hospital in the northeast
- Part of the American College of Nurse Midwives Reduction in Primary Cesarean Collaborative
- 2 maternal deaths in one year (both cesarean births)
- Cesarean birth rate of 32% (NTSV)
- Designed Early Labor Lounge to translate evidence into practice to admit women in active labor
Triage Process

- Labor Triage
  - Not in Labor
  - Latent Labor
  - Active Labor
    - Home
    - Labor Lounge
  - Admit
Early Labor Lounge

- Triage nurse is available, but not present
- Includes maternal movement
- Different stations
  - Yoga
  - Balls
  - Nutrition center
  - Shower
  - Acupressure
  - Rebozos
Barriers and facilitators to implementation

- Formal study
- Qualitative descriptive
  - Framework analysis
- Interviews of 25 staff: MDs, CNMs and nurses
Characteristics of Individuals: Knowledge and Beliefs

Adopter

- RN: 62%
- CNM: 60%
- MD: 14%

Middle

- RN: 23%
- CNM: 20%
- MD: 15%

Non-adopter

- RN: 15%
- CNM: 20%
- MD: 29%
Barrier: Self Efficacy

• Nurses stated they were uncomfortable in their ability to support women using
  – Rebozos
  – Acupressure
• To avoid this they showed them the education posters
IN SUMMARY...
-THANK YOU-

QUESTIONS?

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*References available upon request