

# THE NURSING AND MIDWIFERY MOTION

## MOTION TEXT

MSF's determination to improve the delivery of safe, quality, patient-centered care can only be achieved with a clear commitment to nurses and midwives. We call on MSF to:

- Ensure meaningful inclusion of nurses and midwives in leadership and governance to guide strategy and policy at the highest decision-making levels.
- Equip nurses and midwives with the requisite skills and competencies to meet patient needs and to ensure that medical-humanitarian action benefits from the full extent of their education and training.
- Advance towards a more progressive interdisciplinary approach, reflecting the reality of projects and mirroring international best practice standards.
- Broaden the scope of operational research to improve nursing and midwifery practice.

Recognizing the vast majority of the MSF nursing and midwifery workforce are locally hired staff, we call on the movement to take a strong stance to increase the appreciation of, and investment in nurses and midwives, to improve the quality of patient care.

### Background Information

The Call for Change included two pillars particularly relevant to this motion - to improve the quality of care and to value and support our people. We believe this motion addresses these points, must be a component of the 'Becoming The MSF We Want To Be' process, and has synergies for other challenges the movement currently faces. This motion also presents another opportunity to shift power by enabling a dedicated focus on MSF nurses and midwives, who are primarily national staff and have the closest proximity to patients. This motion is about a focus on nurses and midwives and addressing a specific problem statement; it is not about the exclusion of other health professionals or non-medical MSFers.

If MSF is committed to patient-centered care, then we should start with the workforce that is closest to patients. Over 8,000 nurses and midwives make up over 50% of the skilled health workforce in MSF projects. Nursing is an autonomous profession and a distinct scientific discipline. Nurses and midwives train, manage and regulate themselves. They have independent legal and ethical duties to patients, with a unique focus and scope of practice, including special expertise. Nurses and midwives are often the sole medical care providers to patients and communities, taking decisions independently on treatment and care plans within their scope of practice. These professionals are working side by side with our patients, and this close connection strengthens the delivery of culturally competent, patient-centered care. As the complexity of our programs continues to expand, we need to keep the foundations of quality patient care central. Scaling up our attention and support of MSF nurses and midwives is in line with MSF's current strategic ambitions.

### Problem Statement

This motion seeks to address enduring problems for nursing and midwifery within MSF:

1. Inadequate representation of nurses and midwives in strategic direction and policy decision-making at all levels.
2. Insufficient involvement of nurses and midwives in research and development.
3. Barriers that prevent nurses and midwives from working at their full potential and scope of practice.
4. Poor quality and limited education and professional development opportunities.
5. Lack of promotional frameworks and mentorship opportunities.
6. Undervaluing of nursing and midwifery contribution including in external communications and advocacy.

#### On improving the quality of care

The quality of care provided depends on the quality of staff providing it. Nurses and midwives are present in every single MSF project and are pivotal to providing quality patient care. Nursing care is the biggest investment in healthcare and has a commensurate impact on healthcare outcomes. Investing in people, tools, systems, and processes that support nursing and midwifery activities will improve patient outcomes.

#### On addressing structural inequalities

Most MSF nurses and midwives are locally hired, reside in LMICs, and often do not have the opportunities and privileges for training, ongoing professional development, and recognition that we would hope for. In many regions, the role of the nurse and midwife remains undervalued and unrecognized. Often how they are perceived, externally, and by other health professionals, perpetuates an unfair system where only some have a meaningful say in decision-making. In 2021, humanitarian healthcare is delivered in teams and research shows patients benefit from a more multi-professional rather than hierarchical view. Creating positive work environments that include nurse-led models of care, extended scope of practice, nursing/midwifery research and task shifting will enable nurses and midwives to reach their full potential, improve access to care, and optimize their contribution towards humanitarian healthcare delivery.

#### On developing leaders

Human resource reviews indicate that MSF nurses and midwives are significantly more likely to take on coordination and leadership roles compared to their colleagues. Yet this leadership is often limited to middle management, presenting a glass ceiling. At higher levels of leadership, a dominant medical hierarchy persists, whereby nurses and midwives face barriers to advancing their careers or are forced to abandon their professional identity to do so. While most organisations and health systems have had tandem (i.e. – Director of Nursing / Director of Medicine) roles for decades, MSF holds on to a more historical model of hierarchical leadership. This limits the diversity of thought and favours a predominant biomedical perspective, possibly at the cost of more preventative and community-engaged approaches. For representation that reflects the reality of our projects, we need to see more nurses and midwives at higher levels of MSF leadership and governance, preferably in dedicated roles such as Nursing Directors. Such a shift has the potential to embed professional

leadership to direct nursing and midwifery services, contribute to governance and policy reform and ensure optimal utilisation and development of the nursing and midwifery workforce.

### ARGUMENTATION, EVIDENCE OR SUPPORT (VOTE RESULTS)

### NAMES AND CONTACTS OF THE AUTHOR(S) RESPONSIBLE FOR MOTION FOLLOW-UP, INCLUDING POTENTIAL IGA PRESENTATION:

- Ms Katrina Penney (MSFA President & IGA Rep) [katrina.penney@sydney.msf.org](mailto:katrina.penney@sydney.msf.org)
- Ms Patricia Nayna Schwerdtle (motion author, former MSFA Board Director) [patricia.schwerdtle@sydney.msf.org](mailto:patricia.schwerdtle@sydney.msf.org)

It is anticipated that Katrina Penney and Dwin Tucker, MSF Australia IGA reps, will present the motion to the IGA.

### NAMES OF THREE (3) OR MORE IMs THAT SUPPORT THE MOTION<sup>1</sup> /WRITTEN SUPPORT OF FIVE OTHER IGA REPRESENTATIVE SIGNATORIES<sup>2</sup> :

Please see attached document with demonstrated support from the following IGA reps:

#### Co-sponsors

1. MSF UK, Javid Abdelmoneim and Amanda Weisbaum
2. MSF Greece, Timos Chaliarnalias and Eleni Kakalou
3. MSF Brazil, Renata Santos and Alessandra Vilas Boas
4. MSF Southern Africa, Agnes Musonda and Walter Taderera
5. MSF Belgium, Bertrand Draguez and Pieter Van Wolvelaer
6. MSF Hong Kong, Alvin Teo and Kenneth Chan
7. MSF WaCA, Emmanuel Omale and Jean-Paul Jemmy

#### Additional Supporting IMs

8. MSF Latinoamérica, German Casas and Fernanda Mendez
9. MSF East Africa, Adamu Zerihun and Monica Namnaba

### RELEVANT MULTIMEDIA ELEMENTS (OPTIONAL):

The following video was presented at the MSF Australia 2020 AGM (GA). It features Melissa Hozjan, Nursing Paediatric Advisor and Laura Latina, Medical Advisor Womens Health, from the Medical Unit team in MSF

Australia. [https://youtu.be/HOco\\_8mtY\\_g](https://youtu.be/HOco_8mtY_g) (also found on the Souk: <https://www.soukmsf.org/en/information-debates/what-role-nurses-and-midwives-msf>) This was part of the agenda dedicated to celebrating 2020's International Year of Nurses and Midwives, and provoked the motions development by the MSF Australia Association.

Please find attached the ppt presentation that helps explain the motion, and the benefits of increased commitment to Nurses and Midwives in MSF.

In addition, please find attached a document collating the global consultation and feedback received from several members across many Associations.