

Communiqué:

International Council of Nurses 2024 International Workforce Forum

Stockholm, Sweden, 28-29 February 2024

Leaders from 12 National Nurses' Associations (NNAs) met in Stockholm, Sweden, to discuss international nursing workforce issues, including the global shortage of nurses.

The forum, hosted by the International Council of Nurses (ICN) in partnership with the Joint Virtual Swedish Nurse Organisation (JSNO), was attended by representatives of NNAs from Australia, Austria, Canada, Finland, Iceland, Ireland, Italy, Japan, Norway, Sweden, United Kingdom and the United States of America.

The key message from the Forum was that there is safety in numbers.

The greatest challenge faced by NNAs around the world is the global shortage of nurses, which has worsened and is causing huge concern. Members of the Forum shared strikingly similar experiences in relation to key nursing workforce issues, which reinforced ICN's call from last year that this issue is of such significance that it should be considered a global health emergency.

All participating NNAs strongly agreed the need for a twin track approach to responding to this global health emergency. Firstly, population, patient and nurse safety must be at the centre of the policy response, and nurse managers have an important role to play in this. Governments must be held to account for implementing and complying with necessary policies, legislation and regulations. Secondly, there is a need to make major improvements to the available nurse staffing data and evidence if these critical aspects of safety are to be defined, measured, and their progress tracked.

Nurse managers often have responsibilities and demands put on them but are not given the resources and real power to achieve what is required of them. Nurses are the largest health professional group, and the nurse manager role and significance should be equal to that of other health professional groups.

The saying that there is **safety in numbers** is true, and while it is also true that nurses are the most trusted profession, patients and the nurses who care for them will only be safe when there are sufficient nurses in the global nursing workforce to provide for the growing demand in health care needs.

All of the NNAs who were present reported a similar "core" group of critical challenges facing the nursing workforce, including a cluster of critical aspects of the daily working lives of all nurses - safe workload, safe working hours, safe working conditions and safe working environment, and the majority reported that their country had a current nursing shortage.

Nurses everywhere should have the right to take part in industrial action and be involved in wage negotiations. Governments might try to restrict both of these essential and justified rights, and that is unacceptable, especially in the kind of democratic countries IWFF members represent.

The consensus was that without an effective and future-focused policy approach to solving these challenges, there will continue to be major risks to the health of populations everywhere.

Improved population health and patient safety must be the primary focus of any health system, and that is not possible without prioritising nurses' safety, and safe staffing levels.

Nurse safety includes individual nurses' health and wellbeing, which has become a more pronounced issue since the COVID-19 pandemic. The pandemic left a legacy of higher reported levels of nurse stress, increased workload and burnout, and a significant impact of moral injury from choices nurses were forced into making during the height of the pandemic and still continues today. In addition, nurses are experiencing an increasing lack of respect for their rights and increases in incidents of violence and aggression. All of this is contributing to nurses' poor psychological health and points to the importance of ensuring psychological safety and instilling and promoting a "safety culture" in health care organisations.

The policy response that is required must not just focus on supporting individual nurse resilience: it should primarily be about all employing organisations meeting their duty to the nurses they employ to ensure that they are fully supported and can work in safety to provide effective care to the population. Accountability mechanisms put in place must be monitored for their effectiveness.

NNAs reported varying levels of effectiveness in terms of the existing policy responses in their countries, with growing overall concerns about the impact on individual nurses, which are leading to higher rates of leaving or intention to leave, reductions in working hours, higher levels of sickness absence and failure to retain staff.

All NNAs were convinced of the urgent need for countries to implement a package of meaningful policy solutions that are targeted at the causes of nurse workforce shortages and that provide hope that there will be sustained improvements. These efforts must take account of the age profile of the workforce and that it is mainly comprised of women.

Participants shared experiences of effective solutions, which must focus both on immediate responses to urgent priorities, as well as on longer term improvements in recruitment to the nursing profession. In the short term, a common priority must be to improve retention through, including through mandated nurse-patient ratios, participation in decision making at work, fair pay and career structures, and access to relevant training and education. All of this can be augmented and supported by appropriate use of new technologies.

There was also growing concern expressed by participant NNAs about two other current features in many countries: attempts to replace registered nurses with much less qualified health care workers and increasing reliance on international recruitment.

There is concerning evidence that the substitution of registered nurses by less qualified health care workers is associated with increased patient risk and reduced effectiveness. There will always be a need for an effective and well-integrated multi-disciplinary team in health care, but any skill mix change must be driven by the intention to increase access and improve care, not as a lower priced stopgap measure to fill vacancies.

International recruitment should not be the answer

Increasing reliance on international recruitment as a "quick fix" to "solve" domestic nurse shortages is deeply worrying and ICN continues to call for each nation to be self-sufficient in creating the number of registered nurses that they need.

The general trend in the increase in international mobility of the global nursing workforce is of serious concern. Many of the NNA's present at the Forum represent countries whose governments are at the forefront of the current increase in global nurse recruitment, despite them being some of the richest countries in the world. And those countries where reliance on international recruitment was not an issue are now reporting an increase.

Participating NNAs strongly support the right of individual nurses to voluntarily move across borders to improve their careers and their lives, but they also recognised the impact of the overall increase in the volume of recruitment activity. Combined with its widening focus to other destination countries, the current situation could be damaging and potentially dangerous to health systems in some of the “source” countries that are being targeted for international recruitment.

In particular, participants highlighted the obvious outflow of nurses from some countries on the World Health Organization (WHO) “red list,” which are vulnerable because of low staffing levels and should not be targeted for recruitment. The NNAs suggested that any bilateral agreements between countries must include robust measures to provide practical support and resources to countries from which nurses are being recruited that will strengthen their health workforces and systems.

Participants at the Forum supported the current ICN position that the WHO Code on International Recruitment requires stronger implementation if it is to become effective in preventing damage to health systems in low resource countries, and not undermine their prospects of ever achieving Universal Health Coverage.

The Forum was briefed by WHO colleagues on the upcoming “State of the Worlds Nursing” (SOWN) global survey of the nursing workforce. This will be the second such survey, the first of which was published in 2020, around the time of the start of the pandemic. The 2024-25 report will provide an opportunity to update the global profile of the nurse workforce, which will be a major platform for policy development and implementation, provided the report uses reliable data.

NNA’s have an essential and critical role to play in ensuring the integrity of the country data used to develop the next SOWN report. They must be enabled to work with the WHO-designated country “focal point” data collectors for the SOWN report to ensure that nurse workforce data is accurate and complete, to contribute relevant statistics, and to review/approve the data being submitted to WHO.

NNA participants are also aware of how dynamic the current global nurse labour market is, and they recognise that the second SOWN report will provide a timely update, albeit an incomplete one for some countries. This is because data relating to nurse flows between sectors, jobs, countries, and into and out of the profession, are often missing or less complete and accurate than are the data on current numbers.

In addition, standardised data for SOWN reports on nurse vacancies have been identified as a current information gap in all participant countries, which severely limits the ability to assess and compare staff shortages. While working with other stakeholders to improve SOWN data, NNAs will also continue to review the completeness of its output in capturing change and dynamics, rather than just a “point in time” emphasis on changed stock numbers.

Last year ICN published its [Charter for Change](#), which sets out the need for everyone to value, protect, respect and invest in our nurses for a sustainable future for nursing and health care. It is as relevant now as it was last year, if not more so.