Commentary

Nursing and Midwifery: Key to Implementing Alma-Ata 40 Years on

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INTRODUCTION

Global health policy efforts and national resources must be expanded and invested in building and strengthening a core group in the world’s health workforce: nurses and midwives. Nurses and midwives will be central to achieving health systems goals, such as universal health coverage and addressing noncommunicable diseases, which are driving health systems to focus on expanding primary care and promoting patient-centered approaches. Nursing and midwifery philosophy and practice, with their emphasis on person-centered, holistic approaches, are particularly well suited to the changing needs of populations globally. Moreover, nurses and midwives are increasingly well educated and well prepared to take a larger and more influential role in the future. Now is the time to promote and encourage them to contribute their unique capacities to global health improvement efforts.

NURSING AND MIDWIFERY IN NUMBERS

Nurses and midwives made up almost half the world’s health workers (about 20.7 million out of 43.5 million) in 2013, according to the World Health Organization (WHO), outnumbering doctors by more than 2 to 1. Like other health workers, nurses and midwives were spread very unevenly around the world and within countries. Low-income countries had approximately 0.5 nurses and midwives per 1000 population, while high-income countries had 6.5 per 1000. 

Current levels of coverage of nurses and midwives are already insufficient to meet health care demands. A WHO needs-based assessment estimated that there was a shortage of 9 million nurses and midwives in 2013; another 19.2 million nurses and midwives would be needed by 2030. Meeting this need will require nearly doubling the number of nurses and midwives over the next decade. At the current rate of expansion, however, there will still be a shortage of about 7.6 million nurses and midwives in 2030.
DEFINITIONS

The WHO notes that its estimates are hampered both by the quality of data it receives and the various definitions of “nurse” and “midwife” in different countries. National variation is not surprising given the different histories, cultures, and geographies and differing levels of wealth across countries and regions. The role of a nurse working by herself in a low-income Pacific Island nation is very different, for example, from that of a nurse in a high-tech academic hospital in Europe, and a community mental health nurse working with gangs in London has a very different career history and trajectory from a specialist breast care nurse in a Tokyo hospital. Similarly, a midwife working at a health center in Central America faces some challenges that a midwife in a birthing unit at an academic hospital in the United States would never encounter—and vice versa.

The International Council of Nurses (ICN) and the International Confederation of Midwives (ICM), which are both global and representative bodies with formal relations with the WHO, define the professions in terms of both education and regulation. The ICN states: “The nurse is a person who has completed a program of basic, generalized nursing education and is authorized by the appropriate regulatory authority to practice nursing in his/her country.”

Similarly, the ICM states: “A midwife is a person … who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife,’” adding “and who demonstrates competency in the practice of midwifery.” These definitions allow different countries to define relevant requisite education, competencies, and role. They reflect national differences in legislation and regulation about what a nurse or midwife is permitted to do, as well as employment conditions and status.

The nurse has many roles, as described by the ICN: “Nursing, as an integral part of the health care system, encompasses the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages, in all health care and other community settings.” The role of a midwife is more narrowly defined. According to the WHO, midwifery “encompasses care of women during pregnancy, labor, and the postpartum period, as well as care of the newborn.” Intersections between nursing and midwifery also vary from country to country; in some countries most midwives are nurses, while in others they are completely separate groups. Some countries have few, if any, midwives, with obstetric or general nurses assisting women during birth.

The remainder of this article focuses on nursing; however, many of its arguments also apply to midwifery.

THE CONTINUING EVOLUTION OF NURSING

What nurses are permitted and enabled to do, and how they are perceived, has already developed considerably over the last 30 years. It has included taking on new and extended roles as nurse practitioners and specialists. For example, there are now emergency care practitioners, nurse prescribers, nurse endoscopists, and wound care nurses in some countries and more specialist roles being developed. Moreover, nurses have also taken on wider roles in anesthesia, cataract surgery, and obstetric surgery in some low- and middle-income countries. These developments have been accompanied by improvements in nursing education, with most countries now having or aspiring to have degree-level education for their registered nurses.

I would argue that these developments are set to continue and, quite possibly, accelerate because of changes both in epidemiology and in health policy, as described below. Moreover, the increasing number of instances around the world where nurses have taken on extended roles with obvious success has itself become a force for change by creating greater confidence in, and visibility of, what nurses can do.

In a recent article I co-wrote with the WHO Chief Nursing Officer, we identified six major forces for change that explain why nursing is becoming more important in health policy and implementation:

- Nursing philosophy and practice, with its holistic person-centered approach, is particularly well suited to managing noncommunicable diseases and the comorbidities associated with old age.
- Nurses are already taking on a wider range of roles in primary care.
- As the emphasis on patient engagement increases, nurses’ patient-centered approach has particular relevance.
- Technology is transforming health care, bringing more procedures and treatments within the competence of nurses.
- In many situations, nurse-based services can provide equally high-quality and more cost-effective solutions than physician-based care.
- The increasing empowerment of women helps to raise the status of nursing, which remains largely a female profession.

In addition, recent research is helping to reinforce understanding of the growing importance of nursing. A comprehensive study of nursing in hospitals in high-income
countries reviewed discharge data for 422,730 patients aged 50 or older who underwent common surgical procedures in 300 hospitals in nine European countries.\(^8\) It drew clear conclusions about quality and patient safety noting that, for example, patients in hospitals in which 60% of nurses had bachelor’s degrees and nurses cared for an average of six patients would have almost 30% lower mortality than patients in hospitals in which only 30% of nurses had bachelor’s degrees and nurses cared for an average of eight patients.\(^5\)

This study was unique in its scale and rigor; many other smaller studies, case studies, and anecdotal examples have shown similar results. These studies show that nurses can play far larger roles in many areas, such as chronic diseases, with beneficial results in terms of quality of care, patient satisfaction, and cost control. The sheer volume and consistency of the findings should inspire fresh thinking among policy makers and health administrators alike about how, and by whom, services should be delivered.

These developments provide the background for what has been called “a new story of nursing” in which nurses are enabled to take on their full role and work to their full potential.\(^9\)

**BARRIERS AND OPPORTUNITIES FOR FURTHER DEVELOPMENT**

There are both opportunities for the further development of nursing and barriers to overcome. I chaired a review of nursing globally carried out by the UK’s All-Party Parliamentary Group on Global Health (APPG), which interviewed nurses from 15 different countries and found great similarities in their experience.\(^10\) They told us about:

- The pressure they faced in the workplace due to shortages of staff and poor or missing equipment.
- The “invisibility” of nurses and underestimation of the contribution that nursing makes to quality health care delivery.
- The fact that they were very often not being permitted and enabled to work up to the limit of their competence.
- Nurses migrating away from the neediest areas, such as from poorer to richer countries, from rural to urban areas, and from public health service to disease-specific programs, nongovernmental organizations, or private practices.
- Not being included or meaningfully involved in health policy and planning.
- Not receiving adequate training and development opportunities.

These concerns partly reflect common experiences of all health workers about staff shortages and lack of equipment and the resources needed to do their job properly, particularly in some low- and middle-income countries. However, feeling invisible and not being allowed to work to their full competence were more specific to the nursing profession. These concerns represent very significant challenges to the potential and future development of nursing. However, it was clear from this study that nurses wanted to be able to work up to the limit of their competences.

A further, as yet unpublished, study conducted by Nursing Now sampled the opinions of 291 nurses in Tanzania in 2017 and revealed similar results, with nurses reporting that “nurses have an inferiority complex,” “are invisible,” and are not engaged in decision making.\(^11\)

**THE TRIPLE IMPACT OF NURSING**

The APPG review group published its report on the “triple impact of nursing” in October 2016.\(^12\) Its main conclusions were that:

- Universal health coverage would not be achieved globally without strengthening and developing nursing.
- Nurses are too often undervalued and underutilized in the sense that they cannot use their education, skills, and experience in full. This is an extraordinary waste of talent and commitment; with nurses and midwives making up half the professional health workforce globally, it is also an extraordinary waste of resources.
- Developing nursing would have a *triple impact* by contributing to achieving three of the sustainable development goals: improved health, greater gender equity, and strengthened local economies.

**Figure 1** illustrates the triple impact.

The triple impact report reveals the great underutilized potential of nursing globally. It also identifies the unique nature of nursing, which combines intimate hands-on care, professional knowledge, and person-centered humanitarian values (Figure 2).\(^13\) The report notes that nurses provide continuity of care for patients. Further, nurses are generally members of the community they serve and are therefore well-equipped to understand local cultures and effectively work with and influence local populations. Other national studies, such as the Institute of Medicine’s review of nursing in the United States, came to broadly similar conclusions about nursing in individual countries.\(^14\)

Other recent global policy work has focused on the importance of health human resource development for achieving
improved health and economic growth. The WHO’s 2016 Human Resources for Health strategy detailed the shortages of health workers and proposed approaches to address them.\(^1\)

The 2016 High-level Commission on Health Employment and Economic Growth also elaborated the links between health workers and economic growth and offered recommendations about how to strengthen both.\(^15\) Nurses are central in both of these important policy documents.

The combination of these forces for change is very powerful and makes the point that as health systems move toward more primary care and patient-centered approaches, and with a greater focus on noncommunicable diseases, nurses will play an even more significant and central role than before.

**ALMA-ATA, PRIMARY CARE, AND PUBLIC HEALTH**

I foresee that the greatest impact of the new roles of nurses will be in primary care and public health. Forty years ago in 1978, most of the nations of the world stated in the Alma-Ata Declaration that “Primary health care is essential health care.”\(^16\) It goes on to elaborate that, among other features, primary health care should be “based on practical, scientifically sound[,] and socially acceptable methods and technology” and be available to all people in their own communities. Primary health care “is the first level of contact of individuals, the family[,,] and community with the national health system bringing health care as close as possible to where people live and work ...”\(^16\)

In primary care nurses can lead, for example, the management of many noncommunicable diseases. They can also take on enhanced roles in public and population health by promoting health, preventing diseases, improving health literacy, and supporting the early detection of diseases. Nurses’ position as the health professionals closest to the community, with great understanding of local culture, makes them particularly suited to these roles. Moreover, they are well placed to provide support and supervision to ensure the quality and competence of care provided by the growing numbers of community health workers.

Nursing has developed enormously in the 40 years since the Alma-Ata Declaration was made. The continuing evolution of nursing could prove to be the key to finally answering the declaration’s call and meeting the challenges of primary health care.

**CONCLUSION: THE NURSING NOW CAMPAIGN**

This article has presented why nursing has the potential to play ever more central and important roles in both improving and delivering health care in the future, particularly in primary care. There is also evidence of growing interest in nursing globally as well as increasing recognition of its future potential.
I cofounded Nursing Now, a three-year global campaign, which seeks to accelerate these changes and promote the further development of nursing. The campaign, run in collaboration with the ICN and the WHO, aims "to improve health and health care globally by raising the status and profile of nursing, demonstrating what more can be achieved by enabling nurses to maximize their contribution to achieving universal health coverage."

The campaign was launched at the end of February 2018 and within three months, by the end of May, had active, locally resourced groups in more than 40 countries. They are already beginning to have an impact on policy both globally and nationally. This global effort, together with recent policy developments and evidence from research, should help inspire fresh thinking about how nursing—and the related profession of midwifery—can contribute to improving all areas of health systems and to enacting meaningful and effective reforms. The rapid growth of the Nursing Now campaign shows that there is an appetite for change and that the time is right to develop nursing so as to improve health globally and help achieve universal health coverage.

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DECLARATION OF INTEREST STATEMENT

The author is co-chair of both Nursing Now and the UK All-Party Parliamentary Group on Global Health, both of which are referred to in this article. Both positions are unremunerated.

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

No potential conflict of interest was reported by the author.

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REFERENCES

1. WHO. Global strategy on human resources for health: workforce 2030. Geneva, Switzerland: World Health Organization; 2016. p. 41.
2. WHO. Global strategy on human resources for health: workforce 2030. Geneva, Switzerland: World Health Organization; 2016.
3. International Council of Nurses. Midwifery. Definition of Nursing. Geneva, Switzerland: ICN; [accessed 2018 Apr 29]. http://www.icn.ch/who-we-are/icn-definition-of-nursing.
4. International Confederation of Midwives. International Definition of the Midwife. The Hague, The Netherlands: ICM; [accessed 2018 Apr 28] https://internationalmidwives.org/assets/uploads/documents/Position%20Statements%20%20English/New%20Position%20Statements%20en%202014%20and%202017%20%20ENG%20Definition%20of%20the%20Midwife%202017.pdf.
5. WHO. Geneva, Switzerland; WHO; [accessed 2018 Apr 30] http://www.who.int/topics/midwifery/en
6. Trant K, Usher S (Eds). Nurse: Past, present and future: The making of modern nursing. London (UK): Black Dog Publishing; 2010.
7. Crisp N, Iro E. Nursing Now campaign raising the status of nurses. Lancet. 2018 Feb 27. doi:10.1016/S0140-6736(18)30494-X
8. Aiken LH, Sloane DM, Bruyneel L, Van den Heede K, Griffiths P, Busse R, Diomidous M, Kinnunen J, Kozke M, Lesaffre E, McHugh MD, Moreno-Casbas MT, Rafferty AM, Schwendimann, R, Scott PA, Tishelman C, van Achterberg T, Sermeus W. Nurse staffing and education and hospital mortality in nine European countries: A retrospective observational study. Lancet. 2014;383(9931):1824–1830. doi:10.1016/S0140-6736(13)61612-8
9. Salvage J, Stilwell B. Breaking the silence: A new story of nursing. J Clin Nurs. 2018;27(7–8):1301–1303. doi:10.1111/jocn.14306
10. All Party Parliamentary Group on Global Health. The triple impact of nursing. London, UK: All-Party Parliamentary Group on Global Health.; 2016 Oct [accessed 2018 May 1]. http://www.appg-globalhealth.org.uk
11. Unpublished survey results in possession of Nursing Now, London, United Kingdom.
12. All Party Parliamentary Group on Global Health. The triple impact of nursing. London, UK: All-Party Parliamentary Group on Global Health.; 2016 Oct [accessed 2018 May 1]. http://www.appg-globalhealth.org.uk
13. All Party Parliamentary Group on Global Health. The triple impact of nursing. London, UK: All-Party Parliamentary Group on Global Health.; 2016 Oct [accessed 2018 May 1]. http://www.appg-globalhealth.org.uk
14. Institute of Medicine. Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. The future of nursing: leading change, advancing health. Washington, DC: National Academies Press; 2011.
15. World Health Organization. High-Level Commission on Health Employment and Economic Growth. Geneva, Switzerland: WHO; [accessed 2018 May 26]. http://www.who.int/hrh/com-heeg/reports/report-expert-group/en.
16. Declaration of Alma-Ata International Conference on Primary Health Care, Alma-Ata, USSR. 1978 Sep 6–12. [accessed 2018 Apr 28]. http://www.who.int/publications/almaata_declaration_en.pdf.
17. Nursingnow. Homepage. London, UK: Nursingnow; [accessed 2018 May 1]. http://www.nursingnow.org/.