



W A N S
World Academy of Nursing Science



Thailand Nursing and
Midwifery Council



Thai Nurses' Association
Of Thailand

The **2nd** International Nursing Research Conference
“Future Nursing Research and Innovation
for Sustainable Global Health”

to Commemorate the 125th Anniversary of the Birth of HRH Princess Srinagarindra

Jointly Organised by WANS, TNMC & NAT

Challenges and mega-trends in collaborative research and leadership for policy development

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ALL OUR COUNTRIES HAVE BIG CHALLENGES

The health system in many countries delivers high-quality care, and our populations expect access to high quality care

.... but

In many countries, the cost is becoming too high and health equity and access is suffering

HEALTH CARE COSTS A LOT

Health system expenditure is rising faster than economic growth and is predicted to do so in many countries

In Australia, we spend 10.2% of GDP on health, and this will rise to 13% by 2030

Spending is rising in many countries including Thailand

It is estimated that, on average

- only **60%** of healthcare aligns with evidence or consensus-based guidelines
- of the remaining 40%, a considerable amount is comprised of some form of waste or is of low value (30%) and, alarmingly, **10% of care is associated with harm**

There are inefficiencies in the system

- urgent need to get research translation right.

Research and innovation must be integral to healthcare delivery

OUR CHALLENGES IN AUSTRALIA

EXAMPLES OF CURRENT HEALTH SYSTEM CHALLENGES AND PRESSURES



Ageing population

Proportion of Australians aged over 65 will increase from 16% today to as high as 23% in 2066



Chronic diseases

50% of the population have at least one chronic condition



Mental health

1 in 5 Australians have experienced a mental health condition



Managing demand

50% of patients waited at least 48 days for elective surgery in 2020-21



Infectious diseases

COVID-19 state and territory health responses and vaccine rollout have cost the Australian Government \$11.6bn

Source: AAMHS Report 2022



Burnet

THE IMPACT OF CLIMATE CHANGE

Health risks from climate change

Climate change causes over 540,000 annual deaths and puts billions in vulnerable areas at risk.

Health infrastructure vulnerability

Hospitals face 41% greater risk from extreme weather, revealing gaps in climate resilience.

Climate adaptation gaps

Only 54% of health plans assess risks; urgent adaptation and finance allocation required.

Urgent call for action

Strengthen early warning systems and build climate-resilient health infrastructure globally.

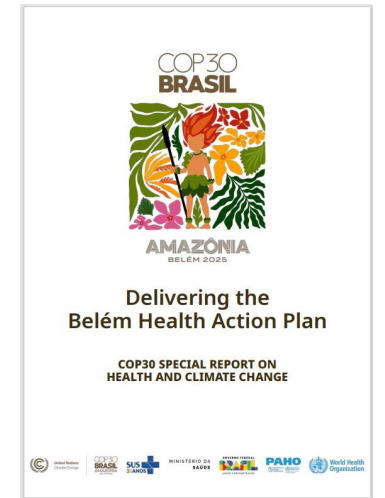
There can be no climate resilience without health equity.



Delivering the Belém Health Action Plan

**COP30 SPECIAL REPORT ON
HEALTH AND CLIMATE CHANGE**

KEY RECOMMENDATIONS



1. Rebalance the research agenda towards equity and implementation

The existing literature is disproportionately concentrated in high-income countries and largely focused on understanding the health impacts of climate change, rather than a focus on what makes a difference.

Prioritise research on underrepresented populations, under-researched impacts, and above all on the response to climate change rather than simply the nature of the problem. This must ensure innovations reach the most vulnerable communities.

2. Develop the architecture for effective evaluation

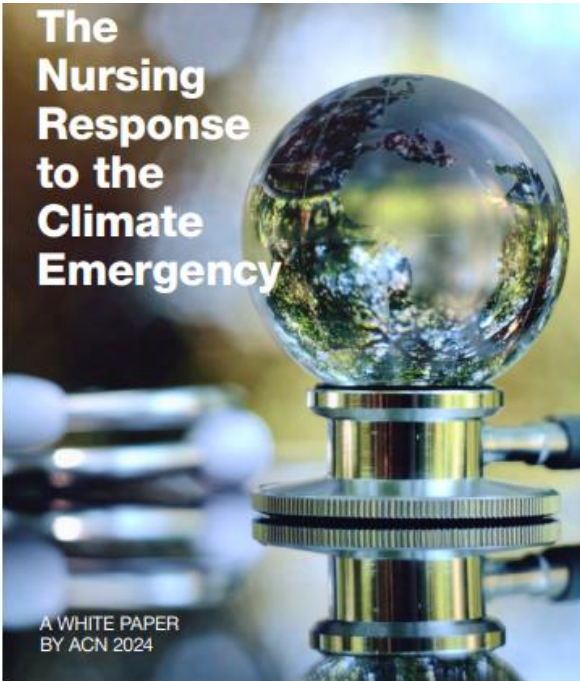
Overcoming the barriers to evaluation of health adaptation interventions requires building new architecture within the academic and broader community. This includes better standards for assessing intervention effectiveness and economic valuation, and consistent guidance on how to compare outcomes across contexts.

3. Accelerate innovation from pilot to scale

Establish institutional mechanisms and dedicated financing to systematically identify, test and scale up proven innovations.

Many interventions remain localized and have yet to achieve wider adoption.

For example, high-tech solutions such as medical drones to low-tech approaches such as passive cooling



Shaping Health, Advancing Nursing

1800 061 660 acn.edu.au



WHAT CAN NURSES AND MIDWIVES DO?

Nurses and midwives are at the forefront of addressing climate change as a public health concern, playing a crucial role in research, education, practice, and policy/advocacy.

Rethinking health service provision: advocating for a coordinated, national climate response transition to low-emissions health care. This includes measuring the existing carbon footprint and setting measurable targets.

Climate stewardship education: being trained in climate health, emissions reduction, and sustainability, integrating these topics into education and practice.

Digital preparedness: During climate-driven disruptions, demonstrate agility in adapting to new technologies and improved digital literacy to ensure safety and quality of care.

Leadership in emissions reduction: leading efforts to reduce emissions and mitigate climate-related health effects, both within and beyond the healthcare profession.

There is a growing recognition of climate change as a health issue and the urgent need for nurses and midwives to be involved in solutions to protect public health.





RESEARCH ACTIVE ENVIRONMENTS LEAD TO BETTER OUTCOMES

Reduced mortality

Higher quality of care

Better patient experience

More efficient and cost-effective care

Benefits to staff experience, recruitment and retention

REDUCED MORTALITY

Research from the UK in 2015

- The most research-active NHS Trusts had the best emergency mortality outcomes
 - better outcomes were not limited to research participants
 - not only the result of better staffing numbers or other structural factors that might have improved in the presence of research

Repeated in 2018

- higher research activity was associated with lower numbers of deaths in hospital or within 30 days

Other studies

- lower mortality rates seen in settings with higher academic outputs (more citations)
- high research participation meant lower risk of death after surgery, and better longterm survival rates for all colorectal cancer patients – not just those in a study
- patients treated at hospitals participating in trials had significantly lower rates of mortality than those not participating in trials.

HIGHER QUALITY OF CARE

Patients treated in hospitals involved in research studies were more likely to receive treatment in accordance with national guidelines

- Patients in such hospitals were twice as likely to receive standard treatment as those in non-study hospitals and had higher median overall survival times

Hospitals participating in trials have higher rates of guideline adherence

Health providers involved in research networks are more likely to provide treatment in accordance with relevant guidelines

Increased research activity is associated with higher scores related to care being safe, effective, caring, and responsive to patient needs

MORE EFFICIENT AND COST-EFFECTIVE CARE

Improving the implementation of research findings and new innovations can lead to cost savings

Australian Commission on Safety and Quality in Health Care and the Australian Clinical Trials Alliance looked at 25 high-impact clinical trials

If the results of those trials were implemented into clinical practice for 65% of eligible patients for one year, the gross benefit would be approximately \$2 billion, as a result of the improved health outcomes and reduced health service costs.

Overall cost saving of \$5.80 for every \$1 invested, and the trial results only needed to be implemented in 11% of eligible patients for the benefits to exceed costs

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

July 2017

**Economic evaluation of
investigator-initiated clinical
trials conducted by networks**

Final report

BETTER PATIENT EXPERIENCE

In more research-active settings, inpatients not only reported a better overall experience, but had more confidence in the doctors treating them and the decisions made, and received better information



ORIGINAL PAPER

Patients admitted to more research-active hospitals have more confidence in staff and are better informed about their condition and medication: Results from a retrospective cross-sectional study

Leon Jonker PhD , Stacey Jayne Fisher MBBS, MRCGP, Dave Dagnan DCLinPsy

First published: 19 February 2019 | <https://doi.org/10.1111/jep.13118> | Citations: 32

BENEFITS TO STAFF EXPERIENCE, RECRUITMENT AND RETENTION

A US study asked doctors what aspects of their work they found most personally meaningful;

- Research was second only to patient care
- If they spent more time working on their most meaningful activity, they were at lower risk of burnout

A survey by the Royal College of Physicians of London found that dedicated time for research makes physicians more likely to apply for a role

- They believed that research improves patient care

Career Fit and Burnout Among Academic Faculty

Tait D. Shanafelt, MD; Colin P. West, MD, PhD; Jeff A. Sloan, PhD; [et al](#)

» [Author Affiliations](#) | [Article Information](#)

Arch Intern Med. 2009;169(10):990-995. doi:10.1001/archinternmed.2009.70



Research for all:
Developing, delivering
and driving better research

WHY?

It might be that research participation leads to better knowledge among staff

Perhaps there are changes to institutional structures or mechanisms that are then used more broadly

Internal processes may be more easily changed for the better as a result of conducting studies

Research may encourage more collaboration between organisations, teams, and individuals

Research-engaged health organisations are more likely to follow the most recent clinical guidelines

Better-performing providers may be more likely to participate in research, rather than the research activity driving performance

Source: AAMHS Report 2022





WHO DELIVERS MOST OF THE HEALTH CARE?

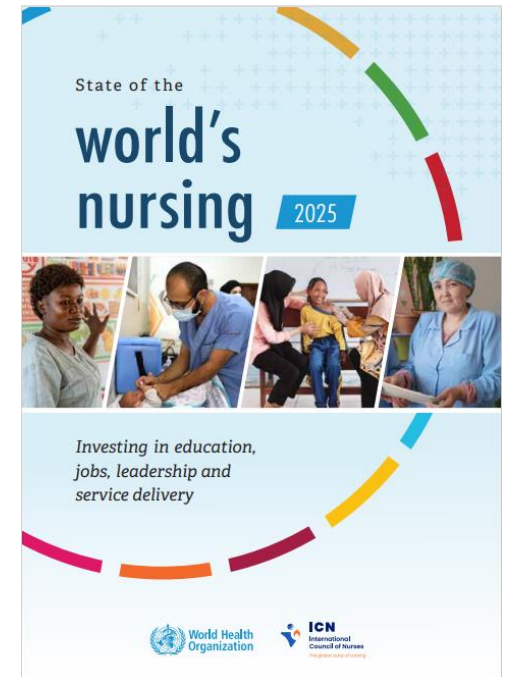
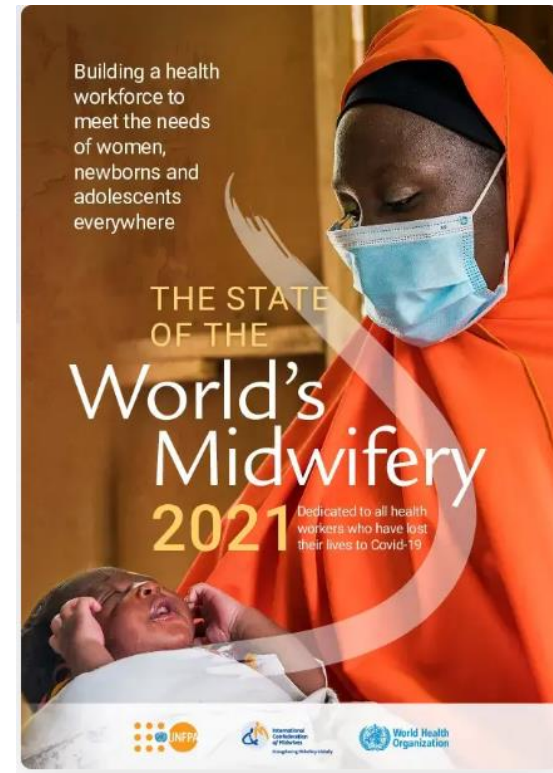
NURSES AND MIDWIVES

Nurses and midwives make up around 60% of registered health professionals and as such are the largest group in the workforce

We hold the key!

But

There is a shortage of 5.8 million nurses and 1 million midwives in the world



To solve these challenges research and innovation must be embedded as core functions of the health system through:

A skilled and enabled workforce



Targeted funding for research and innovation



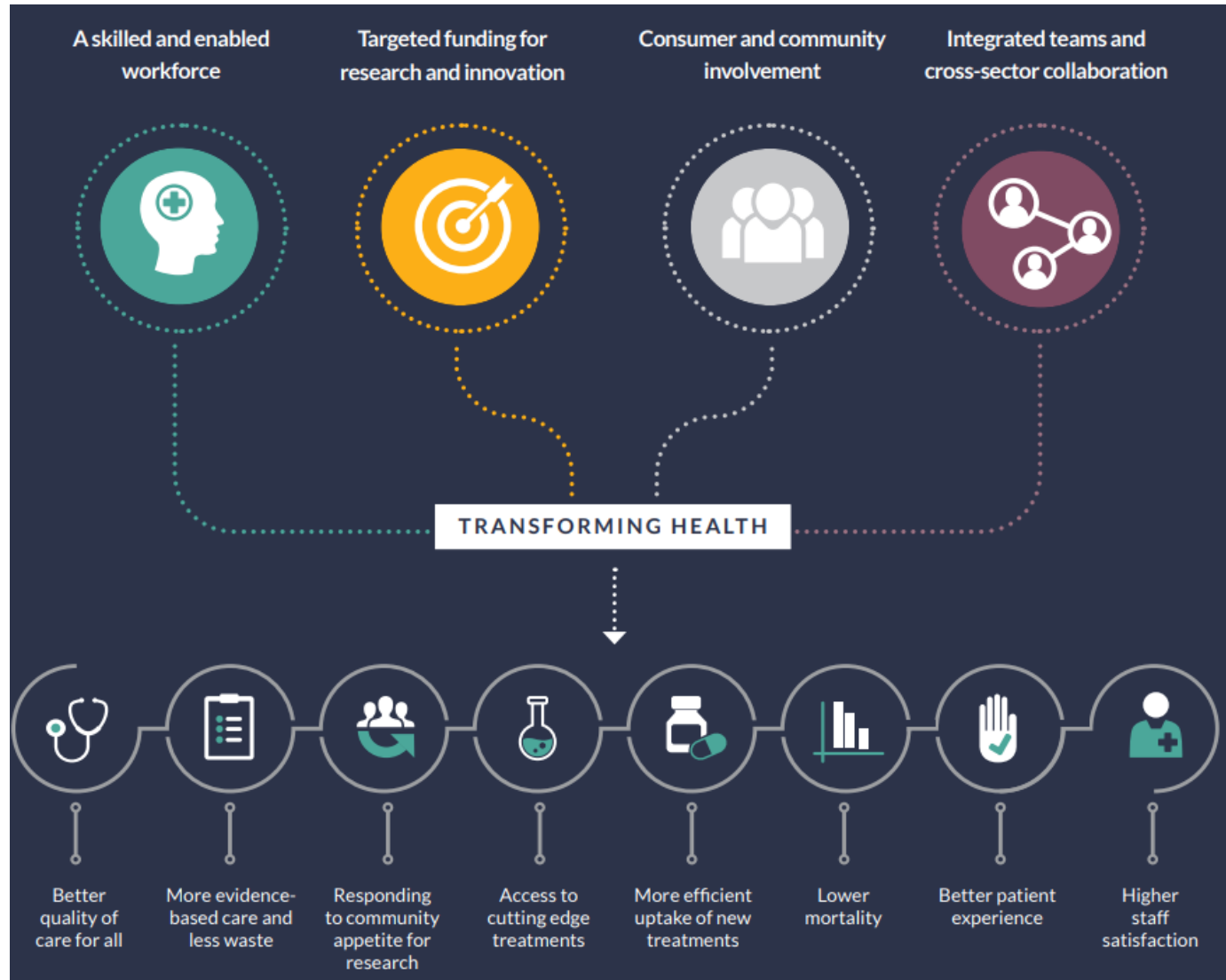
Consumer and community involvement



Integrated teams and cross-sector collaboration



TRANSFORMING HEALTH



THE ROLE OF NURSES AND MIDWIVES

To improve health and care, the **health workforce is key to shifting the culture of the health system to be more evidence-based and research-engaged.**

Clinician researchers need **a formal, harmonised training and career pathway** that allows them to undertake work as both a researcher and a health professional.

Research-active health professionals, who are involved in research but not formally as clinician researchers, need to be more supported and celebrated, including through dedicated



STRATEGIES ARE NEEDED TO:

Develop research skills:

- by further **improving the teaching of undergraduate level research skills** and enabling conversion to **honours programs**
- bolstering **doctoral and postdoctoral research training opportunities** and ensuring suitability of programs for nurses and midwives, including those who remain clinically active
- improving the **quality of nursing and midwifery research outputs**

Increase resources:

- **funding opportunities and embedding career frameworks** for nurses and midwives to undertake research that is clinically embedded, whether or not they undertake direct clinical work
- **creating nursing and midwifery roles** that are part clinical and part research, and providing clinicians with dedicated time alongside their care duties to undertake clinical research and translation work (akin to medical colleagues).

BUILDING A DIVERSE AND CAPABLE RESEARCH WORKFORCE

Pathways for advanced training

Creating opportunities for nurses, midwives and other health professionals to pursue research training and leadership roles is essential.

Mentorship and sponsorship

Mentorship programs provide emerging scholars with skills and networks to influence health policy effectively.

Fostering collaborative cultures

Encouraging respect and integration of multidisciplinary perspectives strengthens research collaboration and innovation.

Equitable funding mechanisms

Prioritizing equitable funding ensures access to resources for underrepresented groups and disciplines.

ANOTHER IMPORTANT CONTRIBUTION



Consumer Participation Importance

Consumers bring lived experience, ensuring policies reflect real care delivery and community needs.

We all need to improve and broaden consumer and community involvement in health and medical research.

Enhancing Equity and Trust

Including diverse consumer voices promotes equity, trust, and relevance in research and policy.

Promoting Accountability

Consumer engagement holds decision-makers accountable for practical policy impacts on real lives.

CHALLENGES IN COLLABORATIVE RESEARCH AND POLICY DEVELOPMENT

Hierarchical and silos challenges

Hierarchical structures and professional silos hinder multidisciplinary collaboration in healthcare research and policy development.

Undervaluation of nursing and midwifery roles in research

Nurses and midwives often face undervaluation despite their critical roles in patient care and research advancement.

Funding and training inequities

Limited funding and unequal PhD training access restrict nursing research innovation and workforce diversity.

Need for systemic reform

Systemic reforms promoting resource equity, inclusive training, and supportive cultures are essential for effective collaboration.

WHAT SHOULD HAPPEN?

Investment in clinical research and PhD students

Sustained funding for clinical research, PhD students and mentors is key to advancing nursing and midwifery research.

Prioritize research funding

Academic and healthcare stakeholders must prioritize funding for doctoral programs, early and mid-career and research infrastructure.

Integrate research into practice

Efforts to translate research findings into clinical practice need to be strengthened through policy and knowledge translation.

Build an equity-focused system

Commitment to research investment promotes a practice-driven, inquiry-led, and equity-focused healthcare system.

WHAT CAN WE ALL DO?

Advocate – agitate – aspirate (have aspirations)

Be visible

Collaborate

Persuade – provide the data

Engage with universities, state and territory health departments, health providers and industrial bodies to develop systems and structures that enable nurses and midwives who undertake research training to continue their careers as clinicians.

Recognise research activities as a core part of position descriptions,

Allocate dedicated time for research and scholarship

Value research and scholarship

WHAT CAN YOU DO PERSONALLY?

Be a leader

Engage with the problem

Take opportunities and be brave

Work across disciplines

Be collaborative

Find courage - say yes



THERE ARE
ALWAYS LOTS OF
CHALLENGES



BUT THERE ARE ALSO
LOTS OF OPPORTUNITIES



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