

# STATE OF THE WORLD'S NURSING 2020

WEB ANNEX *Nursing roles in 21st-century health systems*



*Investing in education, jobs  
and leadership*





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## 2020

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World Health  
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# Background

This background paper provides a synthesis of the contemporary evidence base on the roles and responsibilities of nurses contributing to Goal 3 of the 2030 Agenda for Sustainable Development. It was prepared in support of the [State of the world's nursing 2020 report](#). It categorizes intervention areas according to the WHO 13th General Programme of Work and the “triple billion” goals:

- 1 billion more people benefit from universal health coverage;
- 1 billion more people have better protection from health emergencies;
- 1 billion more people enjoy better health and well-being.

This paper has been developed through the examination of a broad range of studies, comprising quantitative (experimental and non-experimental) and qualitative primary studies, mixed methods reviews, and field descriptions.

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## Role of nursing in achieving universal health coverage

### Primary health care

Nurses tend to be the main providers of primary health care services in many countries, and therefore will have a key role to play in its expansion (1–3). A Cochrane systematic review showed nurses to be effective in the delivery of a wide range of services to address communicable and noncommunicable diseases, including clinical decision-making roles, health care education and preventive services (4). Nurses provide a wide variety of basic nursing services at the primary level, such as wound care, vaccination and health promotion, but are also effective at providing more specialized care, including through nurse-led services (5). For example, nurse-led HIV services (assessment of eligibility for antiretroviral therapy (ART); initial prescriptions for ART; and follow-up care for ART) has been significantly associated with good quality of care and increased retention of HIV patients at 12 months (6). As part of interprofessional primary care teams, nurses lead the coordination of care for patients with complex chronic diseases and work with such patients for 6–12 months to reach stabilization and self-efficacy (7).

Nurse-led primary care services can, in certain settings and under the right circumstances, lead to similar or in some cases even better patient health outcomes and



higher patient satisfaction than traditional care delivery models (4). The same systematic review found that nurses probably also have longer consultations with patients. The introduction of nurse-led heart failure clinics at the primary care level reduced heart failure-related emergency room visits, hospital admissions (by 27%), and the length of stay in the hospital (8). Nurses in Kenya, Malawi and the United Republic of Tanzania demonstrated high productivity in performing trichiasis surgery after training by an expert and with appropriate supervision (9). Increasingly, nurses have a more prominent role in the delivery of primary care: for example, over an eight-year period, the percentage of nurse practitioners in primary care practices in the United States of America rose from 17.6% to 25.2% in rural areas and from 15.9% to 23% in urban areas (10).

## Quality of care and safety

Annually, more than 8 million deaths in low- and middle-income countries are attributed to poor-quality care (11). Nurses can and do contribute to improved quality of care, and to patient safety through the prevention of adverse events (12), but this requires that they work at their optimal capacity, within strong teams, and within a good working environment (13–18). Nurses also play an essential role in ensuring patient safety by monitoring patients for clinical deterioration, detecting errors and near misses, understanding care processes and the weaknesses inherent in some systems, and performing numerous other actions to ensure patients receive high-quality care (19). Examples of nurses' engagement with quality and safety are detailed below.

The importance of leadership and management to health worker performance is well established and applies to nurses as well (20, 21). A 2019 study in Italy showed that when nurses were satisfied with the leadership environment in which they operated, they felt less burned out and strained in their interpersonal relationships, they engaged less in misbehaviour, and their patients were more satisfied with the care they received (14). In Belgium, health workers, including nurses, associated better interprofessional teamwork with better quality of care and lower turnover intention by nurses (13). In contrast, burnout amongst nurses due to factors such as high workload and ineffective interpersonal relationships has been associated with declines in measures of patient safety (18). Positive work environments, increased nurse staffing levels, and education in mixed-skill teams are correlated with reduced hospital length of stay, lower incidence of adverse events such as pneumonia, gastritis, upper gastrointestinal bleeds, pressure ulcers, and catheter-

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