

***Nursing Now!* Telephone Interviews: Summary of Responses**

Executive Summary

In September and October, Luther Pendragon, the communications firm working with *Nursing Now!*, carried out 30 in-depth telephone interviews with a series of global health leaders from around the world. The following reflections are taken from the totality of anonymised responses made during the interview process, and are not associated with any individual. This summary does not reflect every insight garnered from the interview process. Some insights could not be shared in this manner without compromising anonymity.

Mission, Vision and Values

Q. What do you hope the campaign will achieve?

- Bring the public and decision makers up to speed with what nursing is like in the 21st century by drawing on their multidimensional role and position along the clinical pathway, rather than purely in the context of a hospital.
- Flatten the healthcare hierarchy by improving the policy influencing position of nurses and the current situation of nurses being the last people to the table, even when it directly effects nursing.
- Emphasise that nursing is not only important in healthcare terms, but that as a workforce, nurses contribute to economic security, community cohesion and improved levels of education.
- Expand access to nursing as a profession, both in terms of gender and class.
- Create and promote a coordinated, unified nursing voice that draws on a consistent set of messages and avoids competition between nursing practises.
- Relate to the ultimate goal of improved patient care and safety through Universal Health Coverage.
- Make nursing attractive as a profession, one that involves real change-making and policy influence.
- Encourage and educate the next generation of nursing leaders.
- Foster the global connections that exist within the profession and engage the perspectives of poorly represented nursing communities.

Q. How will the world have changed after the campaign?

- Developed countries are incentivised to train and retain nurses to avoid the current brain drain.
- There is parity between nurses and other health care professionals, including doctors, on senior leadership and policy-making boards.
- Health services and the health of the population will be improved, but there will be other benefits as well, including economic development and gender equality.

Q. How should the campaign go about its business?

- Draw on grassroots examples of nursing by emphasising the lived experience of nursing.
 - However, some respondents said that there may not be the grassroots pressure in developing countries, or that there is no point in having a ‘seat at the table’ unless you have something to contribute.
- Rely on the excitement that many nurses - particularly student and novice nurses - feel about being in a position to affect change.
- Engage with people at the community level and stress that “we are all patients.” The public is nursing’s biggest asset.
- Avoid exclusively focusing on, as previous campaigns have, disease and population healthcare issues.
- Feature regional representation through area ambassadors/champions that contribute their perspectives on nursing and bring their local networks to the campaign, to ensure that it is applicable to the whole healthcare landscape.
- Work with existing organisations and the platforms or networks they provide, in the spirit of partnership, rather than seeking to duplicate existing infrastructure.
- Utilise social media platforms to expand the scope of the campaign and recognise the variety of both nursing practice and nurses themselves.
- Combine grassroots momentum with the policy know-how of nursing leaders, as illustrated by *Triple Impact* and *The Future of Nursing*.
- Create evidence which highlights the value of nursing to healthcare systems, standards of health, levels of education and degrees of gender parity.

Context

Q. What do you think are comparable global campaigns?

- Global HIV/AIDS campaigns.
- WHO’s *Global Strategy on Human Resources for Health: Workforce 2030*.
- UNDP Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs).
- UNFPA/WHO/ICM campaign focusing on midwifery.
- In the 90s, there was a WHO campaign on reproductive health, but the individual responsible retired so it was discontinued.
- Institute for Healthcare Improvement (IHI):
 - *100,000 Lives Campaign*.
 - *Open School* - a multidisciplinary learning platform that allows healthcare professionals to learn from the comfort of their own home. 500,000 members globally.
- In Latin America, the *Adios Bacteriemias* campaign aimed to reduce the incidence of central venous catheter-associated bacteria.

Q. Are there similar health or development campaigns in your country?

- In the UK, the *People that Deliver* campaign focused on supply chain personnel.

Q. Are there other nursing campaigns in your country?

- In one area of the UK, a scheme called Compassionate Communities uses community assets to support end of life care and dementia support.
- In Canada, a report titled *This is Nursing* talked of how hard it is to define nursing and reflect the different roles and environments that nursing is active in. It was combined with a social media campaign (*#ThisIsNursing*).
- In the USA, the *Nurses on Boards* campaign pushed to ensure nurses were represented on leadership boards. The American Nursing Association (ANA) brought into a campaign associating nursing with health lives and health communities.
- In Kenya, a commission on nursing commodities established that levels of safety should be applied to goods such as sutures, gloves and needles. Other health campaigns have primarily been disease and treatment specific.
- In Latin America, countries see nursing within a wider human resources lens.

Q. What can we learn from these campaigns? What worked well, what did not work?

- *Future of Nursing* succeeded because it established implementation strategies together with considerable long-term funding, which ensured it had longevity. However, it lacked transferability to other non-US healthcare systems.
- *Workforce 2030* gained traction because it included economic language which was easily digestible and relevant to stakeholders and policy makers.
- *People that Deliver* succeeded because it relied on regional representatives that were very successful in mobilising support. This ensured accountability and that progress could be measured.
- With *100,000 Lives* and *Adios Bacteriemias*, the name made a difference as they were action focused and made it very clear what they were trying to achieve.
- *Nursing Now!* should reinforce and call attention to existing campaigns and other evidence-based global strategies published by the likes of the UN/WHO/World Bank.
- Engaging other stakeholders in the campaign increases the chances of it permeating popular discourse.
- In some cases, a campaign succeeds because it is controversial and ‘ruffles a few feathers.’

The Campaign

Q. How do you see your role in the campaign?

- The nursing leaders consulted would like to be able to speak about and promote *Nursing Now!* at global conferences and events.
- There was a widespread desire for interviewees to be consulted throughout the campaign’s roll out, particularly on its implementation strategies.
- Many were willing to leverage their contacts in policy/decision-making positions globally.
- Those from Africa and Latin America are happy to contribute the perspectives of a developing region.
- Those with experience of nurse training would like to participate in, or lead, the training programs that might be involved with the campaign.

Q. What role will others have in the campaign?

- The campaign should focus on reaching finance ministers, health ministers and anyone with an influence on national health policies.
- People working in health systems are also relevant, whether they be nurses, doctors, managers or other roles.
- For those in academia, there was a desire to contribute to the research that will underpin the campaign.
- The campaign needs to reach economists and experts on the labour market.

Q. Who should the campaign appeal to?

- The campaign should equally serve nurses in the developed and developing world.
- The next generation of nurses.
- There should be a clear call to action for politicians and policy makers.

Q. How can the campaign best reach a range of individuals?

- Utilise digital technologies and social media to ensure the campaign reaches a broad range of people.
- Rely on existing policy channels and the influence that the steering committee of *Nursing Now!* has in policy circles and national governments.
- Make it so the campaign constitutes a social movement by generating enthusiasm and providing tangible methods of people becoming involved at the grassroots. This could be done by:
 - Educating and make populations recognise the benefit of the campaign, and nursing more widely.
 - Providing tools, techniques and avenues of personal development.
 - Establishing localised structures and strategies that will contribute to the overall campaign.
- Work through existing structures such as DFID, which are well-funded and best placed to affect change in a range of environments (particularly the developing world).

Q. What will be the most important initiatives, workstreams or projects for the campaign?

- Promote evidence on the value of nursing, in terms of healthcare, education and economics.
- Establish whether the campaign is an advocacy and communications campaign or a program of activity that develops evidence or trains nurses.

Q. Are there any areas that the campaign should avoid or be mindful of?

- Needs to be mindful of the trajectory of healthcare in the USA under the current administration, particularly in its attempted repeal of the Affordable Care Act (ACA).
- The gender dimension of nursing must be considered and respected. Although most interviewees supported the gender equality aspect of the campaign, there were a number of mentions of the importance of aligning the campaign to women's issues, as around 90% of the world's nurses are women.

- There is a danger of it being perceived that the campaign is wholly led, and relevant to, Western countries, and that they are motivated by the presumption that their systems are right, or by some neo-colonial enterprise.
- The campaign should reflect that nurses have different roles across the world.
- If the campaign relies on support from the WHO, it must respect and accommodate the interests of its member states.
- There could be a perceived inherent irony in the UK Government being seen to lecture about the importance of nursing while cutting budgets and bursaries.

Campaign Identity

Q. What do you think of the name *Nursing Now!*

- Some thought that the emphatic **Now** is good in projecting an immediacy, and that now is the time to act for nursing.
- For others, whilst it is a call to action, *Nursing Now!* doesn't reflect what the current situation of nursing is, and what the future could, or should be.
- Many suggested that a further strapline may be needed to demonstrate that the campaign is concerned with the future of nursing.
- As the name *Nursing Now!* was already mentioned at ICN Congress, some thought it was too late to change. Although, this also meant that it gained good traction amongst nurses from around the world.
- Although recognising the need for a nursing-specific campaign, there was the belief that it might seem inward-focused and navel-gazing.

Q. Is there anything we should bear in mind when creating a visual identity for the campaign?

- Should not rely on an archaic concept of nursing (i.e. Florence Nightingale/*Call the Midwife*), but reflect the modern reality of nursing encompassing a number of specialities.
 - No traditional imagery of bedpans, drips and syringes.
- Needs to be truly inclusive of the range of nursing.
- Can't be too stereotypical.

Q. What should the visual identity communicate?

- The unique position of nurses within the healthcare workforce: on the front-line of treatment, often community-based, often socially and economically closer to the patient than doctors.
- That it is a global campaign, reflecting the scope of nursing across the world and the range of education/training/delivery of direct care from a range of countries.
- That nurses are a diverse workforce, despite a strong female component.
- It should draw upon personal narratives, like the Obama campaign did ("story of self, story of us, story of now").

Final Thoughts

Q. Do you have any advice for the campaign as a whole? What should it aim for, what should it avoid?

- In many countries it is the same individuals that provide both nursing and midwifery care so there needs to be discussion with the International Confederation of Midwives to see if there is any tension there as it could undermine some of the key aims of the campaign.
- Focus should be on implementation as so many campaigns and reports have launched that do not do enough follow-up work to ensure the implementation of their recommendations.
- The campaign has to be tied in with other issues as to capture as much attention as possible, particularly those relating to the economy.
- Must be in alignment with existing healthcare directives, particularly those which have gained significant international recognition (MDGs and SDGs).
- Must be mindful of country-specific contexts, particularly on issues relating to female empowerment and gender equality.