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ILO's International Standard Classification of Occupations (ISCO) and the definitions of Nursing roles

Dear Mr Diez de Medina and Ms.Van Leur,

We are writing to you on behalf of the International Council of Nurses (ICN) and the European Federation of Nurses Associations (EFN) regarding ILO's International Standard Classification of Occupations (ISCO) and specifically the definitions for Nursing roles.

Over recent years there has been increasing concern across the global Nursing community that the ILO definitions do not reflect the realities of nursing practice and the differences between nursing roles. This has resulted in countries reporting data about the composition of their nursing workforce which our members believe misrepresent, often significantly, the actual number of nurses practising in different roles. This has serious consequences for national policy making and workforce planning.

The lack of reliable data was an issue of concern during the work ICN supported to bring forward the State of the World's Nursing report with WHO, and also the implementation of the European Union Directive 2015/55/EU, facilitating the free movement of general care nurses within the EU. Given the impact of the COVID19 pandemic on the global Nursing workforce and the scale of nursing shortages that the world is now facing (Sustain and Retain, ICN 2022), we strongly believe it is important to review the definitions and provide further guidance to countries to ensure that the nursing workforce recruitment, retention and future planning is based on a more precise understanding of the size and composition of the nursing workforce. From an EU perspective, we have informed EUROSTAT, DG GROW, OECD and WHO Europe about the importance of nursing workforce data validity and reliability to plan the nursing workforce.

The ISCO-08 Group Definitions: Occupations in Health for Nursing Professionals are predicated on task-based statements and, for example, refer to the provision of personal care and treating wounds. Similarly, a task-based approach is used for Associate Professionals, listing similar tasks, although there is acknowledgement that the Associate usually works under the supervision of the general care nurse (RN). For healthcare assistants tasks are also used, referencing again personal care plus, for example, changing bed linen and feeding.

This task-based approach to definitions, combined with the absence of reference to educational preparation, regulation and decision-making responsibilities are, we believe, fundamental flaws in the ILO definitions.

The ICN Definition of a Nurse states;

"The nurse is a person who has completed a program of basic, generalised nursing education and is authorised by the appropriate regulatory authority to practise nursing in his/her country. Basic nursing education is a formally recognised programme of study providing a broad and sound foundation in the behavioural, life, and nursing sciences for the general practice of nursing, for a leadership role, and for post-basic education for specialty or advanced nursing practice. The nurse is prepared and authorised (1) to engage in the general scope of nursing practice, including the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages and in all health care and other community settings; (2) to carry out health care teaching; (3) to participate fully as a member of the health care team; (4) to supervise and train nursing and health care auxiliaries; and (5) to be involved in research" (ICN, 1987).

The importance of education and regulation are clearly stated in terms of the preparation and authorisation to engage in the scope of nursing practice. The ICN position statement on scope of nursing practice states;

"The scope of nursing practice is not limited to specific tasks, functions or responsibilities but is a combination of knowledge, judgement and skill that allows the nurse to perform direct care giving and evaluate its impact, advocate for patients and for health, supervise and delegate to others, lead, manage, teach, undertake research and develop health policy for health care systems. The scope of practice is dynamic and responsive to changing health needs, knowledge development, and technological advances. Periodic review of scopes of practice is therefore essential to ensure consistency with current health needs and to support improved health outcomes. Scopes of practice should be sufficiently broad and flexible to permit freedom for innovation, growth and change (ICN 2009, revised 2013)".

We believe the limitations in the ISCO definitions have been further compounded by ILO advice on their interpretation. In the ILO International Standard Classification of Occupations; Structure, group definitions and correspondence tables ISCO-08 Volume 1, published 2012, it is stated that the distinction between professional and associate nurses should be made on

the basis of the nature of the work performed in relation to the tasks, the qualifications held are not the main factor in making this distinction as training arrangements vary widely. Qualification is, we believe, an absolutely critical factor in preparing the nurse with the clinical decision and judgment skills and competencies required to practice safely within their scope of practice.

Around the world Registered Nurse education is now overwhelmingly a three year preparation and to degree level. For the EU, mutual recognition of professionals' qualifications are grounded in Directive 2013/55/EU with in Article 31 a list of 8 competencies. This EU legislation must be implemented into national legislation and curricula. Consequently, the workforce data should take into account this EU legislation.

In 2014 the Royal College of Nursing defined Nursing as: "The use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death." Again, the importance of clinical judgment is stressed but significantly they go onto say:

"The distinction between professional nursing and the nursing undertaken by other people does not lie in the type of task performed, nor in the level of skill that is required to perform a particular task. As for all professional practice, the difference lies in the clinical judgement inherent in the processes of assessment, diagnosis, prescription and evaluation, the knowledge that is the basis of the assessment of need and the determination of action to meet the need, the personal accountability for all decisions and actions, including the decision to delegate to others and the structured relationship between the nurse and the patient which incorporates professional regulation and a code of ethics within a statutory framework."

We are very concerned that the consequences of the current ILO definitions are that nurses or people engaged in nursing who are not Registered Nurses are being categorised and counted within the Registered Nurse and Professional category. Whilst we are sure it is not intended, the interpretation of the current ILO definitions are highly likely to result in the inflation by countries of their Registered Nurse numbers through their reporting. That may mask the true extent of global nursing shortages and, more importantly, also presents a risk to patient safety and quality of care. There now exists a powerful evidence base demonstrating the correlation between Registered Nurse numbers and patient outcomes and experiences. In short, where Registered Nurse numbers are low the risks of adverse events such as falls, infections, medication errors and also death all increase (Please see the ICN Position statement on Evidence-based safe nurse staffing).

The use of ISCO-08 for the purposes of analysing and measuring oversupply and undersupply of nurses has, we believe, severe limitations, and we were interested to note that the recent ILO report on the General Survey on the International Standards related to Nursing Personnel states in Chapter 2 on Nursing Personnel definitions that: "it is important for patient safety as well as for the nursing profession to be able to distinguish between the role of

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Registered Nurses and the equally valuable but different role of healthcare assistants". The report by the committee of experts also helpfully identifies some of the critical factors to be considered, including the use of clinical judgment, and concluded that the definitions of role and scope of practice of nursing need to be reflect what is distinctly nursing and emphasised the importance of achieving clarity on the types of categories of nurses in each country as the basis of data collection, analysis and comparison. As a consequence of our work in supporting the development of the SOWN report and developing the nursing workforce globally and across the EU, where Member States must report all their nurses in compliance with Directive 2013/55/EU as Nursing professionals, we could not agree more strongly with the ILO Committee on the importance of addressing urgently these variations in order to provide greater clarity to all countries.

We do appreciate that the ILO has established and agreed processes for determining ISCO categories and definitions, and that fundamental changes to these may be challenging to achieve in a short time frame. However, given the importance of the issue not just to the Nursing Profession but to patients around the world, we would like to explore whether there is the possibility of providing further guidance to countries about who should be considered a Professional Registered Nurse. **A Professional Registered Nurse should be considered as someone who, through a minimum of three years' post-secondary education and commonly to graduate level, has been prepared to, and has the authority, to undertake autonomous clinical decision making, is accountable for their own actions and subject to independent professional regulatory process and standards**.

We appreciate your consideration and would very much like to discuss and find a way forward to ensure that policy makers around the world consistently report, analyse and utilise the most robust workforce data.

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In CC to:

- Christiane Wiskow, ILO
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- Gaetan Lafortune OECD
- Konstantin Pashev, European Commission
  Ilze Burkevica, EUROSTAT

- Margrieta Langins and Thomas Zapata, WHO Europe
- James Campbell and Elizabeth Iro, WHO Headquarters

For your information:

The European Federation of Nurses' Associations (EFN) *represents over 36 National Nurses' Associations and its work impacts on the daily work of 6 million nurses throughout the European Union and Europe. The EFN is the independent voice of the nursing profession, and its mission is to strengthen the status and practice of the profession of nursing for the benefit of the health of the citizens and the interests of nurses in the EU & Europe.*

The International Council of Nurses (ICN) *is a federation of more than 130 national nurses' associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.*

Related Bibliography

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