2020: the Year of the Nurse and Midwife

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In 2019, the World Health Organization (WHO) declared 2020 to be the Year of the Nurse and Midwife (YONM) to draw attention to the critical role that these 28 million healthcare workers play in the health of communities and nations [1]. With 2020 being the bicentenary of Florence Nightingale's birth, the YONM was designed to shine a spotlight on the global need for 9 million more nurses and spur countries to better use this workforce, including to transform healthcare as Nightingale did in her time. Considered an early medical statistician, Nightingale reduced mortality rates during the Crimean War by overhauling a military hospital and infection control procedures and subsequently transformed the British healthcare system.

A number of reports and initiatives led to the YONM declaration, notably the *2016 Triple Impact – How Developing Nursing Will Improve Health, Promote Gender Equality and Support Economic Growth* [2]. The report noted that WHO's 2015 commitment to the goal of universal health coverage as one of the Sustainable Development Goals was unachievable if nurses were not better educated, educated in greater numbers, allowed to practice to the top of their education and training, incorporated into health policy decision-making, and tapped as leaders in health and healthcare. The International Council of Nurses and Nursing Now, a UK-based global initiative that arose from the 2016

report, hoped that the YONM declaration would highlight these and other recommendations for all nations to advance gender equity and economic development by strengthening nursing and its ability to contribute to improving the health of people.

Certainly, the YONM designation was viewed as a boon to nurses in countries where nurses account for almost 60% of the health professions workforce, but women's education and work are demeaned and poorly supported. Gender bias ensures that nurses work in the shadows of many nations. Globally, women in healthcare earn 11% less than men [3]. The *State of the World's Nursing Report 2020* notes that while 90% of the global nursing workforce are women, few hold leadership positions in healthcare [4].

Many nurses in the USA hoped that the YONM would help to push down some of the remaining barriers to their full utilization. The landmark 2010 Institute of Medicine (now National Academy of Medicine) report on *The Future of Nursing: Leading Change, Advancing Health* preceded these other contemporary analyses of the nursing workforce and chronicled these barriers. Its recommendations included advancing the education of nurses, ensuring that nurses are part of teams that are redesigning healthcare, appointing nurses to decision-making bodies related to health and healthcare, fully utilizing advanced practice nurses, and increasing the profession's diversity [5]. The Campaign for Action at AARP (with support from AARP, the AARP Foundation, and the Robert Wood Johnson Foundation) has led implementation of the report's recommendations and documented significant progress on all of them [6].

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For example, American nursing has one of the best educational ladders of any profession, and this has been a key development in a profession that remains predominantly women who may have work and family responsibilities and limited financial resources. Most nurses enter the profession through 2-year associate degree programs but subsequently attain baccalaureate and advanced degrees with some financial support from employers. In 2017, New York became the first state to require that associate degree nurses acquire a baccalaureate degree within 10 years of becoming licensed as a registered nurse.

Advanced Practice Registered Nurses (APRNs)—primarily nurse practitioners (NPs), certified nurse midwives (CNMs), and certified registered nurse anesthetists (CRNAs)—are now educated at the masters or doctorate levels. Despite this progress and evidence in the *Future of Nursing* report that the quality of care provided by APRNs is equivalent to or in some ways better than that provided by physicians, 28 states still legally mandate that NPs be supervised by or formally collaborate with (and pay) physicians [7].

Nurses hold leadership positions as chairs of boards for health systems and CEOs and COOs of healthcare organizations such as hospitals and have long engaged shaping health and social policy. Today, nurses Eddie Bernice Johnson (D-TX) and Lauren Underwood (D-IL) serve in the House of Representatives, and other nurses serve in state capitols and legislatures. But this is seldom how the public thinks of nurses, perhaps because these are exceptions to their underrepresentation given that nurses comprise roughly 1% of the population in the USA.

Nurses' Visibility and Voices

The SARS-CoV-2 pandemic shined a stronger light on the complex and demanding work of nurses than the YONM has been able to do, particularly for hospital nursing. Indeed, the pandemic has turned nurses into everyday heroes who have been steadfast in their commitment to their professional oath and their patients. There has even been a martyrdom feel to some of the media coverage of nurses working with overwhelming numbers of critically ill patients and often without the personal protective equipment (PPE) necessary to protect them from becoming infected themselves and possibly transmitting the virus to their families. Some

nurses decided to shelter apart from their families to keep them safe. Others spoke out about the lack of PPE or tried to bring their own respirators from home, only to be fired for doing so. And still others have become infected, with some dying. Each night during and after the surges in New York City and elsewhere, nurses' (and other healthcare workers') neighbors and strangers shouted their support from their homes and apartments.

Prior to COVID-19, nurses were largely invisible in society and in their institutions. In 1997, Sigma Theta Tau International, the nursing honorary society, published *The Woodhull Study on Nurses and the Media* that analyzed health news stories in leading national and regional newspapers, news weeklies, and healthcare trade publications [8]. The study found that nurses were used as sources in only 4% of the articles in newspapers, 2% in news weeklies, and 2% in healthcare trade publications (for *Modern Healthcare*, nurses were cited in only 0.6% of stories). I and some colleagues replicated this study 20 years later and found that the same sources used nurses as sources only 2% of the time. When nurses were used as sources, it was almost exclusively on stories about the fight for independent practice authority by APRNs.

In a follow-up study to uncover why journalists were not using nurses as sources more often, we found that biases about women and nurses were major factors [9]. For example, newsroom editors expect reporters to interview physicians on health stories, even when nurses' perspectives would be more germane to the topic; and the journalists we interviewed said that public relations staff at hospitals, other healthcare organizations, and even universities with schools of nursing never offered nurse experts for interviews—and seldom even when the journalist asked for one.

Similarly, nurses' voices often have been absent from decision- and policy-making tables in healthcare organizations and in government. In 2018, only 4% of hospital boards included a nurse. The Campaign for Action set a goal of 10,000 nurses to be appointed to decision-making bodies by 2020. Midway through this year, close to 7500 appointments have been reported to the Nurses on Boards Coalition that arose from the Campaign for Action.

And the Achilles heel of too many hospitals is that they unquestioningly invest in expensive high-tech machines while tolerating inadequate nurse staffing despite evidence that nurse staffing is a powerful variable in

mortality rates and complications. Inadequate staffing is a leading concern of most bedside nurses and is associated with moral distress, nurse burnout, and turnover. When nurses say that staffing is unsafe, everyone should listen.

Nursing's Challenges

With surges of the pandemic, the American public saw nurses managing the complex care of a patient in a room filled with technology, all the while maintaining communication with the patient, family, and healthcare team. But that has not always been what the public saw. Historian Susan Reverby's research documented that nurses have long "cared" in a society that refuses to value caring [10]. Nursing was deemed "women's work" that was relatively unskilled "caring" that anyone could do. Hopefully, COVID-19 has changed that image.

As women in American society continue to fight for pay equity, breaking down glass ceilings, and removing unconscious biases about their expertise and authority, nurses will benefit. Gender inequality continues to plague the profession, as it slowly increases the number of men in the profession. Although men make up only about 12% of nurses in the USA, they outearn their female counterparts across specialties, positions, and settings [11]. Nonetheless, nursing often provides a means for low-income people to move into the middle class, and this is particularly significant for women who, for financial reasons, may need the educational ladder that nursing provides.

But inequities in the profession go beyond gender. The murder of George Floyd has manifested the structural inequities in American society, and not just in policing. Conscious and unconscious bias in healthcare is persistent and has deadly effects on people of color [12]. Nursing's "dirty little secret" is that we aren't able to say that we are preparing a nursing workforce that looks like the population it serves. Only about 20% of all nurses are underrepresented racial and ethnic minorities, compared with about 40% of the US population [13]. The Campaign for Action has prioritized increasing the diversity of the profession, but it will require a deeper examination of the structural racism that is embedded in how we select and educate nursing students, support and promote underrepresented minority clinicians and faculty, open doors to leadership positions for

colleagues of color, and engage in the deep self-reflection that this will require.

So in this Year of the Nurse and Midwife, both the profession and our society have lots of work to do if the nation is to benefit from the knowledge, skill, and leadership of nurses. And this leadership is not just in acute care. A forthcoming *Future of Nursing, 2020–2030* report by the National Academy of Medicine will focus on nurses' roles in addressing social determinants of health. This work builds on the legacy of Lillian Wald, a nurse who founded the Henry Street Settlement House on New York City's Lower East Side in 1867 and acted on connecting the dots between health and factors such as housing, social services, play, and the arts.

Today, leaders of healthcare and health-related organizations need to recognize their own unconscious bias about nurses, their expertise, and potential for leadership. More than they do already, nurses should be serving on boards of health, as CEOs of healthcare organizations, on the boards of housing and transportation nonprofits, and in state capitols. And the nursing profession needs to get its own house in order. We must ensure that we are preparing and well using nurses who look like the populations and communities they are serving. We must be bold in speaking out about the health inequities these communities are experiencing and in helping our nation to shift from investing most of its healthcare dollars in acute care to building healthier communities. It is a commitment that we all can and must make during this remarkable year of 2020.

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