



Barbara Stilwell

Barbara Stilwell is a British nurse, researcher and academic, currently the Executive Director of the Nursing Now Global campaign and based in the United Kingdom, who has held various high-level positions at the Geneva headquarters of the World Health Organization's Human Resources Department.

Throughout her career has held many positions. Educated in the United Kingdom she received her nurse practitioner education in the United States. Practicing with a homeless population in the UK she understood the potential for nurse practitioner practice in the UK. She was able to develop the first nurse practitioner program in the UK at the Royal

College of Nursing in London.

Interview Abstract

In this interview Barbara discusses how she transitioned from an acute care nurse to become a visiting nurse in the UK. She realized there was more she could do by combining home visiting and clinical practice. In her practice with a general practitioner (GP) she also realized that many women were not receiving care with the GP due to religious and cultural beliefs. Understanding the role of nurse practitioners in the US, she enrolled in the NP program at the University of North Carolina and brought the role back to the UK. After gaining support she discusses how the first program was developed and the realization that evidence needed to be included to support the fledging role. She looked to colleagues at McMasters University in Canada to learn how to collect evidence to support the nurse practitioner role. She discusses her role as a social scientist at WHO to demonstrate the role nurses could play in the organization. As a leader and innovator, she has inspired others to continue to expand the practice of nursing.

Biographical Sketch:

Dr Stilwell has worked with the Liverpool Associates for Tropical Health since September 2006. Before that, from 1998 to 2006, she worked with the WHO in health systems development, co-authoring the WHO's 2006 Health Report, which was to collect and analyze data regarding the impact of migrants on health systems in developing countries. She was one of the first nurse practitioners in the UK, educated there and in the United States. She practiced in underserved areas of Africa, Australia and the Caribbean. From 1982 to 1990 she had several appointments as a research fellow in nursing studies.

In 1991 she became a principal lecturer at the Institute of Advanced Nursing Education at the Royal College of Nursing. From 1995 to 1997, as the RCN's Program Director, she advised at government level on health care issues and developed the first nurse practitioner program in the nation. Later after a short time at the Expanded Program for Immunizations at the WHO, she joined the Human Resources for Health Department in 1998.

From 2010 to 2018 she was based in the United States at Chapel Hill, North Carolina's LATH/Capacity Project. She was named as Director of Technical Leadership for *IntraHealth*. In July 2018 she was appointed Executive Director of Nursing Now. She was inducted as an honorary fellow of the AANP.

Keywords: Leadership, advanced practice nurses, nurse practitioners, international nurse practitioner, WHO.

Transcript

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International Nurse Practitioner Leader

AANP Oral History Project



Interview with Barbara Stilwell Honorary Fellow
Email May 6, 2020
Barbara Sheer PhD, FNP, FAANP

How and when did you become interested in nurse practitioners?

I was educated as a nurse in the UK. Having worked in an acute care setting for a number of years after qualifying I became a health visitor – a public health nurses specializing in child development. I was very struck by how little I was able to use my clinical skills while working as a health visitor – what I wanted was a job that was both HV and clinical practice. I started working with a male general practitioner (GP) in an inner-city area of Birmingham, UK, and we noticed that it was difficult for many women in that area to consult a male GP because of their religion and culture. With the support of the GP we set up a walk in clinic with me consulting and we were overwhelmed by the number of people who came in to ask questions about their health or get a blood pressure or well woman check – all health maintenance measures. Eventually we introduced the nurse practitioner role, based on that experiment and that role is now embedded in PHC in the UK.

How did you progress from your initial interest to taking a recognised program?

There was no program available in the UK at that time, so I undertook a period of supervised practice in the department of general practice at Birmingham medical school. I wrote up the experiment in a nursing journal and won a scholarship based on the journal article to University of North Carolina. There I was able to study with other NPs and really began to fully understand NP as a nursing ANP role.

What were your main reasons for this?

I needed to be able to practice autonomously rather than being delegated tasks by a GP which were indemnified by the GP rather than my being accountable for what I did. When I returned to the UK I was approached by the Royal College of Nursing Institute (RCNI) and the role was then indemnified by the RCN, meaning that I was accountable for my own practice for the first time.

What experiences did you bring into the role?

I had been a nurse for 10+ years and a public health nurse. In addition, I had pursued a degree in social psychology.

How did you gather support from stakeholders?

Many senior nurses in the UK came to sit in with me to see how a NP worked. For the most part this resulted in support, even though the role was extremely controversial for at least a decade. The RCNI eventually asked me to start a NP program at the Institute and this was the first in the UK. My strategy, insofar as I had one, was to be honest and open about what I did and to share evidence. I wrote a great deal about the nature of advance nursing practice, including three books.

What challenges did you face? How were they resolved?

At first no one wanted this role – not physicians and not nurses. I was absolutely convinced that it was of benefit to patients and to the health system in the UK and that motivated me to continue. Once the NP course started, I realized that there were no role models for the students and so raised money to take the first cohort to the USA to work with NPs there. That was a critical formative experience and all that first cohort have gone on to be change makers.

Are there any relevant experiences that you would like to talk about?

When I started working at WHO I realized that there were very few nurses working there and that nurses really did not have much credibility at that level of public health. With others there we worked to change that perception and over a decade we did. It is still not the most nurse-friendly place, but there are more senior posts open to nurses now and the potential of nursing to ensure that countries reach the goals of UHC is finally being acknowledged.

What was (a) the most challenging in your career and (b) the most important?

Beginning the NP role in the UK – many sleepless nights but absolute conviction that this role would meet the needs of people coming into the health service as well as provide cost-effective care kept me at it. I could have given up many times.

What do you see as pivotal moments in your career in the past years?

The realization of the importance of evidence to make a case. Nursing was not (in the UK) a profession that had generated much evidence. I was lucky enough to visit McMaster University in the 80s and learned about grades of evidence – it was transformational. Now I am an evangelist for evidence and for nurses basing their interventions and even policies on it.

What advice would you give to new nurse practitioners or healthcare providers?

A good leader creates another leader, someone should be creating a leader out of you and you should do the same.

What do you see as the role of Nurse Practitioners/Advanced Practice Nursing internationally in the next 5 -10 years and what additional knowledge skills will be required?

After this pandemic no one will look at nurses in the same way again. Their knowledge and skills have shone and there is a new realization that nurses are not simply 'kind women' but scientists who practice within a complex art. We stand at a watershed moment. Now we must continue to compile and share the evidence of our outcomes and make a case for policies and legislation that reflects what we can do if working to the top of our licenses. The NP/APN can transform expectations of UHC in low income settings – it can be done, but only with nurses.