EDITORIAL

From margins to the centre: Positioning nurses and midwives to create climate-resilient health systems

AUTHOR

CATELYN RICHARDS BNurs, MLead(HHS), RN[1]

1 Australian Nursing and Midwifery Federation, Melbourne, Victoria

CORRESPONDING AUTHOR

CATELYN RICHARDS, Australian Nursing and Midwifery Federation, Level 1, 365 Queen Street Melbourne VIC 3000. E: crichards@anmf.org.au

When floods displace families and heatwaves fill emergency rooms, nurses and midwives are always there. But when policies are drafted and funding decisions made, they remain conspicuously underrepresented. While much attention, rightly, is given to climate mitigation through emissions reduction, climate change adaptation remains equally critical. As the frequency and intensity of extreme weather events increase, the consequences are increasingly borne by communities on the ground. Despite their unique position within health systems and communities, nurses and midwives are among those routinely overlooked in policy negotiations. Addressing this gap is not only a matter of equity but also essential for shaping effective system-wide climate resilience.

A growing body of frameworks, resources, and evidence have been developed to shape adaptation and resilience-building efforts across the health sector. The World Health Organization (WHO) has developed the Health Adaptation and Resilience framework which details ten key components for building resilient health systems necessary for effective action, including governance, integrated risk assessments, and workforce capacity building.[1] This framework defines *adaptation* as "process of adjustment to actual or expected climate and its effects", while *resilience* describes the capacity of health systems and communities to absorb, respond to, and recover from climate-related shocks.[1]

In Australia, the WHO Resilience Framework is reflected throughout National policy and planning. For example, the National Health and Climate Strategy [2] provides Australia's foundational climate and health policy response and has led to initiatives such as the National Climate Risk Assessment (first pass assessment report),[2,3] with the second report due for release later this year. Australia's national emergency management response, led by the National Emergency Management Agency (NEMA),[4] provides coordination frameworks and resources to support preparedness, response, and recovery.[5] Tools such as the Australian Climate Adaptation Database offer additional examples of localised adaptation.[6] However, neither platform clearly identifies and defines the roles of nurses and midwives, or the projects they are a part of, making it difficult to identify where nurses and midwives meaningfully contribute within Australia's climate resilience agenda.

Nurses and midwives continue to be marginalised in the development of disaster frameworks. This exclusion may stem, in part, from nurses and midwives being overlooked in dominant professional and societal understandings of what constitutes as "emergency disaster response" work.[4,7] For example, government documents and media narratives frequently centre police, firefighters, and paramedics in discussions of natural disaster response, while the critical roles of nurses and midwives are largely overlooked.[8] Further, the division of responsibilities between state and federal health systems, coupled with fragmented ministerial portfolios, creates significant ambiguity around where authority for health resilience and climate change adaptation resides. As a result, nurses and midwives are frequently rendered invisible in emergency planning frameworks, despite their vital, community-embedded roles during disasters.[9]

https://doi.org/10.37464/2025.422.2282

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This marginalisation is further perpetuated by the unrealised potential of the National Health and Climate Strategy. Within the strategy, targets and timelines, robust accountability mechanisms and opportunities for cross-jurisdictional collaboration are presently unclear. Most importantly, the National Health and Climate Strategy lacks dedicated funding.[10] This structural constraint limits meaningful and proportionate representation of health care workers (HCW), including nurses and midwives, in climate and health planning across state and federal jurisdictions. Taken together, these factors contribute to the enduring omission of nurses and midwives from national climate adaptation and resilience planning.

The absence of nurses and midwives from climate adaptation planning is shaped not only by the above factors, but also by a professional identity that has not always positioned itself within the climate change adaptation discourse.[11] Although nursing and midwifery scholarship is increasingly contributing to environmental academic literature,[12] climate change is still too often framed as a "future" challenge, rather than a present reality marked by increasing frequency and severity. Subsequently, student and early-career nurses and midwives continue to be educated in systems ill-suited for a climate-altered future.[13,14] Additionally, the devaluation of feminised labour,[15] often mediated by structural gender bias,[16] is not only externally imposed but also, at times, internalised within nursing and midwifery due to longstanding systemic inequities.[15] Subsequently, meaningful progress will depend on the willingness of nurses' and midwives to confront not only systemic barriers, but also the identity narratives that continue to limit their full engagement in climate action.

Despite the challenges, meaningful climate adaptation and resilience planning must include nurses and midwives as a matter of necessity, not discretion. Nurses and midwives already routinely serve on the "frontlines" during extreme weather events,[9] and have developed a nuanced understanding of the health needs of communities.[17] During weather events, nurses continue to deliver clinical care (often whilst navigating damaged infrastructure), manage scarce resources, and assume leadership roles to make critical decisions during events.[9] Such duties are consistently performed without sufficient training or support,[9,17] often when they are a victim of the event themselves.

Time and again, when major events unfold, policy decisions are made rapidly, often without consultation with impacted community stakeholders. The COVID-19 pandemic exposed systemic gaps in preparing and supporting the health workforce, with national survey data from the Australian Nursing and Midwifery Federation finding that nurses and midwives felt underprepared and unsupported throughout the response.[18] In the short term, this disempowerment may leave nurses and midwives feeling excluded and disillusioned. In the longer term, and in the context of broader systemic issues, it contributes to nursing and midwifery attrition from a sector that routinely denies them a voice. The COVID-19 example offers a stark warning: if lessons are not heeded, gaps in workforce preparation and health service delivery are likely to persist, presenting compounding effects amid the growing frequency and intensity of climate impacts.

Strengthening individual-level resilience among nurses and midwives is an essential component of broader health system preparedness for climate-related disasters.[1] A recent study on health care workers' disaster experiences proposed a 'Resilience Toolkit' with four institutional priorities: wellness, education, resources, and communication.[19] This includes fostering agency, autonomy, and empowerment amid escalating climate pressures. This begins with support for nurses and midwives to understand and engage with the climate science. Building on that foundation, sustained investment in wellbeing, professional development, and access to timely, context-specific resources and communication is essential to prepare the workforce for adaptation.[19]

Resilience is not just built at the individual level. It is reinforced, or undermined, by the systems that surround us. A truly resilient health system is characterised by its ability to retain skilled and committed nurses and midwives. Rather than relying on individual factors, goodwill or a sense of duty, systems are deliberately designed to support and sustain workers irrespective of the global challenges. A resilient system empowers nurses and midwives to engage meaningfully in their roles, free from the constraints of poorly informed structural decisions, and to experience the professional fulfilment that comes with delivering high-quality care to their communities.

Resilience also requires a system oriented toward health and wellness, not solely illness. At present, the dominant Australian biomedical model continues to marginalise nurses and midwives,[20] keeping them at the periphery of decision-making instead of placing them at the heart of community health responsiveness. If resilience is to be truly prioritised, political leaders will need to invest in nurses and midwives to practice in a way that fully leverages their expertise and scope. Optimising resilience in nursing and midwifery therefore requires a deliberate shift away from a purely biomedical model towards holistic models of care, emphasising systems-informed approaches that account for social, psychological, and environmental dimensions of practice.[20]

To enhance the capacity of nurses and midwives to respond to the health impacts of climate change, a series of targeted recommendations are proposed.

1. Nurses and midwives must not be confined to post-disaster response; they must be engaged in planning and preparedness as leaders and experts in health system adaptation and resilience.

 https://doi.org/10.37464/2025.422.2282

2. The National Health and Climate Strategy requires immediate and ongoing funding, including meaningful operational and representative roles for nurses and midwives across community, subnational and national forums.
3. Nationally coordinated but locally tailored guidelines for disaster planning in health services must be prioritised, ensuring they are informed by the expertise of nurses and midwives.
4. First Nations knowledge and leadership must be centred in all decision-making processes, recognising their enduring expertise in land, community, and health resilience.
5. Effective climate change planning must integrate both system-level and individual-level resilience. Strengthening the capacity of nurses and midwives to adapt, lead, and thrive under climate pressures is essential to this dual approach.

We don't lack answers to the climate crisis; we lack the full participation of those closest to its human consequences. Real, contextually relevant solutions emerge from those most affected. As the largest and most widely distributed health workforce, nurses and midwives must be positioned to respond to community needs before, during, and after climate-related disasters. It's time to move beyond symbolic recognition and invest in the leadership of nurses and midwives as catalysts for transformative climate resilience.

Acknowledgements: N/A

Funding support: There was no funding received to undertake this research.

Declaration of conflicting interests: The authors have no conflicts to declare.

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