ICN Policy Brief

Nursing Leadership in Primary Health Care for the achievement of Sustainable Development Goals and Human Resources for Health Global Strategies

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Background
The purpose of the paper is to provide a summary of relevant literature concerning nursing leadership in strengthening primary health care to support the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) worldwide.

This paper should be read in relation to the “WHO Global Strategy on Human Resources for Health: Workforce 2030”

Primary Health Care and Universal Health Coverage
The classic definition for Primary Health Care (PHC) is...

The WHO model of PHC is focused on better health for all using the following key elements: reducing exclusion and social disparities in health; organizing health services around people’s needs and expectations; integrating health into all sectors; pursuing collaborative models of policy dialogue; and increasing stakeholder participation.

Universal health coverage (UHC) has become the internationally agreed objective of health and development policy. UHC aims to ensure that all people can use the promotive, preventive, curative, rehabilitative and palliative health services that are of sufficient quality, while at the same time ensuring that the use of these services does not cause financial hardship to the consumers. To this end, it is important to remember that PHC is the preferred and effective
means of delivering essential health services at a cost which governments and communities can afford. A national healthcare system is more effective when it is based on PHC encompassing a range of publicly funded essential and universally accessible and equitable health services to the population.

**Strategies for Strengthening Primary Health Care**

Strengthening PHC continues to be a focus of health system reform worldwide. Both peer-reviewed and non-peer reviewed papers include several key messages to improve PHC. These include: the need for a focus on the social determinants of health; transparent and accountable funding processes; improved access to health services supported by appropriate information technology; and interprofessional practice where quality and outcomes are regularly monitored. Much of the health re-design that is recommended focuses on models that embrace interprofessional education and practice with health team members who are supported to practice to full scope and who understand each other’s roles. For many healthcare providers, practicing to full scope and being engaged with health colleagues, increases autonomy, improves practice satisfaction and improves recruitment and retention. Evidence also suggests that healthcare should be designed and delivered to support patient- and family-centered health care.

**Optimization of the Nursing Role in Primary Health Care**

Nursing full scope practice in team-based primary care has been found to be cost effective and improves quality of care, increased patient satisfaction, access and equity, particularly in underserviced areas and populations. In many PHC settings, having nurses as full members of the PHC team is essential to meet the complex health and social needs of populations. PHC delivery by nurses, including nurse practitioners for acute and episodic care, chronic disease management and practice operations resulted in improved quality of care, efficiency and decreased cost.

Maximizing the benefit of nurses practicing in PHC requires a commitment to progressive policy regarding funding and public awareness, competency-based nursing and interprofessional education and the optimization of the nurses role in PHC with comprehensive process and outcome measures. Additionally, authors of a Cochrane review found that depending on the context of care, appropriately educated nurses provide care comparable to primary care physicians with similar patient outcomes.

Nurses are educated with a holistic lens so that all facets of a person’s health and well-being are considered when planning and delivering care. With increasing focus on the social determinants of health, nurses are prepared to provide care based on that broader understanding of health. Nursing education also promotes developing therapeutic relationships with patients and families to fully understand their stories and life contexts in order to individualize care plans and assist people in navigating the health and social systems. However, current models of health delivery still tend to focus primarily on the treatment of illness, rather than focusing on other key social determinants of health. In remote communities and/or in low-middle income countries, much of the care delivered at the local level depends upon the expertise of community health workers or nursing assistants. Nurses and nursing play an important role in supporting their colleagues working in communities through advocacy, mentorship, collaboration and by recognising the important contribution of nursing assistants and community health workers in maintaining local services.
**Nursing Leadership in PHC**

In addition to being practice leaders, nurses at the organisational and system levels are leading strategic conversations about health system transformation in PHC. As well, national nursing associations and international organisations, such as ICN, are strong advocates for the strengthening of PHC through health system change based on the needs of populations\(^{11, 34, 35, 37}\) and focused on the SDGs and UHC for all.\(^ {38}\) It requires change that is evidence-informed, gender-focused and with a shift from predominantly hospital-based care to care in the community and home.\(^ {39}\)

**Primary Health Care, Nursing and the Global Strategy on Human Resources for Health**

The overall vision of the HRH workforce strategy is to ensure equitable access to a skilled health workforce within a performing health system with progress towards UHC and the SDGs.\(^ {39}\) Based on a broad definition of health and with the aim to provide quality health services, the goal of the strategy is to ensure that services are accessible and available but also acceptable for all people across the lifespan. Using a population, needs-based approach that is person-centered and collaborative that also considers gender and safety issues for providers, the Strategy focuses on four main objectives: improving data; implementing evidence-based policy; building effective leadership and governance to support HRH; and investing in approaches that are needs-based, consider the health labour market and maximize employment and economic growth.

Generally, the Strategy recognises the importance of strengthening services and care at the local level by creating tangible targets for the redistribution of healthcare workers; the creation of infrastructure for data acquisition and sharing; economic investment in the health workforce; and institutional support for collaboration across sectors. From a PHC perspective, the Strategy focuses on attaining UHC with efficient and effective models of PHC where diversity of skill mix is paramount to meet health needs and there are clear, integrated connections to social services and advanced/specialized care.\(^ {39}\) The HRH Strategy aligns with current nursing and midwifery strategies, which focus on person-centered collaborative action that optimise and maximise nursing roles, including advanced practice nurses, to meet health needs. Such action is supported by effective policy and aimed at meeting global goals and targets such as the SDGs and UHC.\(^ {40}\)

**Strategies and Key Messages for Policy-setters to Strengthen PHC**

- A move from a dominant, illness-focused system to one that also includes preventative services and health promotion care is required. Nursing and nurses are well positioned to lead a shift in thinking, in practice and in policy, which supports a broader understanding of health.

- Nurses and nursing are leaders both at the system level and ‘on the ground’ in supporting colleagues who provide PHC in remote and under-serviced areas such as the community health workers and nursing assistants in low and middle-income countries.

- Nurses practicing to full scope can provide both acute/episodic care as well as effective chronic disease management. Optimal use of nurses in PHC improves access to care, particularly for vulnerable populations, including those living in rural areas.

- In an effort to meet the SDGs for 2016-2030 and provide UHC, a diverse health workforce working in teams with the skills and competencies to meet current population health needs is required.
• As outlined in the Global HRH Strategy, global investments in the health workforce are currently not sufficient to support health or the broader social systems. Therefore, a change in the planning, education, deployment, utilization and recruitment and retention strategies for healthcare workers is needed.\(^{39}\) Such a change includes strengthening PHC by ensuring nurses are key care team members and leaders for health system change.

• Interprofessional education is vital to addressing the lack of knowledge providers have about other healthcare providers. It also teaches different care providers how to negotiate issues of shared scope and knowledge as well as decision-making.\(^{11, 41, 42}\) The key is to not only have interprofessional education programmes but also to have interprofessional practice settings to support this new way of learning about how to work together.\(^{43, 44}\)

• Nurses and nursing are leaders at the national and global decision-making tables by supporting a strengthened PHC system that is evidence-based, collaborative, focused on the needs of people and that promotes equitable access to UHC.

**About ICN**
The International Council of Nurses (ICN) is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.

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