



Nurses : A Voice to Lead - Health is a Human Right

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As we have known, International Council of Nurses (ICN) is at the forefront of advocating for people to access health and nurses are the key to delivering it.¹ For this, International Nurses Day (May 12, 2018) is celebrated to commemorate the birth anniversary of Miss Florence Nightingale and all over this year. ICN as the global voice of nursing continue to speak up under the theme, Nurses : A Voice to Lead - Health is a Human Right. Undeniably, the evidence based all over the world show that most people are suffering from illness because of the lack of accessibility and affordable health care for the individuals and communities. For nurses, we have to think about the human right and promote that health is a human right which means that all humans have the right to access affordable and quality health care from health care setting and nurses are the vital role to manage and do decision making to deliver care at the time when they need it most.

The right to health is the priority concerned that the health system needs to be responsive and accessible to all people. The general principles of a health system based on the right to health² composed of;

- 1) Outcomes and processes: Concerned with how the health system works and how it does it (i.e. transparent, participatory and without discrimination)
- 2) Equity, equality and non-discrimination: A health system should be accessible to all without discrimination including those living in poverty, minorities, indigenous peoples, women, children, people with disabilities, the elderly, etc.
- 3) Culturally appropriate: A health system should be respectful of cultural differences.
- 4) Determinants of health: The health of individuals and communities require more than medical care. It includes addressing the determinants of health.
- 5) Progressive realisation: The right to the highest attainable standard of health is subject to progressive realisation and resource availability.

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6) Quality: Health service must be of good quality with access to essential medicines. Quality also extends to how patients are treated within the health system.

Nurses have to play a key role and show the way to prove the quality and equity of care delivered to the people. Nurse can lead by supporting a people-centered approach to care and accessible to health system, while the other discipline approach from disease perspective rather than concerning at the person as a whole. A people-centred approach, a functional health system, the availability of an appropriately skilled workforce and addressing the issues of access are the critical building blocks for Universal Health Coverage.

“If we do not engage consumers, patients, and family members in health care process, we will not be effective at eliminating inequalities and improving health for all.”³

The key aspects to clarify and disburden the complexity of access to health care are as follows:

1. The nurse’s unique and intimate view: There is no other profession that attends to people’s needs in their most vulnerable periods of time as nursing does. The relationship between the client and the nurse provides a unique and intimate view of a person’s life. More than any other health speciality, nurses spend the most time with patients and their families and have firsthand knowledge that have an impact on the health and wellbeing of patients.

2. Access to health care: Awareness and identifying unmet needs, especially the people who suffer from chronic diseases. Most evidences show that prevalence of diabetes globally has exploded with the number of adults diagnosed with the disease rapidly increasing. However, the extent of the problem is not fully realised as many people are unaware that they even have the disease and require treatment. This problem has seen across the world. There are several causes which related to both individuals’ understanding of the signs and symptoms of the disease, thereby seeking clinical care, as well as the ability of health systems to provide the necessary services and information regarding diabetes.

3. Access to health care: Meeting diverse needs. The indigenous people around the world generally have poorer health outcomes than non-indigenous populations. These disparities in health are a major concern and there is a need to understand how access to health services affects these outcomes. Indigenous persons are less likely to use preventative health care services and are also less likely to engage in early intervention when symptoms first arise. This increases the risk of hospitalisation and mortality.

4. Access to health care: Availability and easy to reach services. Access in terms of availability of health services is a critical component to health and wellbeing. Availability includes the ability to access health care resources whether they be infrastructure or human resources, and whether health professionals have the appropriate education, experience and abilities to provide the necessary services. It is this availability of resources which is often unevenly distributed amongst metropolitan, regional and rural areas.



5. Access to health care: Affordability of care. In a study of 37 low and middle-income countries conducted by WHO, it was estimated that between 6 - 17% of people within these populations are tipped into extreme poverty as a result of medical expenses.⁴ and 19% of health care spending is paid directly by patients. The two main sources of expenditure are not only curative care and pharmaceuticals but also includes travel costs, time away from work, child care or other parental arrangements and these costs are exacerbated when care is sought after hours.

6. Access to health care: Safe, quality care. The inquiry found that the basic elements of care were neglected. Medications were either delayed or not given; patients were left unwashed for up to a month and patients feared to be in hospital. The report concluded that the primary cause of this substandard care was a chronic shortage of staff, particularly nursing staff. The other problems related to heavy workloads, poor culture, poor leadership and limited resources.

7. Access to health care: Timeliness of access. Some sick people have travelled long distances to reach the clinic or health care services but some suffered from the scheduling of appointments, patients may spend significant time in clinics or waiting for the authorized service to be delivered. Long wait times may cause frustration, inconvenience, suffering and dissatisfaction with the health care system.

8. Access to health care: People-centred care. In terms of nursing care, there are many reports missing one or more items of care during the time of assessment. The activities that were most frequently missed were related to emotional and psychological needs, rather than those related to physiological needs. The most common cause was related to high workloads and insufficient nursing numbers. With associated high workloads, nursing moves towards a pattern-centred approach to care rather than a people-centred approach. Pattern-centred care refers to completing numerous tasks within a specific amount of time, it causes to lose the awareness of the person as a whole, and lose sight of their uniqueness. When this happens, nurses risk losing the person's capacity and motivation to be involved in their care and commit to completing treatment.

For this to be achievable, there are multiple challenges that need to be addressed. Nurses are essential in transforming health care and health systems. Nurses can be a voice to lead by improving access to care; enabling a people-centred approach to health; and by ensuring their voices are heard in influencing health policy, planning and provision. This year, it is now time to stand together and speak as one. We must speak louder. We need to speak clearer. It is no longer acceptable to deny any human the right to health care.



References

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