INTERNATIONAL COUNCIL OF NURSES POLICY BRIEF

The Global Nursing shortage and Nurse Retention

Image credit: Nazila Ghomian, Tehran Heart Center, Iran

KEY MESSAGES

- **90%** of NNAs are somewhat or extremely concerned that heavy workloads, and insufficient resourcing, burnout and stress related to the pandemic response are the drivers resulting in increased numbers of nurses who have left the profession, and increased reported rates of intention to leave this year and when the pandemic is over.

- **20%** of ICN's National Nurses Associations (NNAs) reported an increased rate of nurses leaving the profession in 2020 and studies from associations around the world have consistently highlighted increased intention to leave rates.

- **More than 70%** of NNAs report that their countries are committed to increase the number of nursing students, but highlight that when this happens there will still be a three-to-four-year gap before new graduate nurses are ready to enter the workforce. During that time, they fear an exodus of experienced nurses.

- Due to existing nursing shortages, the ageing of the nursing workforce and the growing COVID-19 effect, ICN estimates up to **13 million** of nurses will be needed to fill the global nurse shortage gap in the future.

- It is imperative that governments act now to mitigate the risk of increased turnover among nurses and improve nurse retention.

BACKGROUND

One year on from the start of the pandemic, COVID-19 has changed the world and continues to impact our daily lives. The pandemic has highlighted gaps in healthcare systems, and the health workforce has been disproportionately exposed to the virus. Throughout this past year, nurses have shown their willingness and flexibility in adapting to new ways of working. Millions of COVID-19 infections have been reported among healthcare workers globally, and tragically, the International Council of Nurses (ICN) has recorded nearly 3,000 COVID-19 related deaths among nurses in 60 countries. It is likely that the true figure is much higher, but the number of infections and deaths among healthcare workers remains impossible to assess with any accuracy because many systems and countries have not been monitoring this critical issue. In the long-term, the impacts of COVID-19, including 'long COVID' and post-traumatic stress disorder (PTSD), could have potentially significant detrimental effects, especially on the nursing workforce.

Since the start of COVID-19 pandemic, ICN has highlighted the adverse impacts of the pandemic on the nursing workforce and emphasised the importance of protection and support for nurses. One year into the pandemic, reports from our National Nurses Associations (NNAs) indicate that the work of nurses in many healthcare settings continues to be emotionally and physically draining. Nurses in different countries across the world report that they are concerned about increased risks to their health posed by COVID-19 infection at work, consistently high demands of work due to the increased number of patients with critical needs, and inadequate nurse staffing levels to respond safely and effectively to the pandemic.

Evidence from various studies[1] indicates that the growing COVID-19 effect, which we have described as a mass traumatisation of the nursing workforce, could potentially exacerbate nurse shortages globally. ICN suggests the pandemic could trigger a mass exodus from the profession in the near future and estimates the global nurse shortage could be widened to nearly 13 million in the aftermath of the crisis.

This report is intended to give an overview of the continuing challenges faced by nurses, highlight the potential medium- to long-term impacts on the nursing workforce, and inform policy responses that need to be taken to retain and strengthen the nursing workforce.

GLOBAL NURSE SHORTAGE BEFORE COVID-19

- The global nursing shortage was a well-recognised issue prior to the pandemic. In 2020, the first State of the World's Nursing (SOWN)[2] report, published by the World Health Organization (WHO), revealed the global nursing workforce was at 27.9 million and estimated there was a global shortfall of 5.9 million nurses. Evidence showed that 89% of these nurse shortages were concentrated in low- and lower-middle countries, with huge gaps in countries in the African, South-East Asia and Eastern Mediterranean WHO regions. With the ageing of the nursing workforce, 17% of nurses globally are expected to retire within in the next ten years, and 4.7 million additional nurses will need to be educated and employed just to maintain current workforce numbers, let alone address the shortages. In total, 10.6 million additional nurses will be needed by 2030[3].

ONE YEAR INTO THE COVID-19 PANDEMIC

- The pandemic has magnified and exacerbated the global nursing shortage issues and obviously increased risks to the health workforce, including occupational infections, stress and burnout from months of caring for COVID-19 patients. In some countries, nurses have in addition faced physical violence and psychosocial stigma. A recent survey, from the American Nurses Association[4] found that at least 69% of US nurses said they agree or strongly agree that they put their patients' health and safety before their own. According to the UK NHS Digital's figures, more than one-third of all sickness absences for nurses and health visitors in April 2020 were related to COVID-19[5].

- A survey conducted by ICN in December 2020 found that **close to 90% of the responding NNAs said they are somewhat or extremely concerned that heavy workloads and insufficient resourcing, burnout and stress are the drivers for nurses leaving**. The demand on healthcare systems has increased drastically in the past year, but countries have not been able to meet the increasing needs with a corresponding increase in the nursing workforce. Nurses are being redeployed into other care areas or specialties[6], and many have been made to work longer shifts or do additional extra shifts. In response to the urgent demands, some countries have scaled up their nursing workforce by voluntary or mandated return to practice for retired or inactive nurses. This measure can act as a temporary solution, but these nurses are unlikely to stay in the workforce in the long term. In addition, staff shortages mean that in some countries, nurses who have tested COVID-19 positive have been asked to return to work if they have no symptoms of the illness[7].

NURSE SHORTAGE AND RETENTION IN THE CONTEXT OF COVID-19

- **20% of NNAs surveyed reported an increase in the number of nurses leaving the profession** as a result of the pandemic. In January this year, ICN raised significant concerns about the mass trauma that is being experienced by nurses during COVID-19 pandemic, and the medium to long-term effects that trauma will have on the nursing workforce. These issues and risks combined do not bode well for long-term nurse retention in an already overstretched and vulnerable workforce. The COVID-19 pandemic has the potential to increase the number of nurses reaching the point of burnout, and increase the number leaving the profession, which could have a damaging impact as early as in the second half of 2021[8].

- Country data in relation to nurse retention or intention to leave during the pandemic remains sparse. However, studies around the world suggest the pandemic has increased nurses' reported rates of intention to leave and some have already left in the past year. In the **UK**, a report found that National Health Service (NHS) carried nearly 40,000 nursing vacancies and 36% of the current workforce considered leaving in 2021. Research in South Korea found that nurses' intention to stay in their current job was low for nurses who had experience taking care of patients infected with COVID-19 and others who were working in COVID-19-related divisions. In the early stage of the pandemic in **South Korea**[9], more than 10% of its nurses reported intention to quit.[10] Research findings in the **Philippines**[11] show burnout and prolonged distress from the pandemic enhanced psychological anxiety and turnover intention among nurses. In addition, a similar study in **Pakistan**[12] suggests that the perceived threat of COVID-19 is an important predictor of turnover intention among nurses. In **Egypt**, a study revealed that over 95% of nurses had intention to leave their present job in a COVID-19 Triage Hospital, while about 25% intended to leave the profession altogether.[13] In **Qatar**, nurses who worked in a COVID-19 facility for more than three months have a significantly higher turnover intention than those who did not work in a COVID-19 facility.[14]

- According to reports from our NNAs, in Sweden, the **Swedish Nurses Association (Vardforbundet)** announced the results of a survey showing that 7% of the nursing workforce (5,700 nurses) considered resigning due to the increased pressure and workloads in the pandemic.[15] In **Denmark**, a survey conducted by the **Danish Nurses' Organization** in 2020 found that nine out of ten nurses in municipalities and regions considered leaving their jobs. Of those, more than a third were considering leaving the profession altogether. In **Japan**, a study conducted by the **Japanese Nursing Association** showed that about one in six (15.4%) nursing department chiefs reported staff left their jobs during the period, while the percentage was 21.3% when limited to medical institutions designated for infectious diseases[16].

URGENT ACTION NEEDED TO RETAIN AND STRENGTHEN THE GLOBAL NURSING WORKFORCE

- In the ICN survey, **74% of NNAs reported their countries have committed to increasing the number of nurses, and 54% of countries have committed to improving the retention of nurses currently in employment to assist in addressing the current or future shortfalls in the nursing workforce**. However, some NNAs pointed out that their governments had failed to address the issues of wages and remuneration, which are major contributors to improved retention. Some NNAs are sceptical about the commitment of their governments and whether their stated intentions will be translated into long-term investments to optimise the capacity and capability of the nursing workforce.

- In responding to the pandemic, some countries have tried to recruit more nurses and prevent others from leaving their jobs or leaving the profession altogether. They have improved working conditions, encouraged nurses to return to the profession and increased the number of nursing students in training. In general, the duration of nurse education programmes is three to four years. Training more student nurses to augment the health workforce can be a long-term solution, but there is an urgent need for governments and health system leaders to prioritise the retention of domestically trained nurses to improve nurse shortages immediately. The skills and expertise of experienced nurses are highly valuable in the nursing profession. Effective policy responses need to be introduced now to improve wages, working conditions and career prospects. High-income countries have augmented their nursing workforces by increasing their reliance on international nursing recruitment. Although this has worked in the past, a recent ICN report[17] has shown that this can further exacerbate global inequalities, and increase the gaps in fragile health system in low- and low-middle countries.

The COVID-19 pandemic has given the world an opportunity to reassess the contribution and value of the nursing workforce. But while the reputation of the profession has grown, in reality, the health and safety of nurses and other healthcare workers has remained at risk, with insufficient mitigation measures in many countries. To close this critical gap, ICN urges governments to protect the safety and wellbeing of nurses, provide adequate psychosocial support in light of the traumas they face, and commit to long-term strategies to increase the global stock of nursing workforce. Sustained investment in the training, recruitment and retention of nurses is crucial to meet the needs during the current pandemic and future needs of the population, as are fair pay, decent work and an attractive career structure. Strengthening health systems by filling the gaps in the nursing workforce will be an important step to build resilience against future pandemics and to promote economic growth. Nurses need to be at the centre of all efforts to rebuild better health care for all after the pandemic. This will include a focus on public health and primary care, with skilled and experienced nurses, working in advanced practice roles, to safeguard communities from whatever comes next.

REFERENCES

1   Mass trauma experienced by the global nursing workforce. Geneva: International Council of Nurses; 2020

2   State of the world's nursing 2020: investing in education, jobs and leadership. Geneva: World Health Organization; 2020

3   Ageing well? Policies to support older nurses at work. International Centre on Nurse Migration; 2020

4   American Nurses Association. 2020. Available at: https://www.healthynursehealthynation.org/globalassets/all-images-view-with-media/about/2020-hnhn_sup-8.pdf

5   Nursing in Practice. 2021. Covid-19 responsible for a third of nurse absences in April- Nursing in Practice. Available at: https://www.nursinginpractice.com/latest-news/covid-19-responsible-for-a-third-of-nurse-absences-in-april/

6   National Institute for Health Research. 2020. Lessons from the frontline: The impact of redeployment during COVID-19 on nurse well-being, performance and retention. Available at: https://njl-admin.nihr.ac.uk/document/download/2035256

7   D. Renwick, 2020. Anger After North Dakota Governor Asks COVID-Positive Health Staff to Stay on Job. Kaiser Health News. Available at: https://khn.org/news/anger-after-north-dakota-governor-asks-covid-positive-health-staff-to-stay-on-job/

8   The Independent. 2020. 'Emerging crisis' in nursing as one third look to leave profession within year. Available at: https://www.independent.co.uk/news/health/nursing-crisis-coronavirus-royal-college-public-accounts-committee-b539488.html

9   Kim, Y., Lee, S. and Cho, J., 2020. A Study on the Job Retention Intention of Nurses Based on Social Support in the COVID-19 Situation. Sustainability, 12(18), p.7276.

10   Jang, Y., You, M., Lee, S. and Lee, W., 2020. Factors Associated With the Work Intention of Hospital Workers' in South Korea During the Early Stages of the COVID-19 Outbreak. Disaster Medicine and Public Health Preparedness, pp.1-8.

11   De los Santos, J. and Labrague, L., 2021. The impact of fear of COVID-19 on job stress, and turnover intentions of frontline nurses in the community: A cross-sectional study in the Philippines. Traumatology,

12   International Journal of Mental Health Nursing, 2020. How perceived threat of Covid-19 causes turnover intention among Pakistani nurses: A moderation and mediation analysis. 30(1), pp.350-350.

13   Said, R. and El-Shafei, D., 2020. Occupational stress, job satisfaction, and intent to leave: nurses working on front lines during COVID-19 pandemic in Zagazig City, Egypt. Environmental Science and Pollution Research, 28(7), pp.8791-8801.

14   Nashwan, A.J., Abujaber, A.A., Villar, R.C., Nazarene, A. and Al-Jabry, M.M., 2021. The Impact of COVID-19: A Comparison of Nurses' Turnover Intentions Before and During the COVID-19 Pandemic in Qatar.

15   Vardforbundet.se. 2020. Var fjärde sjuksköterska överväger säga upp sig. Available at: https://www.vardforbundet.se/engagemang-och-paverkan/aktuellt/nyheter/var-fjarde-sjukskoterska-overvager-saga-upp-sig2/

16   The Mainichi. 2021. Japan nurses faced discrimination, quit jobs amid COVID-19 'first wave': survey - The Mainichi. Available at: https://mainichi.jp/english/articles/20201223/p2a/00m/0dm/009000c

17   COVID-19 and the international supply of nurses, Geneva: International Council of Nurses; 2020