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International Council of Nurses
The Global Voice of Nursing

Empowerment, Nurses and the Publics Health

Professor Ann Hemingway Bournemouth University UK

Universitätsspital Basel

Nurses are the Biggest Safety Critical Work Force in Health Care Globally….

However….

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It's time to **recognize the critical contribution** nurses and midwives make to global health!

2020

INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE.

2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE

#SupportNursesAndMidwives

World Health Organization

STATE OF THE

WORLD'S NURSING 2020

Investing in education, jobs and leadership

World Health Organization

Nursing now

Nursing roles in 21st-century health systems (State of the World Nursing Report 2020 WHO Summary)

- Healthcare systems vary but common challenges include **health equality**, climate change and the threat of a pandemic.
- The report notes nurses ARE KEY in achieving **universal healthcare**, ensuring care quality and patient safety, preventing and controlling infections, and combating antimicrobial resistance. During outbreaks, such as Covid-19, where hygiene, physical distancing and clean settings are crucial for an effective response.
- Nurse-led interventions can lead to an increase in vaccination rates and contribute to behaviour change such as increasing uptake of medications.
- Patients treated by nurses are more likely to attend follow-up appointments.
- When dealing with emergencies, epidemics and disasters, nurse leadership plays a vital role.
- Nursing focus on health education and communication are important to sustaining a healthy population.
- Nurses have shown positive results in areas that are particularly challenging to women, such as family planning and abortion care, as well as success in smoking cessation.
- The report noted that nurses were able to relate to the concerns of young people, which included coming across as trustworthy, non-judgemental, patient centred and being accessible to all groups in society.

Why air pollution is an important issue for all nurses

Jamie Waterall, Deputy Chief Nurse, Public Health England (Jamie.Waterall@phe.gov.uk, Twitter: @JamieWaterall), **David Rhodes**, Director of Environmental Public Health, Public Health England, **Karen Exley**, Group Leader, Air Quality and Public Health, Public Health England

Most people will be aware that, unfortunately, COVID-19 has led to more than 4 million deaths across the world. However, few are aware that more than 7 million premature deaths are caused by air pollution every single year (World Health Organization (WHO), 2021). Our grandparents may remember the deadly pea-souper smogs of the 1950s. And anyone who grew up in south or south east Asia will be familiar with the euphemistically named 'haze' events, where smoke from agricultural or forest burning blots out the sun and stings eyes and throats for days on end. However, in the UK, air pollution is largely invisible, but that does

and older people. People living or working in areas with high levels of air pollution, such as areas close to busy roads and in low-income communities, are also more likely to be affected by air pollution (Public Health England (PHE), 2019).

Air pollution is a complex mix of particles and gases that can occur naturally, such as from wind-blown soil and wildfires, or arise from human activities, emitted from transport, industry, agriculture, and domestic heating. Most of our evidence on the health effects is from exposure to particulate matter, a mixture of solid and liquid particles. Other pollutants include nitrogen dioxide, ozone, ammonia, sulphur dioxide, carbon monoxide and volatile

construction materials. Furnishings and household consumer products can also include air pollutants, such as paints, cleaning products and air fresheners. Tobacco smoke is another household pollutant, with second-hand smoke a problem for non-smokers. Housing conditions are also an important factor: poor ventilation, lack of maintenance, damp and poorly maintained fuel-burning appliances can all reduce the quality of the indoor air.

Enhancing knowledge

To support all health and care professionals to enhance their knowledge and, more importantly, to take greater action on key public health issues, PHE has published

Healthy ageing: what is the nurse's role?

Rita Newland, Nurse Advisor, Research, Office for Health Improvement and Disparities, **Laura Koehli**, Older Adults Programme Manager, Office for Health Improvement and Disparities, and **Jamie Waterall**, Deputy Chief Nurse, Office for Health Improvement and Disparities (Jamie.Waterall@dhsc.gov.uk; Twitter: @JamieWaterall)

The human population is living longer than at any other time in history, with global life expectancy doubling since the 1900s (World Health Organization (WHO), 2020). Someone aged 65 years old today can expect to live to 85, nearly 30 years longer than their parents' generation. By 2040, one in four people living in the UK, around 20.7 million individuals, will be aged 65 and over (Public Health England (PHE) and Centre for Ageing Better, 2021).

Despite living longer, many people do not experience good health in old age. Instead, they spend a large proportion of their later life managing multiple long-term conditions and disabilities, which could have been prevented, or the impact lessened, by actions taken earlier in their lives.

have five extra years of healthy life by 2035 (PHE and Centre for Ageing Better, 2021).

Evidence shows that promoting healthy behaviours from mid-life onwards allows people to prevent the onset of chronic diseases and prolong their physical and cognitive functionality into later life. For example, eating a healthy diet, taking regular physical exercise, which includes activities to increase strength and improve balance, stopping smoking and reducing alcohol consumption can all contribute to prolonging health and independence (PHE, 2016). Emotional, social, and cognitive health in old age have also been shown to benefit from strategies to engage and connect with others and avoid social isolation. Hobbies and focused activities that instil a sense of belonging and purpose have

change and healthy ageing will help people to understand the changes necessary to achieve health in later life (PHE, 2016; WHO, 2020).

Health messaging and behaviour change should be relevant and responsive to context changes affecting health and lifestyle. A recent report by PHE found that inactivity among older adults during the national lockdown of the COVID-19 pandemic, meant that many older people experienced a decline in their mobility, functionality, strength and balance and an increase in the number of falls they had (PHE, 2021). In future, to regain health in old age, these people will need support to increase activity and functionality during the recovery phase of the pandemic.

The report predicts that, without

Nurses' role in curbing the pandemic affirms their wider remit in disease prevention and promoting vaccination

Rita Newland, Nurse Advisor, Research, **David Green**, Nurse Consultant for Immunisations, and **Jamie Waterall**, Deputy Chief Nurse (Jamie.Waterall@phe.gov.uk, Twitter: @JamieWaterall), all at Public Health England

Creating immunity through vaccination is second only to clean water in the fight against infectious disease-related deaths worldwide (Andre et al, 2008). Thankfully, vaccination means that individuals, families and communities in the UK no longer experience the devastating effects of more than 20 diseases (Jakob, 2020). Although primarily used to prevent disease, as in the case of smallpox, vaccines also reduce transmission and severity of disease.

The national vaccination campaign response to the COVID-19 pandemic is testament

to include travel vaccines for those visiting countries where diseases such as polio, hepatitis A and typhoid, remain prevalent.

Advancing age causes degenerative changes to the immune system, called immunosenescence, which leads to increased susceptibility to infections such as influenza, pneumococcal disease and shingles (Crooke et al, 2019). Consequently, vaccination remains an important part of ageing healthily.

Advised by the Joint Committee for Vaccination and Immunisation (JCVI), the UK's vaccination programme is both evidence based and dynamic, responding to emerging research

most trusted sources of advice on vaccination (Campbell et al, 2017).

Most people in the UK are happy to engage with vaccination programmes, with uptake in the first 5 years of life close to 95% (NHS Digital, 2020). Consequently, fewer than 130 people contracted measles in 2014 compared with more than 460 000 a year in 1967 (PHE, 2016). However, the success of the vaccination programme may also risk reducing uptake as those with no experience of the disease fail to perceive their risk of infection and fail to consider their need for protection (Bedford, 2020). When vaccine uptake is

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The report predicts that, without

Building back better: nurses leading our approach to preventing, promoting and protecting All Our Health

Rita Newland, Nurse Advisor, Research, Public Health England, **Jamie Waterall**, Deputy Chief Nurse, Public Health England and **Viv Bennett**, Chief Nurse and Director, Maternity and Early Years, Public Health England

As we enter 2021, the priorities for the health and care system across the globe remain centred on the need to manage the COVID-19 pandemic (Bruijnzeels et al, 2020). Although, of course, the unrelenting events taking place since early 2020 are things that we would not want to go through again, at the same time this has provided starker and readier with first-hand experience of the complex and dynamic nature of public health policy and practice.

Public health is classically described as 'team' depicting the focus for health

work). As health and care professionals progressing in the fifth wave, we can learn from earlier waves and build our knowledge, understanding and resilience so that we can respond effectively to new health challenges. This means that, as the fifth wave, armed with our knowledge of the importance of clean water, immunisation, research, and evidence-based practice, we can engage and encourage people to be actively involved in their health and wellbeing. This will be essential in the coming months and years as the emergency moves into recovery, and a focus on efforts to

during episodes of illness. For example, if people are to avoid the need to manage the treatment and consequences of hypertension as adults, we should influence their food choices in childhood to reduce the likelihood of obesity; we must also support schemes that deter/restrict cigarette smoking, making it increasingly unlikely for young people to see it as a normal lifestyle choice and in its place create a more daily exercise is commonplace, rather than something to do if time allows (Elwell-Sutton et al, 2019).

The All Our Health framework developed by Public Health England (PHE) and the

Smoking and tobacco: working towards the endgame as a vital part of post-COVID-19 recovery

Jamie Waterall, Deputy Chief Nurse, Public Health England (Jamie.Waterall@phe.gov.uk), Twitter: @JamieWaterall

As we enter 2021, it is essential that our profession's voice is heard on the issues learnt, and the opportunities and challenges we have faced to be able to actively respond to a world focused on COVID-19 recovery. The SARS-CoV-2 pandemic has dominated governmental and healthcare systems across the globe, with nations fighting to protect their populations and save the vulnerable from severe illness and death. What has become increasingly apparent is the risk of non-communicable diseases (NCDs) in fuelling the fate of the virus.

The World Health Organization

leading or significant risk factor (Murray et al, 2020).

Smoking harms nearly every organ of the body. It causes respiratory disease, cardiovascular disease, lung cancer and many other cancers. It significantly raises the risk of developing type 2 diabetes, eye disease and dementia. It is the leading modifiable risk factor in pregnancy, associated with miscarriage, premature birth, stillbirth, complications during delivery, neonatal complications and sudden infant death syndrome. Exposure to second-hand smoke (passive smoking) can lead to a range of diseases, many of which are fatal, with children especially vulnerable to the

2020). One in four patients in hospital beds are smokers. Smokers also are three CPI 30% more than non-smokers. Treating illness caused by smoking costs the NHS in England about £3.4 billion a year. Combined with additional costs to social care and lost productivity due to smoking, the estimated annual cost to society is £13.9 billion (Action on Smoking and Health, 2019).

Stopping smoking at any time has considerable health benefits, including for those with a pre-existing smoking-related disease. At the time of the COVID-19 pandemic, this is more important than ever. Although evidence on the impact of

Obesity: the biggest public health challenge facing nursing this century

Rita Newland, Nurse Advisor, Research, Public Health England, **Jamie Blackshaw**, National Lead for Physical Activity and Healthy Weight, Public Health England, and **Jamie Waterall**, Deputy Chief Nurse, Public Health England (Jamie.Waterall@phe.gov.uk, Twitter: @JamieWaterall)

Obesity and overweight is arguably the largest and most complex public health challenge of the 21st century, threatening future progress in reducing preventable ill health, premature death and addressing unacceptable health inequalities in the UK. Around two-thirds (63%) of adults are above a healthy weight and, of these, half are living with obesity. In England, one in three children leaving primary school are overweight or living with obesity. Living with overweight or obesity is linked to a wide range of diseases, most commonly type 2 diabetes, hypertension, some cancers, heart disease, stroke and liver disease (Department of Health and Social Care (DHSC), 2020; Hancock, 2021). Overweight and obesity terms and body mass

environments has never been more important. Clear opportunities for this are outlined in the Government's Obesity Strategy (DHSC, 2020). As the largest registered professional workforce within the health and care system and the most trusted nurses play a vital role in the strategy's success.

Obesity and the pandemic

Research during the COVID-19 pandemic has illustrated the serious impact that obesity has on a person's physical and psychological health (PHE, 2020a; 2020c; Bennett et al, 2021). It also plays a significant role in health outcomes for people coping with a life-limiting disease (Newton et al, 2013). For example, people living with excess weight who contracted COVID-19 were more

a how to manage mental health through lifestyle changes, including daily exercise.

However, some people may not have access to the internet or own a smartphone or computer and so therefore apps are only part of the solution. As such, local approaches to promote a healthier weight, which can be tailored to how people live their lives, remain vital (DHSC, 2020). Such place-based approaches can help design ways to enable underserved communities to access, engage and maximise the benefits provided (Buckshaw and Nia Dyk, 2019; PHE, 2020a). This is particularly important as people living in more deprived areas may have limited access to safe and quality green spaces. Moreover, local high streets may be saturated with outlets providing and marketing fresh

The lady with the lamp or the lady with the pie chart?

Jamie Waterall, Deputy Chief Nurse, Public Health England (Jamie.Waterall@phe.gov.uk), Twitter: @JamieWaterall

The World Health Organization (WHO) has designated 2020 as the International Year of the Nurse and Midwife. The year-long celebration of our profession was acknowledged as important by the WHO, given the critical role that the nursing and midwifery profession plays in supporting the delivery of the Sustainable Development Goals and the ambition for universal healthcare coverage. The timings for these celebrations also coincide with the bicentenary of the birth of Florence Nightingale.

It was not until I started working in public health that I fully appreciated how Nightingale had used statistics to achieve major health reform. Having collected hospital mortality data for 2 years, while

heart disease, stroke, cancer and dementia are now leading causes of preventable death and ill health in most middle- and high-income countries. We would also recognise that major behavioural, physiological and environmental risk factors (such as tobacco, dietary risk, obesity, high blood pressure and air pollution) are the main drivers for these diseases (James et al, 2018). These data also reveal unacceptable health inequalities. For example, in 2015–17 the gap in life expectancy between the most and least deprived areas in England was 9 years for males and 7 years for females. The gap for years spent in good health was 19 years for males and females (*Figure 1*). What is also concerning is that the inequality gap in life expectancy has increased

care professionals. The aim of All Our Health is to support professional colleagues to better understand the critical public health issues of our time and allow them to consider the role that they can play in promoting and delivering evidence-based risk-reduction interventions. There is no question that we need to enhance our contribution to important issues such as developing support around smoking cessation, physical activity, healthy weight, alcohol consumption and safe antibiotic prescribing through to advice on the importance of immunisations or taking up the offer of certain screening programmes. Our framework has been designed to provide all health and care professionals with brief advice and information on these important

Wellbeing and mental health: applying All Our Health

Jamie Waterall, Deputy Chief Nurse, Public Health England, Jamie.Waterall@phe.gov.uk, Twitter: @JamieWaterall

In the article 'The lady with the lamp or the lady with the pie chart?' published in this journal in January (Waterall, 2020) I proposed that health and care systems across the world remain preoccupied with treating, rather than preventing, avoidable ill health, death and health inequalities—and this needed to urgently change.

As we celebrate the World Health Organization's Year of the Nurse and Midwife and the bicentenary of the birth of the founder of modern nursing, Florence Nightingale, our profession has an opportunity to reflect both on our past achievements and, most importantly, on our future direction. As the largest health and care professional workforce across

This has significant financial implications. The Centre for Mental Health (2010) estimates that poor mental health carries an economic and social cost of £105 billion a year in England. Despite the commonplace nature of mental ill health, problems are often hidden, stigmatisation continues to be widespread, and many people are not receiving support in accessing evidence-based services and interventions.

Mental health problems start early in life; half of these are established by the age of 14 years, rising to 75% by age 24 years (PHE 2019b). Social risk factors such as poverty, migration, extreme stress, exposure to violence (domestic, sexual and gender based), emergency and conflict situations, natural

and it is the leading cause of death in men aged under 50 years and women aged under 35 years. Only 28% of all suicides are in people who have had contact with mental health services in the 12 months prior to death, and those who are bereaved are themselves at increased risk (PHE, 2019b).

People with severe mental illness (SMI), such as bipolar disorder or schizophrenia, have a life expectancy up to 20 years less than that of the general population, and the gap is widening. This is mostly due to preventable physical health problems, such as cardiovascular disease. It is estimated that for people with SMI, two in three deaths are due to physical illnesses and could therefore have been prevented (PHE, 2019b).

Nurses and health?

Inequalities in health are: “Differences in the prevalence or incidence of health problems between individual people of higher and lower socio-economic status”.

Inequities in health are these differences but articulated as being preventable, unjust and wrong.

WHO CSDH (2019) Inequalities in Health and How did we Get them WHO: Europe

https://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/

Research suggests most fatalities from COVID have been amongst those with underlying illnesses such as high blood pressure, diabetes and heart or respiratory disease. The more socially and economically disadvantaged a person is, the more likely they are to suffer from these largely preventable diseases. This also applies to risks of mental ill-health, which will be exacerbated by isolation, fear, and insecurity.

https://theconversation.com/covid-19-how-rising-inequalities-unfolded-and-why-we-cannot-afford-to-ignore-it-161132

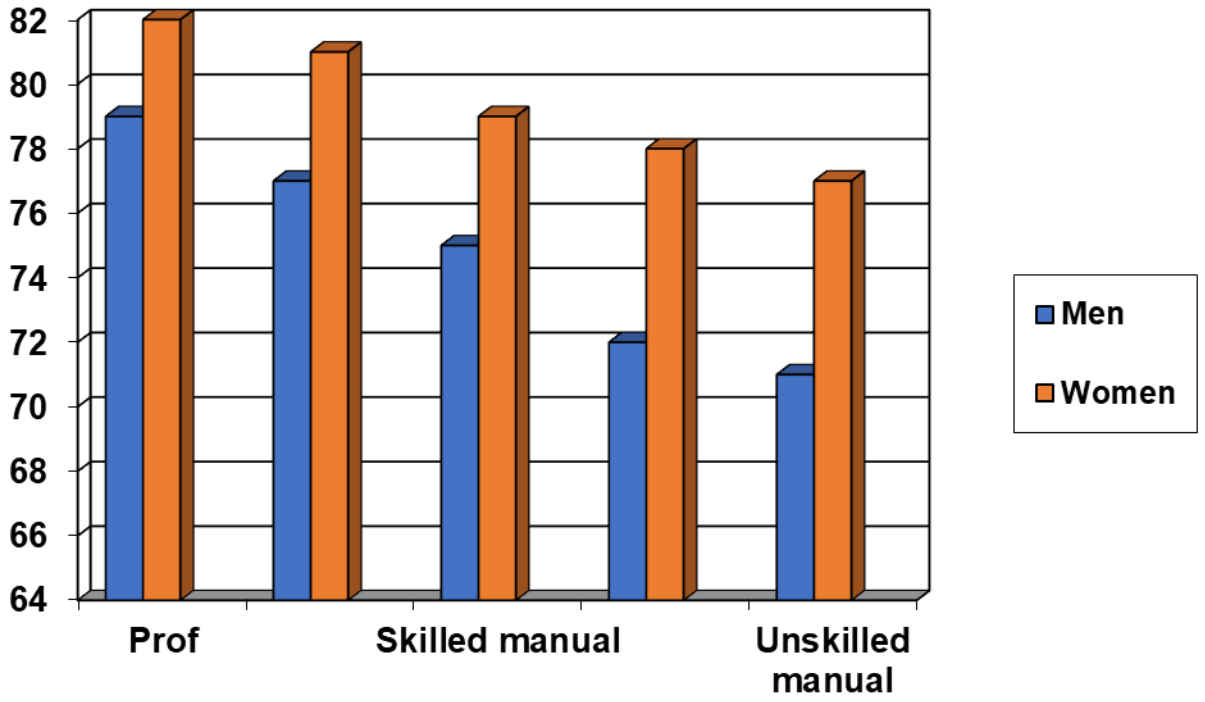
"Half the calls to emergency lines are from lonely seniors and half of the deceased had at least three chronic diseases and were largely of a lower social background....." - **Giovanni Gorgoni, Director General, Regional Healthcare and Social Affairs Agency of Puglia (AReSS Puglia), Italy**

https://eurohealthnet.eu/COVID-19

What are the social determinants of health which create inequalities in health outcomes and why should nurses care about them?

The Social Determinants of Health: The Evidence (WHO 2003/2008/2011/12/2019)

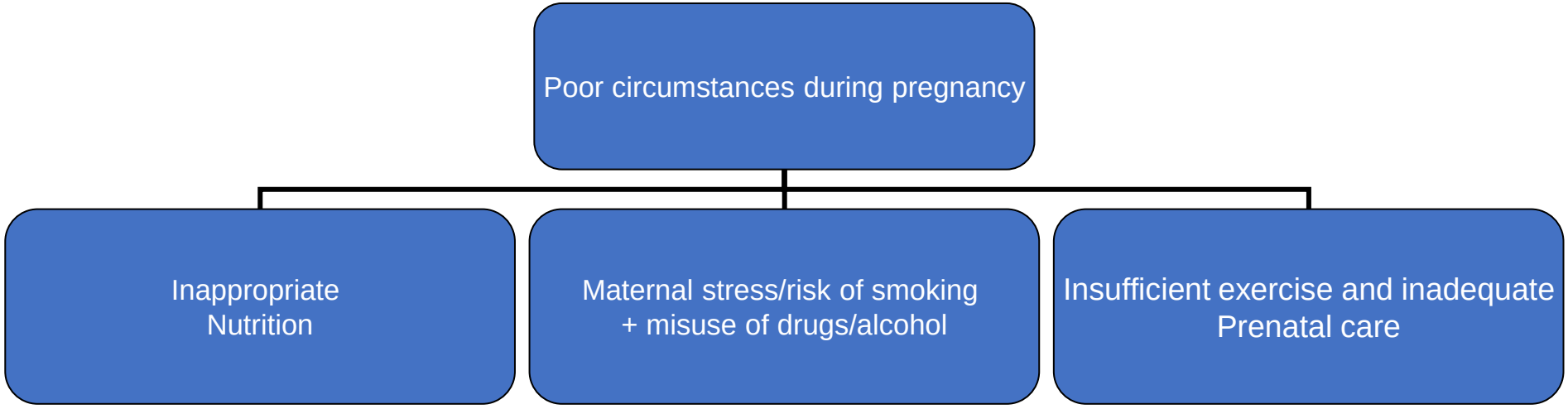
The social gradient impacts on life expectancy globally in relation to work



Social and psychological circumstances can cause long term stress and early death.

Insecurity	Low Self Esteem	Social Isolation	Lack of control
Lack of supportive friendships	Continuing anxiety	Poor mental health	Feeling a failure lack of hope

A good start in life means supporting mothers and young children: the health impact of early development and education lasts a lifetime



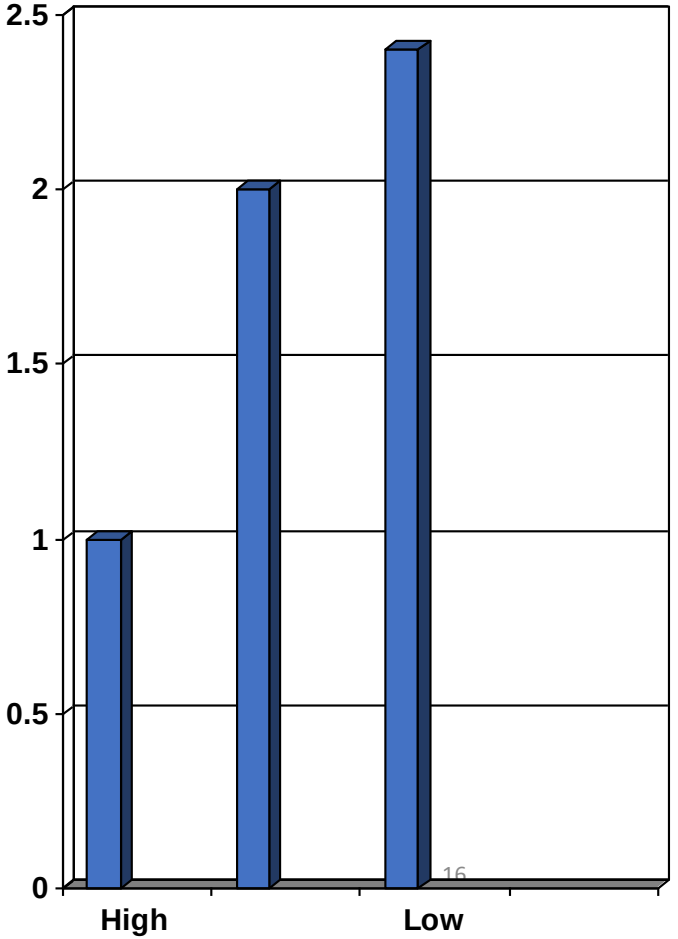
Poverty and Social Exclusion

Life is short where its quality is poor. By causing hardship and resentment, poverty, social exclusion and discrimination cost lives. The stress of poverty and social exclusion are particularly harmful during pregnancy, to babies, children and older people.

Increases the risk of early death	Increases the risk of becoming disabled	Increases the risk of becoming chronically ill	Increases the risks of developing an addiction

Stress in the workplace

People who have more control over their work have better health.



Education

In Bolivia, babies born to women with no education have infant mortality greater than 100 per 1000 live births, while the infant mortality rate of babies born to mothers with at least secondary education is under 40 per 1000;

Unemployment

Job security increases health,

well-being and job satisfaction.

Higher rates of unemployment

cause more illness and

premature death.

Social Support

Friendship, good social relations and strong supportive networks improve health at home, at work and in the community. Those who get less social and emotional support are more likely to experience depression and a greater risk of pregnancy complications. In addition, poor close relationships can lead to worse mental and physical health.


Addiction
Individuals turn to alcohol, drugs and tobacco and suffer from their use, but use is influenced by the wider social setting.

Food

Because global market forces control food supplies, healthy food is a political issue. A good diet and adequate food supply are central to promoting health and well being.

Transport

Healthy sustainable transport means less driving and more walking and cycling, backed up by better public transport. Healthy transport also encourages social interaction in the street and greater social cohesion.

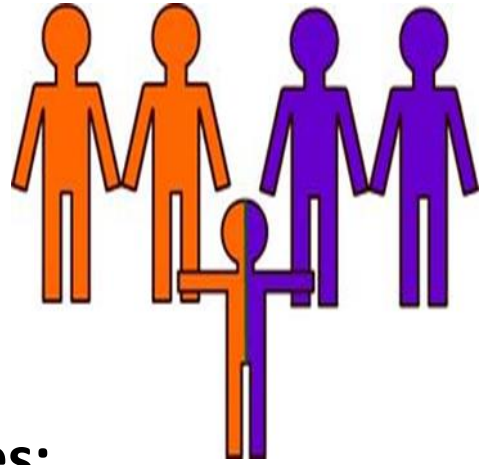
Housing

No matter which country in the world you live in your housing or lack of it affects your health and well being either directly through damp, cold, heat, infestation or increased risk of crime. But also indirectly by affecting your status and the stability of your home environment.

Access to safe, effective, affordable, accessible health care

Examples of health inequities between countries:

- The risk of a baby dying between birth and one year of age is 2 per 1000 live births in Iceland and over 120 per 1000 live births in Mozambique;
- The lifetime risk of maternal death during or shortly after pregnancy is 1 in 17,400 in Sweden but it is 1 in 8 in Afghanistan.



Examples of health inequities within countries:

- **Life expectancy at birth among indigenous Australians is substantially lower (59.4 for males and 64.8 for females) than that of non-indigenous Australians (76.6 and 82.0, respectively);**
- **Life expectancy at birth for men in the Calton neighbourhood of Glasgow is 54 years, 28 years less than that of men in Lenzie, a few kilometres away;**
- **The prevalence of long-term disabilities among European men aged 80+ years is 58.8% among the lower educated versus 40.2% among the higher educated.**

Disempowerment…

- Has three dimensions:
- Material, lack of food, housing, health care, education, opportunity…
- Psychosocial, having some control over what happens in your life/work…
- Political, having a voice…

What being disempowered and having no political voice can mean in reality….

- Care home deaths are counted separately in the UK and never make it into the daily Department of Health and Social Care announcement. Most care homes are run by nurses in the UK.
- One care home told the Guardian a third of its residents had died, while in another all its residents had died.

https://www.theguardian.com/world/2020/apr/14/are-people-dispensable-care-home-manager-tells-how-third-of-residents-have-died-from-covid-19

COVID – 19 AND THE SOCIAL DETERMINANTS

When people are living on a low income with insecure workers rights going out to work is unavoidable and the major public health measures – social distancing and hygiene – become extremely difficult, if not impossible. The same is the case for those who are homeless. In some places it will only be the rich who can afford to self-isolate. It is healthcare workers, and especially nurses and midwives, that are exposed to infection, without appropriate protective equipment.

Health Action International - https://haiweb.org/ 2019

bookofremembrance.rcni.com

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NursingStandard

Book of Remembrance

Royal College of Nursing
2020 International Year of the Nurse and Midwife

In memory of all nursing staff

Too many nursing and health care staff have lost their lives during COVID-19. Every life lost is a tragedy – but especially when nursing staff died because they were undertaking their professional role, caring for others and keeping them safe.

Thank you for taking time to remember a member of nursing staff who has died during the COVID-19 pandemic.

This online Book of Remembrance is a legacy that reflects the bravery and compassion of nursing staff. Those who have lost their lives will never be forgotten.

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Three conceptual and methodological factors appear to have impeded nursing research and practice development relevant to the social determinants of health:

- **Ambiguity about the terms used to define them.**
- **A narrow focus on biological and behavioural risks for disease development.**
- **The persistent centrality of an individual behaviour focused approach to examining lifestyle.**

Empowerment and Nursing…

- Nurses have suggested that their professional culture can exert a negative impact on empowerment through the professional `ego` dominating interactions with those they care for
- Nursing authors have suggested that we cannot empower those we care for as we do not hold power within a health care context in many instances
- This would suggest that if nurses are to achieve a change in power and status, we must take leadership roles and engage in political debate seeking to change our public and political status.

The WHO Commission on the Social Determinants of Health recommendations on how to reduce inequities in health:

Improve daily living conditions:

This focused on 5 areas, equity, healthy places, healthy people, fair and decent work, social protection and universal health care.

Nurses need to consider that they can help reduce inequities in the following ways:

- Be a witness and record the negative health impacts of poverty and inequity of access to services.
- Be a leader in challenging policy and practice to consider the impact of the social determinants of health and inequities in access to health services.
- Public health work can target inequity both directly and through lobbying and influencing policy and practice development.
- We can measure actions to see if they are effective.
- Health care employers can set a positive example in their locality, region or country.

Key questions for our profession ….

- Do we understand the impacts of the social determinants of health on both communicable (COVID – 19 for example) and non-communicable (cardiovascular disease and cancer) diseases?
- Are we prepared for our roles as advocate, witness, role model, leader and influencer?
- Do we design services for our local populations to access easily whether we are hospital or primary care practitioners?

- Do we need a new paradigm for research and practice that focuses on the social determinants of health as potentially preventable causes of ill health including within the health care work force?

- Do we need to strengthen our strategic and political skills to reaffirm inequities in health as a priority within often complex local circumstances?

- Do we need to influence local and national policy and research on how to tackle inequalities and inequities in health and access to health care; and enable ourselves and those we care for to be heard and to influence these debates?

- Does our key role in caring for those with COVID – 19 and preventing its spread help to highlight how we need to have a clearer focus on highlighting, preventing and mitigating the impacts of the social determinant of health on ourselves and others?

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