Year 2020 - the International Year of the Nurse and the Midwife

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Little did the World Health Organisation (WHO) know that when they decided to designate 2020 as they *international year of the nurse and the midwife* in honour of the 200th birth anniversary of Florence Nightingale, the world would be overwhelmed by a viral epidemic not seen for over 100 years. The role of the nurse has been thrust into the spotlight in a way that the WHO could have only dreamt of. Or maybe had nightmares about.

This opportunistic initiative was meant to celebrate and acknowledge the work of nurses and midwifes whilst simultaneously highlighting the need to recruit, train and employ a further 5.9 million nurses globally by 2030 (World Health Organization, 2020) in order to meet the WHO sustainable development goals. This was supposed to be achieved through an international engagement by nurses and midwifes in different types of events, talks, media cover, conferences, lectures and so on. Instead the of year of 2020 has become the year where approximately a third of the global population, and rising, is in corona (Covid-19) lockdown.

Ironically, on the 200th anniversary of Nightingale's birth, her environmental theory, stressing factors such as sunlight, fresh air and maybe most importantly cleanliness "*Every nurse ought to be careful to wash her hands very frequently during the day*." (Nightingale, Notes on Nursing, Ch. 11, 1859), has become more relevant than ever. Nurses and midwifes are going to work, risking their own and their families' lives; all over the world being first in line to return to hospitals and intensive care units struggling to offer what we would think as standard nursing and medical care to dying people.

Knowledgeable commentators, including Richard Horton the Editor of the Lancet, have highlighted what many felt to be true; it has become blatantly obvious that the last decade of austerity including a wilful lack of investment in nursing has now reaped a terrible reward. The UK for example, has seen a reduction of almost 4% in nursing numbers from 2011. Individual nurses have experienced an average reduction in nurses' pay of 8%. Horton cites "desperate" personal communications from nurses, "Nursing burnout is at an all-time high and a lot of our heroic nursing staff are on the verge of emotional breakdown." "It is sickening that this is happening, and that somehow this country thinks it's OK to let some members of staff get sick, get ventilated, or die." "I feel like a soldier going to war without a gun." "It's suicide." "I'm sick of being called a hero because if I had any choice I wouldn't be coming to work." (Horton, R, 2020).

Even if their leaders have been slow to appreciate the contribution of nursing, people in lockdown know full well the value of nurses, clapping and cheering health care professionals now struggling with insufficient protective equipment, medication to sedate or give pain relief to their patients. They know from Italian news reports that one fifth of health care workers in that country were contracting the virus from merely doing their job. Some were dying. Nurses, as the largest proportion of health services staff, shoulder the greatest part of this burden and are subject to the greatest proportion of the risk of caring for acutely ill patients. Will our leaders now wake up to the impact of austerity, decentralisation, money pinching, closure of hospital beds, relocation of care to the communities, task shifting, low wages and difficulty with retention and decent working conditions?

You as a reader might critique us for writing this editorial so far away from the scope and aim of the Nordic Journal of Nursing Research. But we are nurses, and being a nurse is a vital part of our lives. We always tell our first semester students – do not think being a nurse is apolitical. As a nurse on the front line, the clinical interface, will be the one who has to fight for the quality of care, safe care, the patient's rights, while all the important decisions that will influence these things and your ability as a nurse will be taken a very long way away from you and the patients. Therefore, we simply need to state that the mayhem of covid-19 has revealed all the accumulated weaknesses of health care systems, the result of which is now prancing in full daylight.

What daunts us is that year 2020 was a great initiative. However, something that no one ever could imagine happening happened, and despite the horrible fact that patients are dying and colleagues are also dying, the question is what will happen when a new reality dawns. What lessons will we have learnt? Will we understand that we should need to have a designated international year of the Nurse and the midwife.

We end with recommendation 7 on page xx from the WHO's 2020 'State of the World's Nursing' report. It states:

Policymakers, employers and regulators should coordinate actions in support of decent work. Countries must provide an enabling environment for nursing practice to improve attraction, deployment, retention and motivation of the nursing workforce. Adequate staffing levels and workplace and occupational health and safety must be prioritized and enforced, with special efforts paid to nurses operating in fragile, conflict-affected and vulnerable settings. Remuneration should be fair and adequate to attract, retain and motivate nurses.

We only hope that our 'policymakers, employers and regulators' take heed and learn the lessons of the terrible circumstances we nurses now find ourselves working in and follow the WHO's recommendations to the full.

Horton, R, 2020. 'Coronavirus is the greatest global science policy failure in a generation.' *The Guardian*, Thursday 9th April, 2020, available at: <u>https://www.theguardian.com/commentisfree/2020/apr/09/deadly-virus-britain-failed-prepare-mers-sars-ebola-coronavirus</u>, accessed 15th April 2020.

Nightingale, Notes on Nursing, Ch. 11, 1859

World Health Organisation, 2020. *State of the world's nursing 2020: investing in education, jobs and leadership*. Geneva: World Health Organization.