



Investment in Nursing is Critical for the Health of the World: We Need 6 Million Additional Nurses

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Abstract: There is no doubt that nursing has made great strides in recent years, and nurses have more than proved their worth and commitment during the recent COVID-19 pandemic. However, the profession is under threat and it is doubtful if nurses can help meet the Sustainable Development Goals without substantial government investment. The 2020 State of the World's Nursing report by the World Health Organization evidenced that, by 2030, there will be a critical global shortage of 5.7 million nurses. Many nurses are burnt out and exhausted by their work, and the threat of greater attrition is real because of the pandemic. There are vast inequities in the numbers of nurses in various regions of the world, especially in low- and middle-income countries. Major investment in nursing by governments needs to occur to enable millions more nurses to graduate and to ensure positions for them are established and sustained. It is clear that nurses around the world need to collaborate and work closely across borders and regions to gather evidence about the profession to inform policy and investment decisions. Nursing leaders and educators have key roles to play to help overcome nursing shortages

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The State of the World's Nursing report¹ published by the World Health Organization in 2020 clearly recognised the vital work of nurses in protecting the health of populations and celebrated the positive and impressive steps that the profession of nursing has made. This WHO report was a collaborative publication with the International Council of Nurses, and Nursing Now and informed many nursing organizations and individuals around the world. The report stated that

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“the global nursing workforce is 27.9 million, of which 19.3 million are professional nurses.”^{1,p.xiii} Those nurses represent 59% of the total global health workforce. However, the report also argued that there is not a global nursing workforce commensurate with achieving universal health coverage and the targets of the Sustainable Development Goals.

Although there are increasing drivers that support the roles of advanced nursing practice and extensions to nurses' roles and responsibilities in many parts of the world, the major barrier to achieving better health and progression in the profession is the shortfall in nurses. Many nursing organizations, scholars and leaders have recognised the ongoing and deleterious effects of nursing shortages on positive patient outcomes and health service provision, as well as the potential to further exacerbate shortfalls in the profession. Quite simply, if nurses have to work in situations of nursing shortages, they are more likely to be overworked, exhausted and leave nursing.

Nursing shortages have been around for a long time, but they have now reached critical levels in many countries. There are vast inequities in the distribution of nurses around the world. This is especially so in low- and middle-income countries in South-East Asia, Africa, Eastern Mediterranean regions, and Latin-America.¹ For example, the disparity in nursing numbers can be exemplified by the fact that "around 81% of the world's nurses are found in the American, European and Western Pacific regions, which account for 51% of the world's population,"^{1,p.43}

To help all countries deal with nursing shortages by 2030, the WHO estimates that 8% more nurses need to graduate annually and be supported to be employed and retained in the profession. Without this, it is estimated that there will be a shortfall of 5.7 million nurses by 2030, especially in South-East Asian, Africa and Eastern Mediterranean regions.¹ The State of the World's Nursing report called for significant and sustained investment in nursing to enable the profession to help meet the Sustainable Development Goals first established in 2015. The report specifically spells out the urgent need for investment in nursing education, jobs, and leadership so that 6 million new nursing positions are established globally to meet the world's need for sustained and better health care.¹

The shortfall in nurses has been attributed to many factors, and these will be familiar to many of this journal's readers. It is well-known that there are more careers now available for women to pursue, and that they may not want to work the unsocial hours of the profession. Further since the days of Florence Nightingale, nursing has remained gender-specific to being mostly female. There is great reluctance by males to become nurses; indeed 90% of the workforce is still female.² Factors known to grow nursing shortages also include the ageing of the workforce, increasing migration of nurses to countries with better work prospects, job dissatisfaction with poor working conditions, low salaries, bullying in the workforce, unsociable shift work hours and rosters, lack of consultation with nurses, lack of recognition, low social status, and nurses not being involved in health policy. Added to these factors are the growth in the world populations, increased ageing, and rising chronicity of health conditions.

We can never underestimate the essential roles that nurses undertake in prioritising local and national health. The current COVID-19 pandemic has highlighted the vital role that nurses have in caring for the sick and dying, protecting health in communities, and delivering people-centred care under situations of disaster and emergency. In addition to trying to provide usual care in their communities, nurses are now engaged in testing, triaging, and vaccinating populations, and having to develop and implement new protocols to better meet the increasing number of people infected or dying with the virus. The pandemic has caused many negative effects on nurses' physical, psychological, and social wellbeing, and significantly increased their workloads.³ Due to staff shortages, many nurses have not had their usual periods of recreation leave, have had to work long shifts, and are suffering burnout. A recent literature review analysed studies reporting nurses suffering from post-traumatic stress disorder (PTSD) because of their COVID-19 experiences.⁴ This review called for urgent interventions to protect

nurses and other health care workers from the psychological impacts of the pandemic that lead to them having symptoms of PTSD. As well, nurses have been subjected to harassment or attack by anti-vaccinators.⁵

It is impossible to quantify how many more people would have died or become sick due to this virus without nurses working in the communities around the world, collaborating with many other health and emergency workers. The reality is that the pandemic is likely to exacerbate the shortage of nurses. In many countries nursing research is showing that after two years of the pandemic, nurses are burnt out and exhausted, and frustrated that they cannot provide usual care to people who are not affected by the pandemic. Too many nurses have died or become infected themselves, often due to lack of protective personal equipment and poorly funded health services, and before this pandemic is finally over, we are likely to see more nurses die, become infected or permanently leave the profession.

Numerous nursing studies are now focused on nursing shortages, nursing retention and factors that affect nurses' decisions to stay on the job, conducted before and during this pandemic. However, there is still a lot of information to be gathered about the profession because "there are significant gaps in data on education capacity, financing, salary and wages, and health labour market flows. This impedes the ability to conduct health labour market analyses that will inform nursing workforce policy and investment decisions."^{1, p.3}

What is absolutely unacceptable is the major under-investment by successive governments around the world in nursing and nursing education, and years of funding cuts to health. These have had and will continue to have deleterious effects on the ability of nursing to achieve its mandate to serve people, improve health and advance the profession. Even when nurses in the United Kingdom demonstrated excellence in protecting people during the pandemic

and have been publicly lauded for their efforts, they have not received fair pay. After years of pay freezes, the government offered 3% pay rise, but nurses are fighting for 12.5%.⁶ Importantly nurses need to become better involved in policy making so that employers, regulators and health policy makers can develop and maintain better working conditions for nurses.¹

In addition to fair working conditions, better pay, and graduating more nurses, we need to become much smarter at improving retention rates and keeping nurses in the workforce. Nurses, health leaders, and educationalists need to be committed to providing evidence regarding many aspects of the nursing workforce. This will help fill the gaps in knowledge to inform policy and investment decisions, for clear evidence is needed to convince governments to invest in nursing in a focused manner. This involves countries collecting better data about the health workforce, monitoring nurse mobility and migration, and collaborating between countries and nursing and health organizations to strengthen nursing capacity.

To achieve all of this we need grow and enhance nursing leadership to drive needed changes to build nursing capacity into the future, including the appointment of chief nursing officers in many countries that do not already have such a national nursing position. And every nurse needs to commit to achieving better conditions for nursing to achieve better world health. Major investment needs to occur within nursing education to enable more nurses to graduate. Nurse educators around the world demonstrated their capability to adapt their teaching to online platforms during the COVID-19 pandemic. However, they need to further embrace digital technologies to enhance access to quality competency-based education and to work closer with clinical settings.⁷ Without this, the graduation of larger numbers of nursing students will not occur and nursing shortages will prevail.

Without nurses working together across borders and regions, advocating, and lobbying for substantial

health policy and investment reforms, we will not see governments investing in nursing to overcome nursing shortages. And without millions more nurses, population health will suffer immeasurably.

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วิกฤตการณ์การลงทุนทางการพยาบาลสำหรับภาวะสุขภาพของโลก: ความจำเป็นในการผลิตพยาบาลเพิ่ม 6 ล้านคน

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บทคัดย่อ: ในรอบปีที่ผ่านมา พยาบาลได้สร้างผลงานที่ยิ่งใหญ่รวมทั้งได้พิสูจน์คุณค่าและความมุ่งมั่นของตนเองในระหว่างสถานการณ์การแพร่ระบาดของโรคโควิด-19 แต่อย่างไรก็ตาม วิชาชีพพยาบาลยังคงตกอยู่ภายใต้สถานการณ์ที่คุกคามและเป็นที่กังขาว่าพยาบาลจะสามารถบรรลุจุดมุ่งหมายในการพัฒนาที่ยั่งยืนได้อย่างไรหากปราศจากการส่งเสริมลงทุนอย่างต่อเนื่องจากภาครัฐ องค์การอนามัยโลกเสนอหลักฐานจากรายงานการพยาบาลของโลกในปี พ.ศ. 2563 ว่า โลกจะขาดแคลนบุคลากรพยาบาลเป็นจำนวน 5.7 ล้านคนในปี พ.ศ. 2573 พยาบาลจำนวนมากหมดไฟและเหนื่อยล้าจากสภาพงานและสถานการณ์คุกคามที่เกิดขึ้นอย่างต่อเนื่องจากการแพร่ระบาดโดยเฉพาะในประเทศที่ประชากรมีรายได้ต่ำและปานกลาง การที่ภาครัฐได้เข้ามาร่วมในการผลิตพยาบาลเพิ่มขึ้นเป็นจำนวนหลักล้านคนรวมถึงการสร้างตำแหน่งงานเพื่อรองรับพยาบาลเหล่านั้นด้วยถือเป็นการพัฒนาที่ยั่งยืน ในการนี้พยาบาลทุกภูมิภาคทั่วโลกควรร่วมมือกันในการรวบรวมข้อมูลหลักฐานเกี่ยวกับวิชาชีพเพื่อนำไปสู่การสร้างนโยบายและการตัดสินใจในการผลิตพยาบาล ซึ่งผู้นำทางการพยาบาลและนักวิชาการควรมีบทบาทสำคัญที่จะเอาชนะปัญหาการขาดแคลนพยาบาลนี้ต่อไป

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