

**Global Nursing Workforce:  
Problems and Perspectives**

**Presentation to the Cyprus Nurses and  
Midwives Association (CYNMA) Roundtable**

**by**

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**23 March, 2009  
Nicosia, Cyprus**

Honourable Minister, members of Parliament, General Director of the Ministry of Health, Chief Nursing Officer, special guests and dear colleagues – good morning. How lovely to be here with you in beautiful Cyprus. Before beginning my presentation I want to say how much I have enjoyed my visit so far, including our visit yesterday to the traditional village in the Troodos Mountains.

You have asked me to speak today on the Global Nursing Workforce: Problems and Perspectives. I am pleased to do so, as today we are immersed in a global health workforce crisis. A crisis caused by a severe worldwide shortage of employed health care workers, most notably nurses. In 2006, the WHO estimated a global shortage of 4.3 million health workers, including 2.4 million nurses, midwives and physicians. Translated into availability of care, the shortage means that over a billion people have no access to health care.

Many countries are affected by the shortage and 57, mostly in Africa, have been identified as 'in crisis'. In these countries, the shortage of qualified health workers, including nurses, has become one of the greatest obstacles to achieving the United Nations Millennium Development Goals. The shortage is undermining the goals of health systems globally and challenging our ability to meet the needs of our citizens.

Worldwide the shortage has also raised important questions about safe staffing and accountability. Clearly, both become difficult when there is an inadequate supply of nurses to meet the health needs of individuals, communities and nations.

Today all societies rely heavily on the work of nurses. This is true of developed and developing nations alike. In almost every country nurses provide the majority of health services – up to 80% in some cases. In parts of the world, such as African countries devastated by HIV/AIDS, the work of nurses is all that separates communities from total collapse.

With a global ageing population, often requiring additional care and chronic care, we are faced with a nursing workforce that is also getting older. In Canada, 50% of the nurses employed today will retire within the next 10 years. By 2016 Canada will have an expected shortfall of 113,000 nurses. The situation is equally serious in the United States, where a shortfall of 800,000 to one million nurses by 2012 is predicted.

Today's shortage is occurring while thousands of nurses are unemployed, thus creating both a real and a pseudo shortage. In past shortages, an increasing demand or a decreasing supply was the main contributing factor. But today we see both factors in play - a decreased supply of nurses cannot meet an increased demand for nursing services.

What is driving this increased demand? It includes such factors as:

- the ageing population
- a rising population growth rate
- a growing burden of chronic and non-communicable diseases
- shorter hospital stays, resulting in increased acuity of care
  
- globalisation and a growing private sector, both of which have expanded the labour market
- high public trust in nurses, which has sparked increased demand for nurses as the primary entry point to health services
- changes in intern/junior doctor working conditions
- increasing mobility

Coupled with increased demand is a decreased supply of nurses. The reasons for this include:

- an ageing nursing workforce
- increased career opportunities for women
- an increasing number of students who are choosing nursing later in life – reducing their years of professional practice
- decreased funding of nursing schools and a heavier financial burden on students
- a poor image of nursing as a career, and, importantly,
- unfavourable work environments that include excessive workloads, inadequate support staff, violence, stress, burnout, wage disparities and little involvement in decision making

It is clear that the problem will not go away without concerted action.

The lack of attention to the nursing crisis prompted ICN to investigate the extent of the shortage, the issues, and the interventions needed. With

funding support from the Burdett Trust for Nurses, ICN undertook a wide range of consultations. The final report, *The Global Nursing Shortage: Priority Areas for Intervention*, can be found on the ICN web site. The report identifies and validates five priority areas for action by ICN and the profession. Achieving effective and lasting change will require the joint efforts of many other groups.

The five priority areas are mutually connected. They are:

1. Macroeconomics and health sector funding policies
2. Workforce policy and planning, including regulation
3. Retention and recruitment, addressing in-country mal-distribution, and out-migration
4. Positive practice environments and organisational performance
5. Nursing leadership

**Macroeconomics and health sector funding policies** need better understanding by nurses and concerted advocacy to improve infrastructure. We need change in the current lending rules, which often restrict hiring, resulting in a large number of unemployed nurses. For example, Kenya spends 76 cents per capita on HIV/AIDS and \$ 12.93 per capita on serving its debt. Zambia spends 30% more on debt servicing than on health care. Health care reforms introduced in the 1990s by the international financial institutions imposed drastic cuts in public spending, often resulting in the loss of precious nursing positions. It is only now that money is being put back into human resource budgets to strengthen health systems' capacity to deliver quality and safe care. A WHO and ICN paper on this topic has just been released and is available on the ICN website.

**Workforce policy and planning, including regulation,** are too often given low priority in developed and developing countries. Data is lacking or is poor, as are health human resource plans. We want to see better data and planning, with nurses involved at all levels. ICHRN has commissioned country case studies to improve our understanding of the dynamics between human resources for health and patient outcomes. ICN continues to have regulation as one of its three main programme areas. It monitors and support professional regulation of nurses and nursing through its Regulation Network, Observatories and Credentialing Forums as well as other on-going projects.

**Recruitment and retention, including in-country mal-distribution and out-migration,** must be addressed. Both developed and developing countries are having difficulty recruiting and retaining nurses. Nurses will always migrate and should have that right. But, they should not be forced to do so by dysfunctional systems. There must be better infrastructure, incentives, internal relativities in salaries and benefits, continuing education opportunities, and ethical recruitment practices. ICN in cooperation with five other international professional organisations has developed Guidelines on Incentives for Health Professionals. We cannot continue to accept the attrition of our colleagues from active practice. Effective incentive packages must be introduced.

Together with the Commission on Graduates of Foreign Nursing Schools, ICN created the International Centre on Nurse Migration. The Centre monitors and interprets trends and issues, advocates policy, stimulates research, offers a resource centre and continuing education. We have organised conferences promoting best practices in integrating the migrant nurse into new work settings; an issue for many countries.

Acknowledging the beneficial outcomes of multicultural practice and learning opportunities supported by migration, the Centre supports nurses' freedom of movement. It has also done research in national workforce self-sustainability and circular migration. ICN's Position Statement on Ethical Nurse Recruitment has generated great interest and support. Many of the principles presented in this statement now appear in WHO's draft International Recruitment of Health Personnel Code of Practice, which will be discussed at its Regional meetings this year.

***Positive practice environments are a must.*** The poor quality of nurses' practice environments is perhaps the single greatest factor limiting the attraction of new recruits and the retention of nurses already there. Meanwhile, evidence demonstrates that work overload is having a detrimental effect on quality of patient care and on nurses themselves.

A variety of studies confirm that participative management styles, flexible employment opportunities and access to continuing education and professional development can improve retention of nursing staff as well as patient care.

This year, together with partners, ICN will implement a global campaign on positive practice environments. Campaign materials are freely accessible on the ICHRN website for all to use – including fact sheets, checklist, guidelines and an advocacy guide.

ICN is also part of the Global Health Workforce Alliance which aims to coordinate efforts in resourced poor countries, aid capacity building, and address the issues of workforce planning and working conditions.

**Nursing leadership.** To achieve positive and sustainable change through challenging times, strong and effective leadership will be required at every level. Strong nursing leadership is critical if we are to make this vision for the future become a reality. That is why so much of our attention at ICN is focused on developing nurse leaders.

### **ICN leadership programmes**

Through ICN's *Leadership for Change* programme, which focuses on 'learning by doing', nurses in more than 50 countries have gained the skills and strategies they need to take leadership roles within their constantly changing health environments.

The key strategic goals of *Leadership for Change* are to assist nurse leaders at a country or organizational level to:

- § participate effectively in health policy development
- § be effective leaders and managers;
- § prepare future nurse managers and leaders for key positions
- § influence changes in nursing curricula

I am pleased to tell you about a new ICN leadership initiative –the *Global Nursing Leadership Institute*. This programme will offer an advanced leadership programme for nurses in senior level and executive positions in developed and developing countries, drawing on the expertise of faculty from UN and intergovernmental agencies, governments, business, recognized management schools and leading health

professionals. The programme will to enhance existing leadership knowledge and skills related to national and global health priorities.

Our other leadership programme, *Leadership in Negotiation*, fits within ICN's socio-economic welfare portfolio and supports nurses in achieving a safer working environment and just compensation. Over the past 18 years, nurses from 27 countries have been directly involved in this initiative.

What is abundantly clear is that no one action will resolve the current nursing workforce crisis or minimise the related phenomenon of nurse migration. The issues are complex; in turn, the solutions must be innovative, multi-faceted and sustainable – solutions that address the root causes of nurse shortages, exploit synergies, minimise duplication of effort, and contribute to improved health systems performance in terms of quality, coverage and patient safety. This is our challenge. A challenge we need to work on together. Thank you.