## LEADING THE



#### 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





# 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





#### 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)



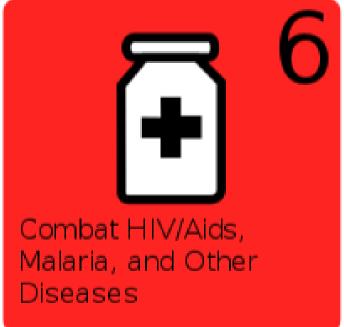
## MILLENNIUM DEVELOPMENT GOALS

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









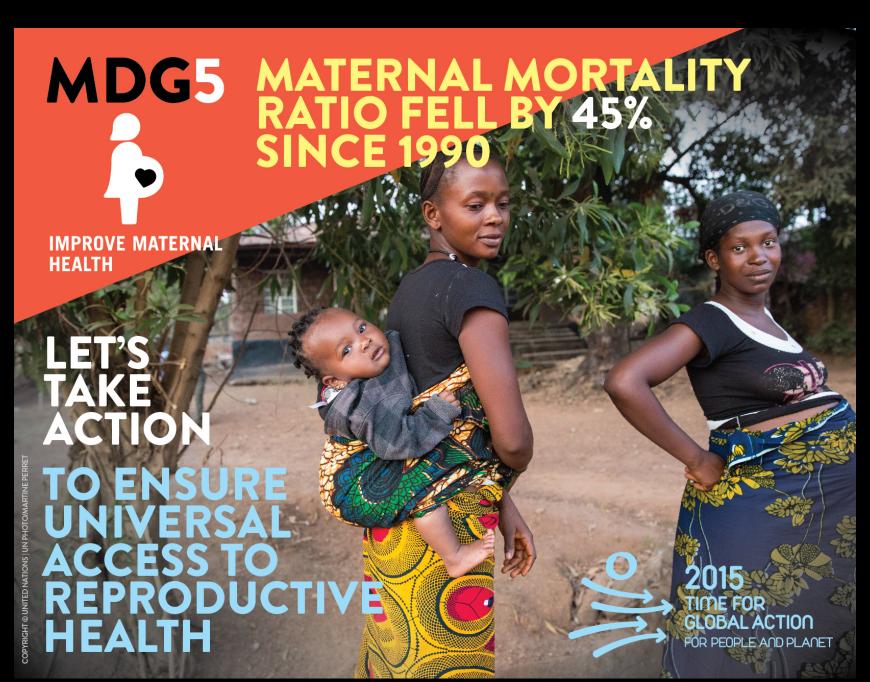




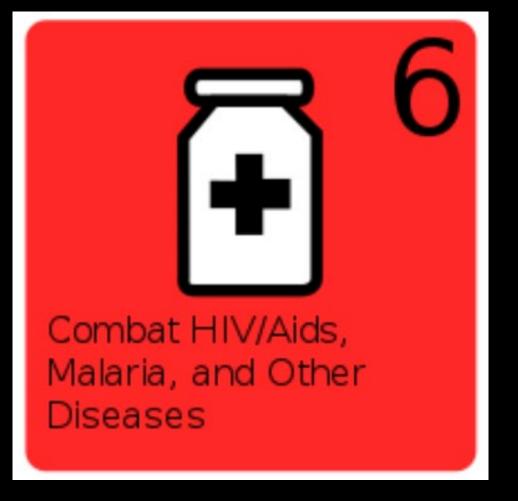














#### THE UN AGENDA FOR SUSTAINABLE DEVELOPMENT

- 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





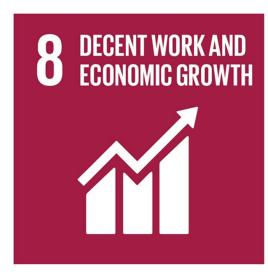
























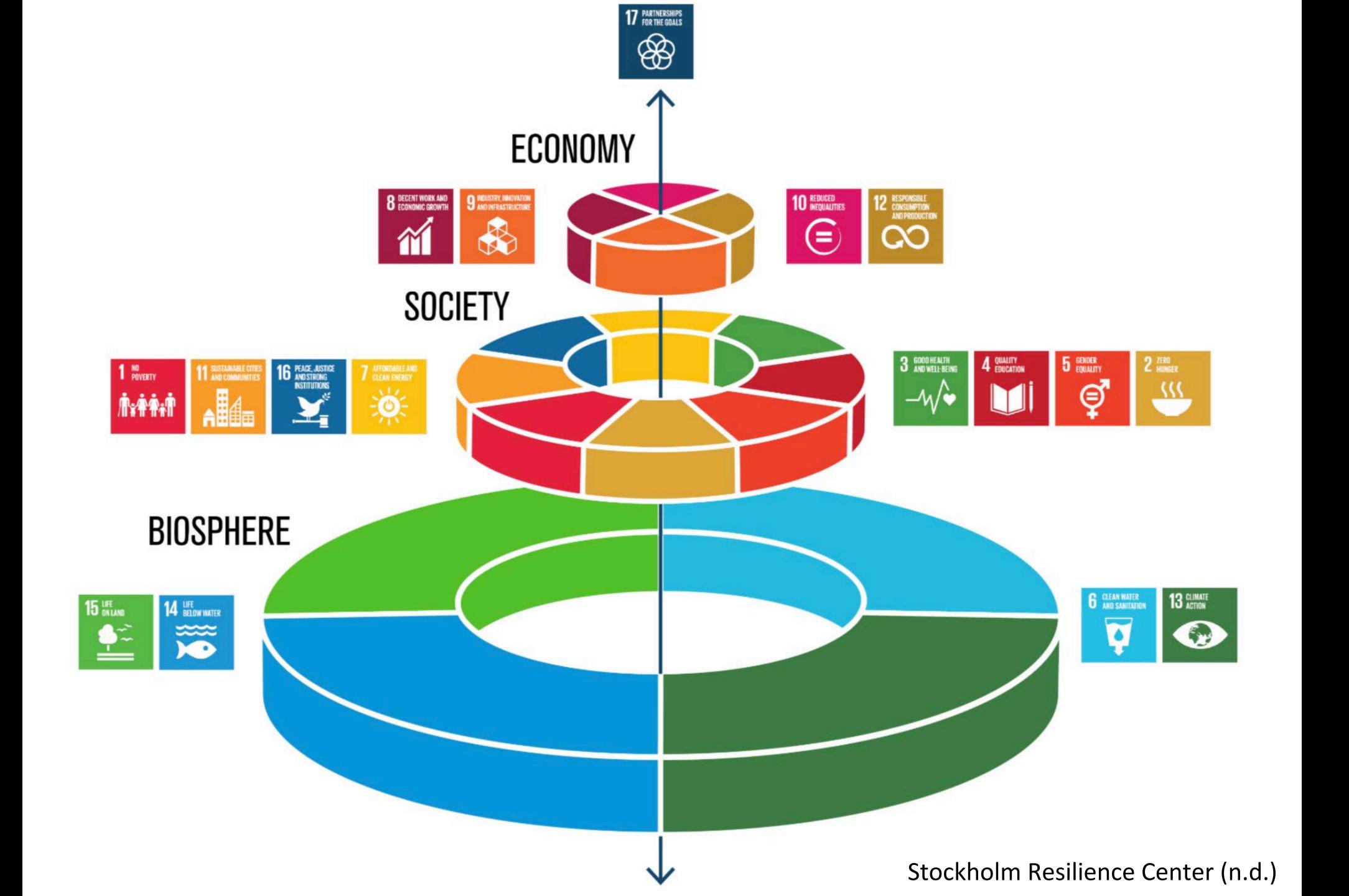












#### THE SDGs AND NURSING PRACTICE

- 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

#### 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

## 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



- •2013: Sigma called for GAPFON
- •2014: Inaugural panel formed
- •2015-16: Meetings with leadership worldwide
- •2017-onward: Evidence-based recommendations





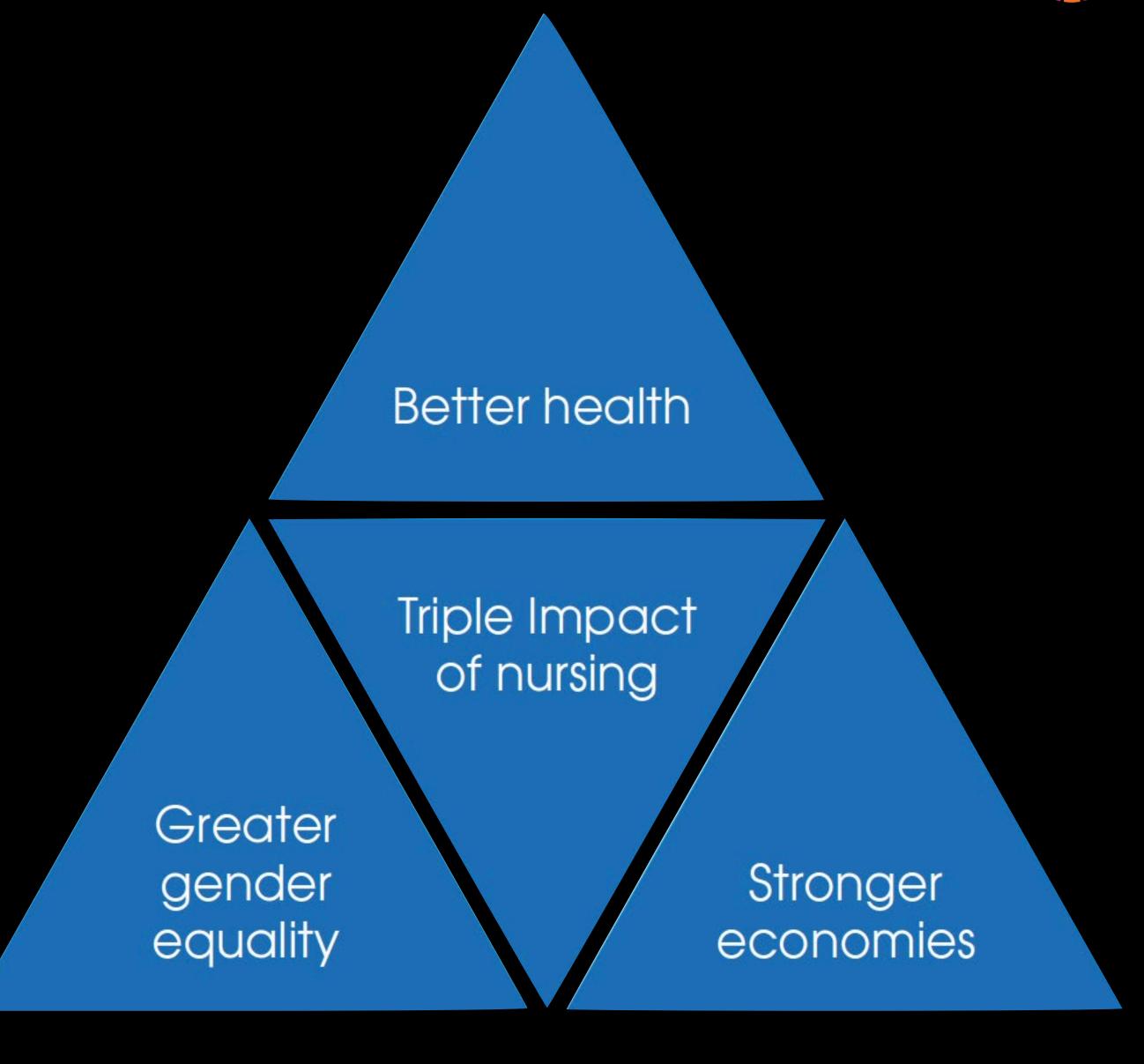




- •Three ways to be a Voice to Lead:
  - As an individual
  - As a profession
  - As part of a multidisciplinary team



- Raise profile; make central to policy
- Strengthen nursing globally
- Non-nursing collaboration
- Collect and disseminate evidence



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

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
evidencebased nursing
and midwifery
workforce
development

Countries

Regions

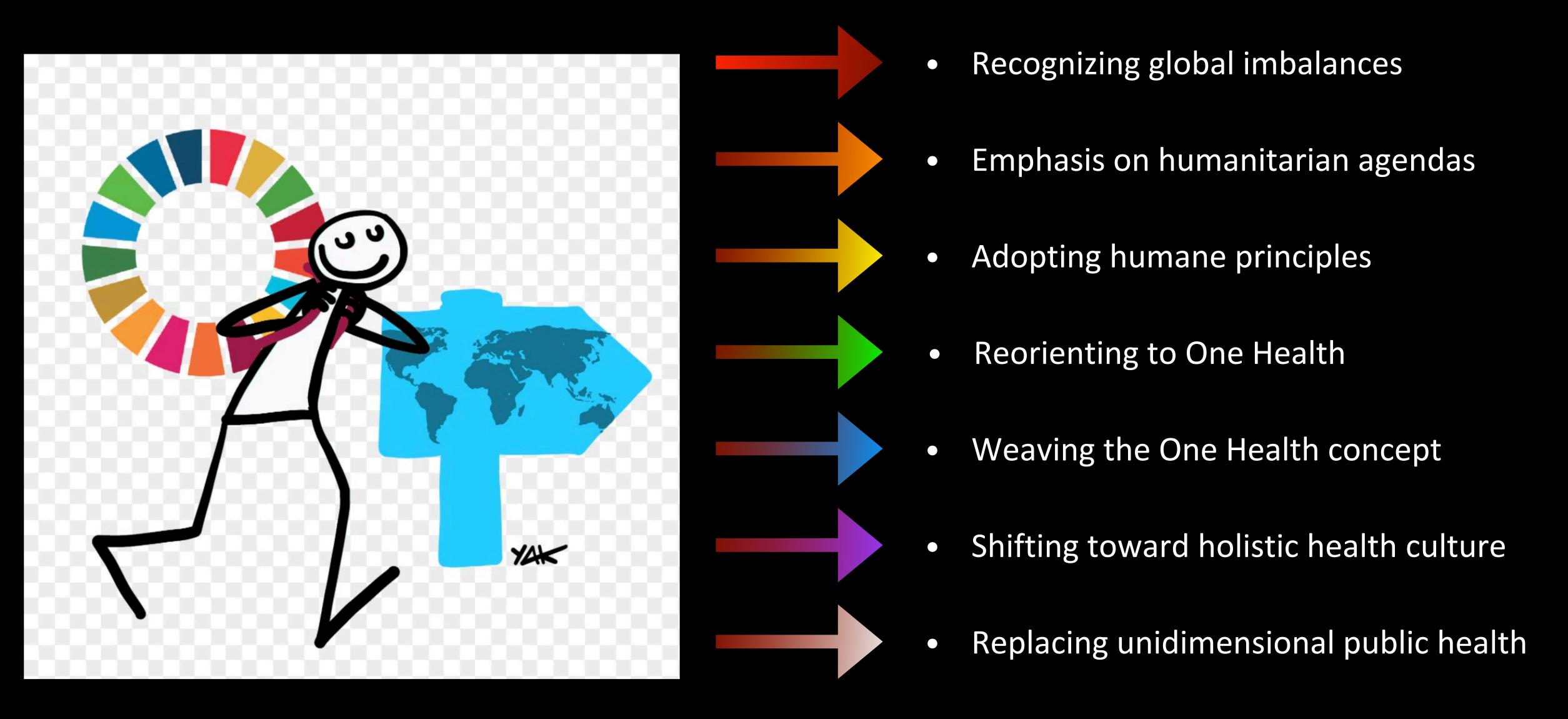
Global

**Partners** 

Ethical Action Relevance Ownership Partnership Quality



#### MOVING FORWARD



## Nursing & Midwifery Research to Achieve the SDGs

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DISTINGUISHED NURSE SCHOLAR, NATIONAL ACADEMY OF MEDICINE 2019-2020

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  - ► Laura Ridge, MSN, APRN; NYU Meyers

#### Research is Our Global Voice

- 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.)

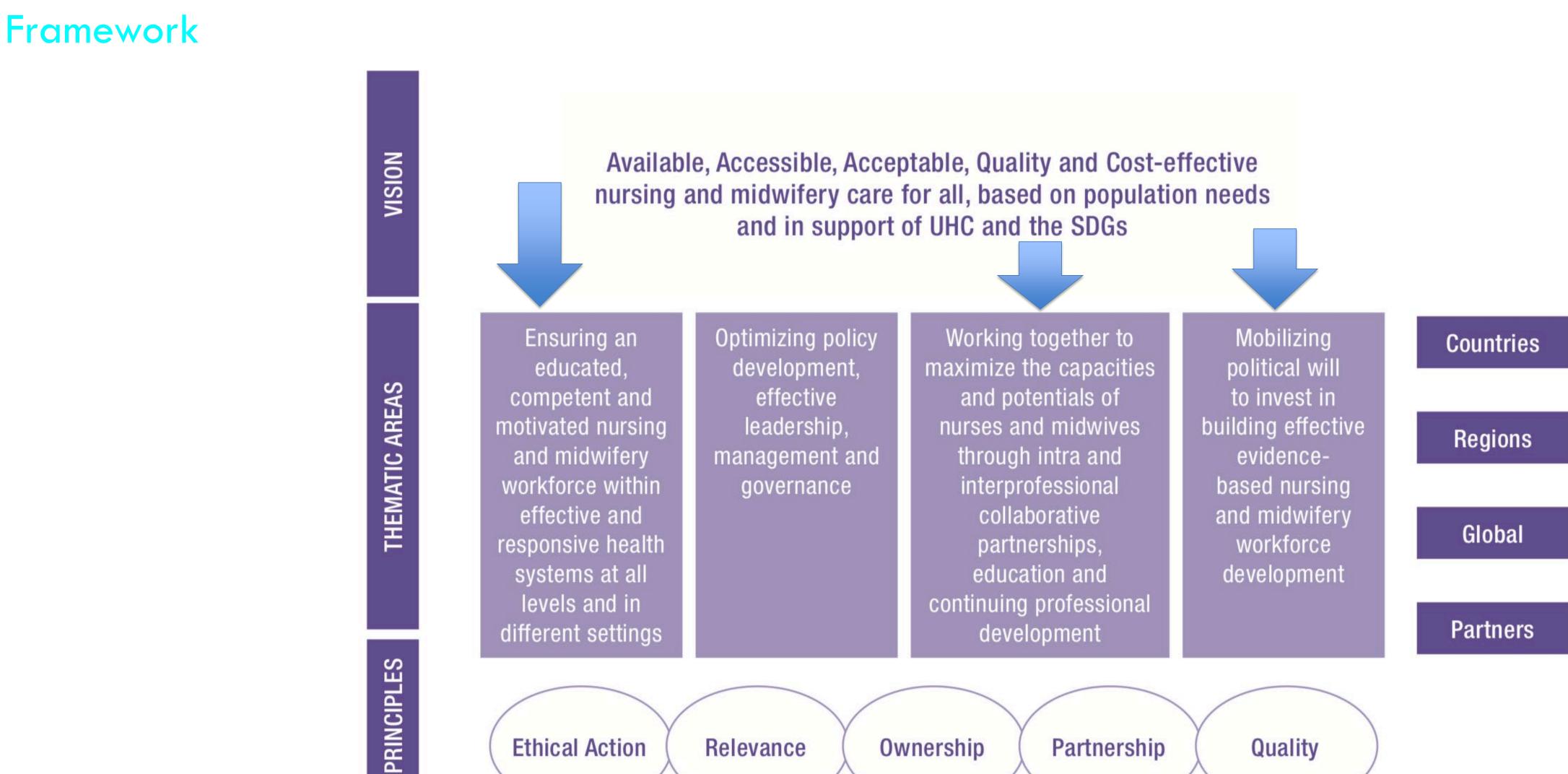
## How do we get there?

- 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

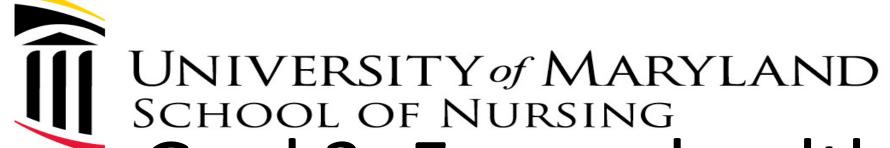
### WHO Global Strategic Directions for Nursing & Midwifery 2016-2020: Conceptual





#### Overview

- Focus on maternal health
- Discuss nursing barriers to implementation
- Provide 2 examples
  - Global example Dominican Republic
  - Local example USA



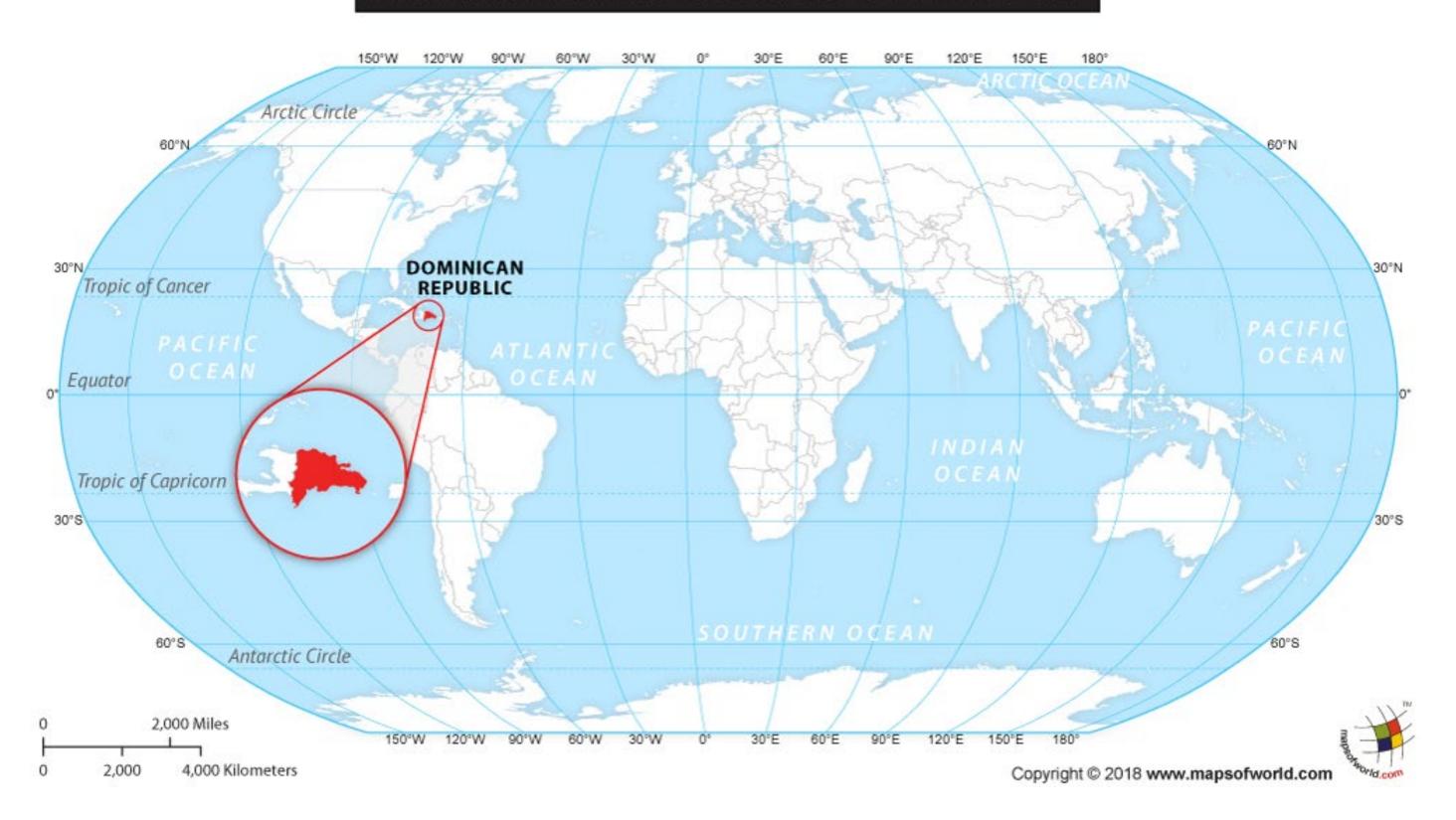
## Goal 3: Ensure healthy lives and promote well-being for all at all ages

- 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 LOCATION MAP





## 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

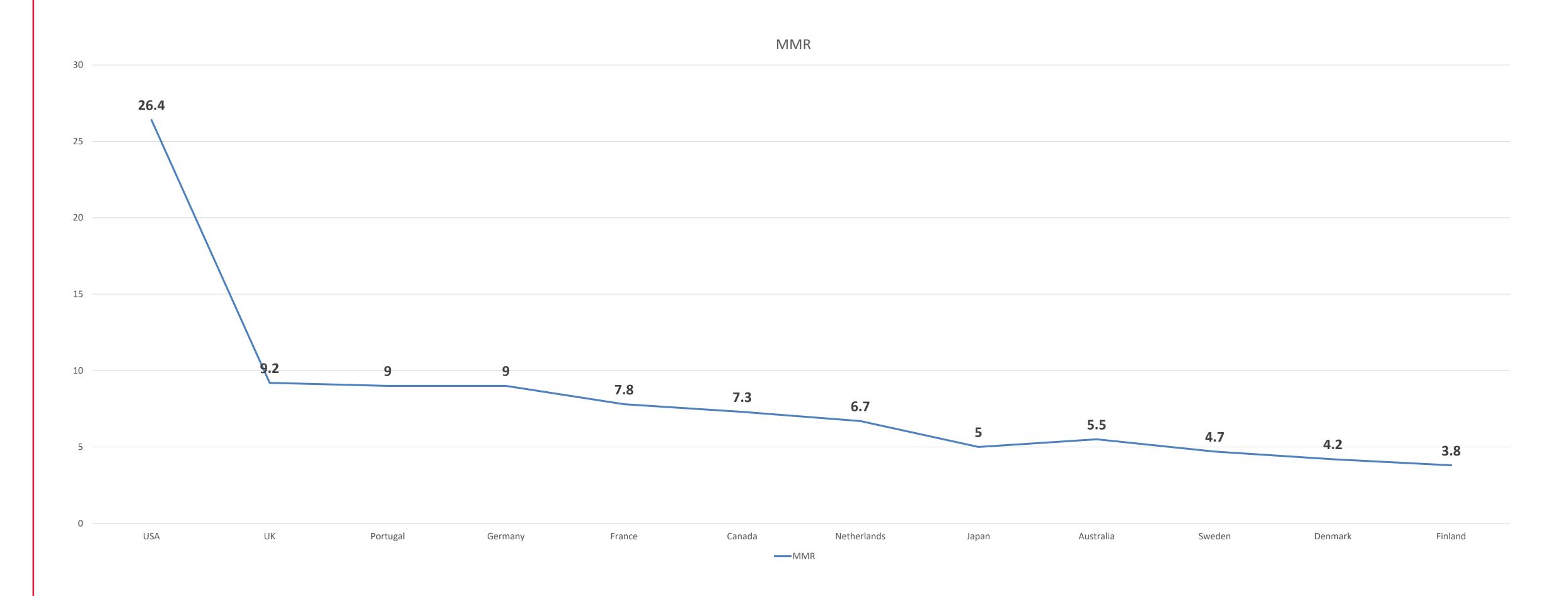
## Barriers to implementation

- Equipment
  - Ambu bags
  - Stethoscopes
  - BP cuffs
- Documentation
  - Fear of documentation
- Training
- Trust amongst the staff

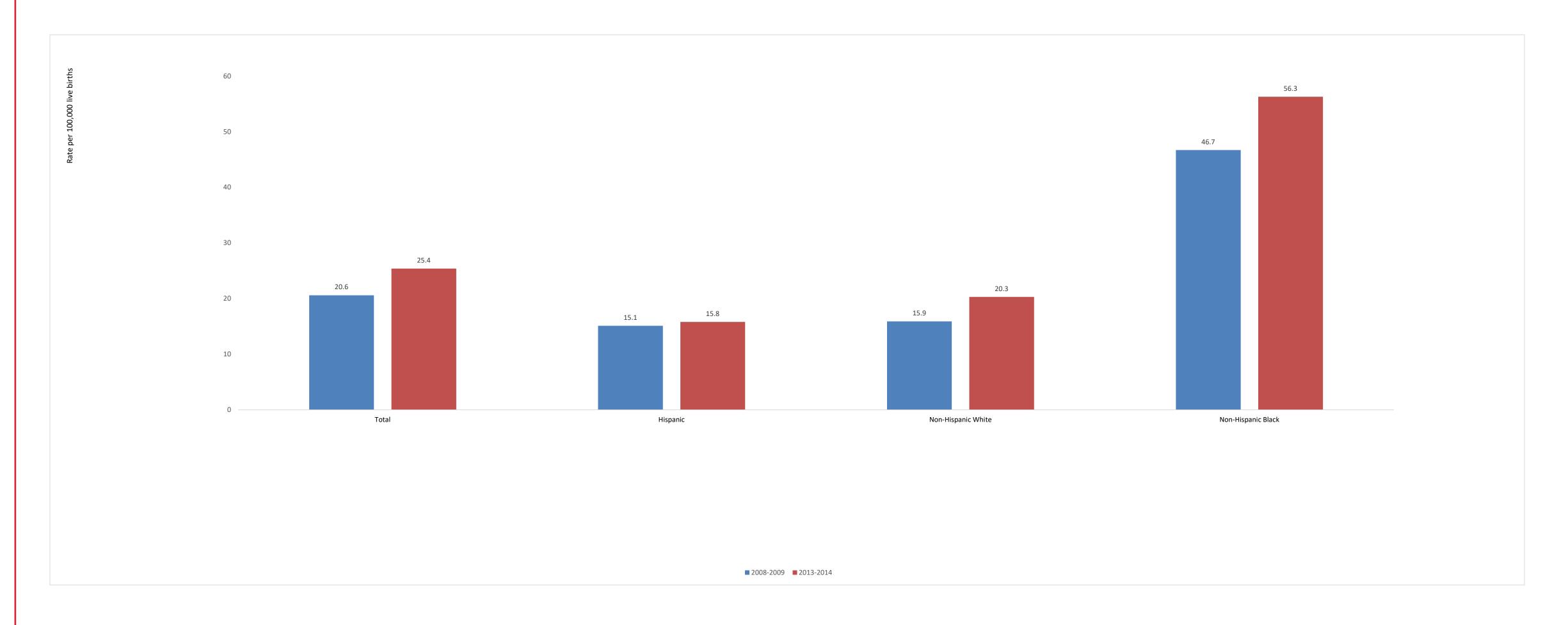
## Nursing Barriers

- Discomfort with taking blood pressure and pulse
- Discomfort assessing a fetal heart rate

### United States



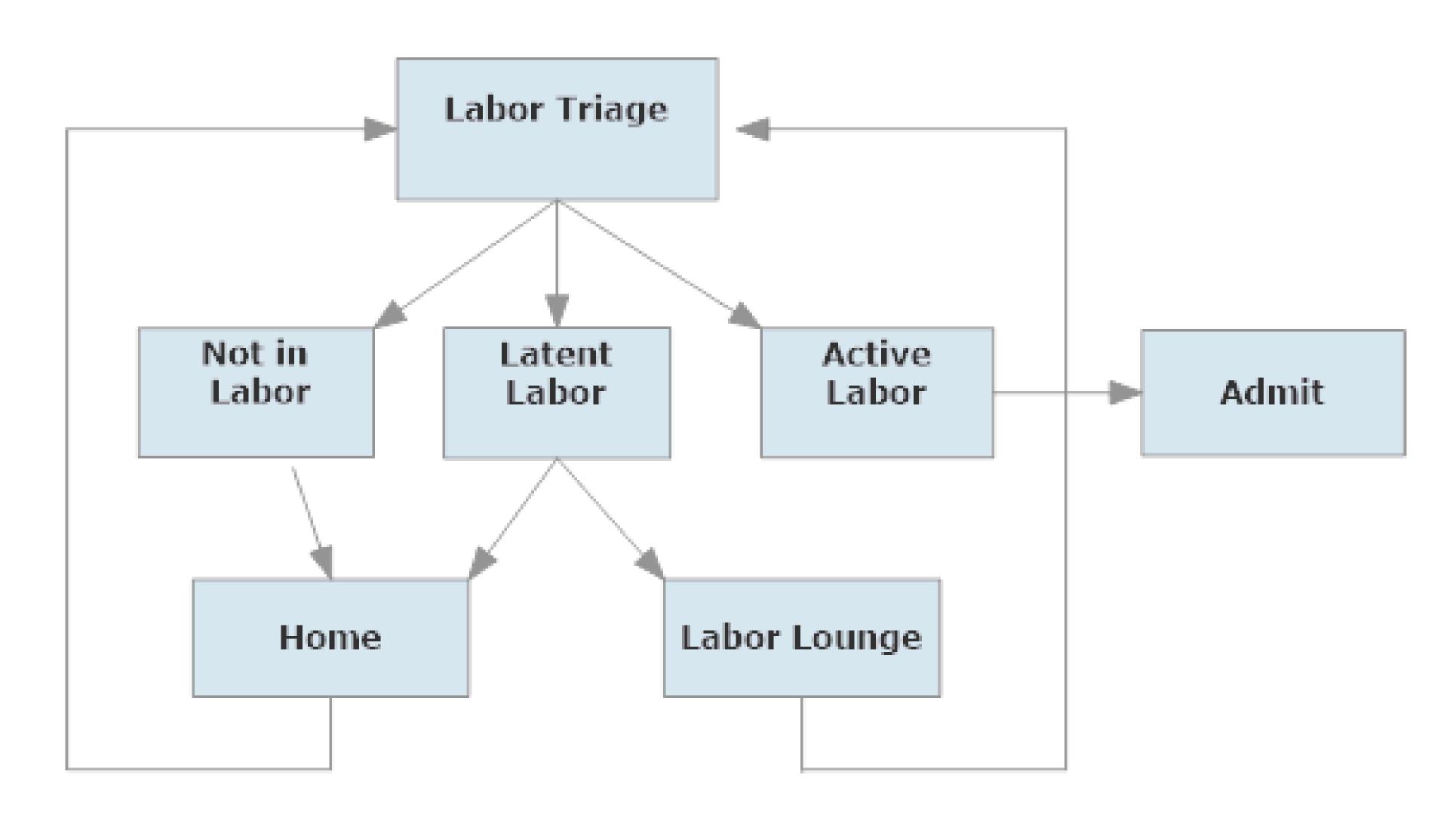
## Maternal Mortality by Race in The US



#### United States

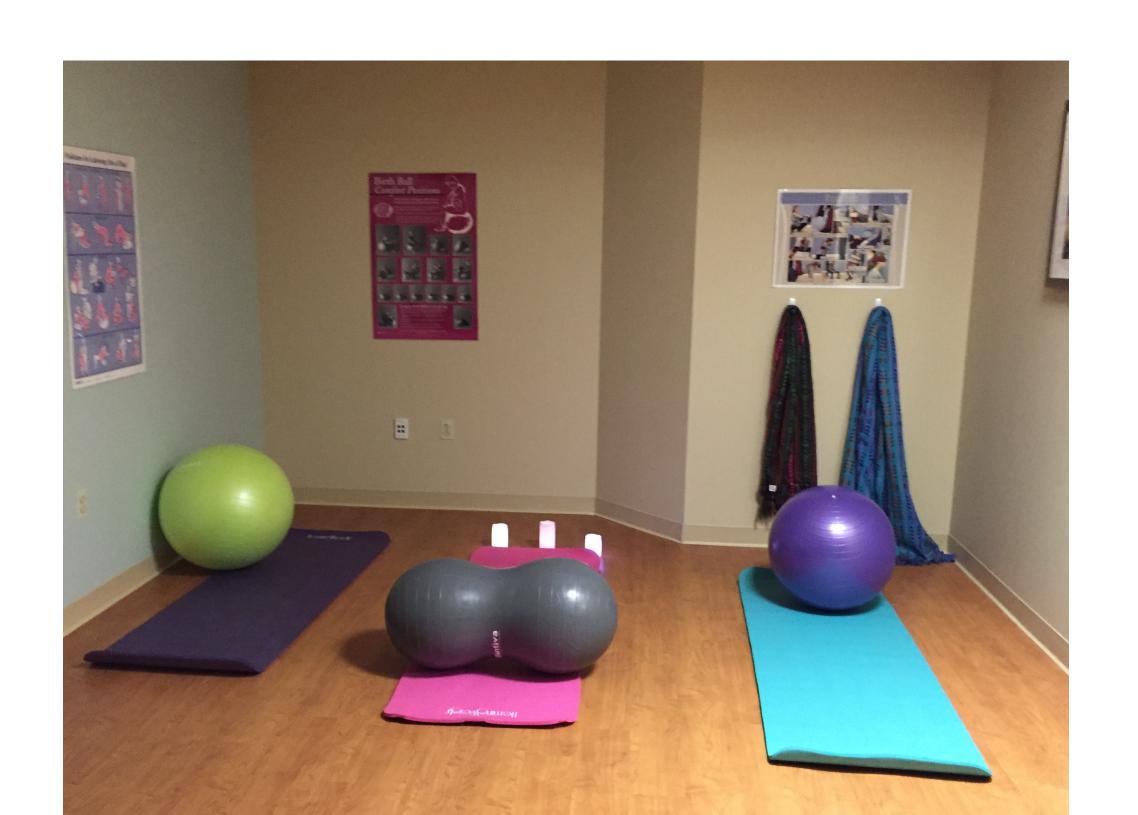
- Hospital in the northeast
- Part of the American College of Nurse Midwives Reduction in Primary Cesarean Collaborative
- 2 maternal deaths in one year (both cesarean births)
- Cesarean birth rate of 32% (NTSV)
- Designed Early Labor Lounge to translate evidence into practice to admit women in active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

## Triage Process



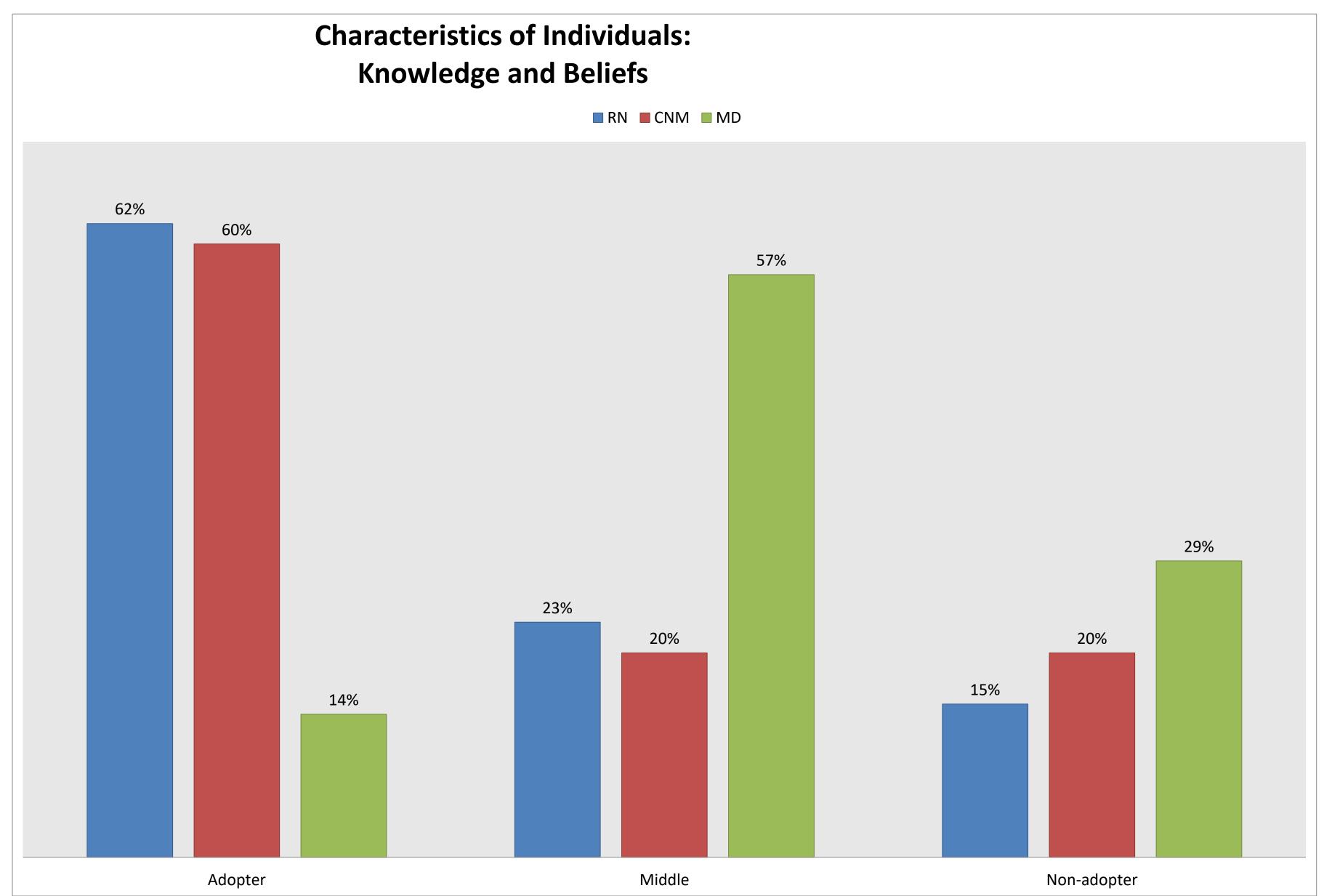
## Early Labor Lounge

- 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



## 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...



REDUCED INEQUALITIES

















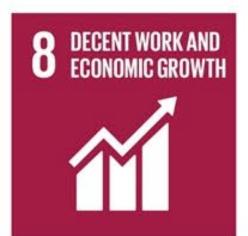












17 PARTNERSHIPS FOR THE GOALS





### -THANK YOU-QUESTIONS?

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<sup>\*</sup>References available upon request