



## EFN Policy Statement on Building and Sustaining a Resilient Nursing Workforce in the EU and Europe

This Policy Statement draws from EFN previous policy statement on the consequences of nurses' shortages and EFN advocacy to address the growing shortage of nurses, increased migration and the ageing of this workforce across the EU.

Based on the requirements within the European Pillar of Social Rights, to secure health care to populations of Europe in a timely and accessible manner, the availability of suitably qualified professional nurses must be prioritised. What the COVID-19 crisis has exposed is the lack of policy and funding in the area of workforce planning and future-proofing for the nursing workforce. It is disappointing and striking to realise that the EU and its Member States did not implement the policies that would have made Europe's health service more resilient.

The COVID-19 pandemic has shown that our European health services were not resilient enough and the healthcare and public health systems must learn from these very difficult lessons. On an EU-wide basis, policies must be developed and rapidly funded and implemented to secure enough nurses to allow progression and expansion of nurses' roles that are required in an evolving health service, as well as the safe provision of professional nursing care at every level of health care delivery. That is why the EU must now require member states to invest in building a resilient nursing workforce to protect Europeans by requiring evidence-based measurement tools to determine sufficient and safe nurse staffing and funding for their implementation.

The State of the World's nursing 2020 report is calling for the education and recruitment of 6 million more nurses. Even if the European Union presents a better level of nursing personnel per inhabitants, the report shows that *'many wealthy countries are not producing enough nurses to meet their own healthcare needs, and are therefore reliant on migration, exacerbating shortages in poorer countries'*, which is the case for several European countries. The EU must therefore educate more nurses to cover its own domestic needs, pay its nurses better so they stay in the nursing profession, and support other countries in the world to do the same.

There is significant researched evidence that patient outcomes improve with a higher ratio of professional educated nurses. In addition, employment plans must reflect this safety level and employ the resultant required number of nurses – these plans must include preparedness for the unexpected surge of need. For instance, to be more prepared and resilient to pandemics, decision-makers should make sure nurses get a worthy salary – recognising their value to our society – and that citizens/patients benefit from the best level of healthcare which can be achieved first by allocating the optimal proportion of Directive 2013/55/EU nurses according to the health care setting.

The short- and long-term resilience of the EU health service relies upon having an effective pool of nurses and the optimal number of nurses in the population. Resilience can only be achieved if the EU educates and trains enough nurses and if those nurses can apply their care responsibilities in safer working conditions. The EFN, therefore, proposes a framework, and necessary actions for a resilient and prosperous Europe, recovering from the COVID-19 disaster.

The EFN calls on the EU and European decision-makers to:

1. Consult and agree on a new nursing workforce plan for Europe with the EFN. Prior to COVID-19 the demand on health care systems was increasing across the EU. All citizens are also free to seek healthcare across EU Boundaries, in addition, due in main to conflict and climate changes, non-EU citizens are forced to migrate to EU states, and this is placing additional burdens on member states existing health care systems (HCS). This need is now much more pressing due to the healthcare needs resulting from COVID-19, which are ongoing and due to the long-term ill-health and unfortunate death of nurses battling this pandemic – the workforce of nurses has reduced. This European health scheme must be supported by a new nursing workforce plan negotiated through social dialogue to increase and retain nurses working in this European health service.
2. In this plan the EU must agree key regulations, including the level of Member States health financing that must be allocated to maintain safe levels of nurses employed, undergraduate and postgraduate on-going education, and collectively bargained salaries which afford equality with other professions with comparable level of education as nurses to promote retention and recruitment.
3. The plan must support evidence-based policymaking and sufficient and safe staffing levels. This workforce plan must include provision for education of citizens relating to health issues, the population of permanent immunisation teams and health promotion at every level to reduce the effects of future crisis that will arise.
4. To have a good nursing workforce planning, it is fundamental to have proper statistics (ILO, OECD, WHO). Collecting national & European statistics using the same definition of groups of nurses, healthcare personnel in general, is make sure that the data collected

is comparable and can be used at the national & European level for both the public and private health and care system.

Finally, having a sufficient supply of well-educated nurses will support the EU efforts to act on all health determinants (social, economic and ecological) through health promotion and prevention and in meeting their obligations to provide expert, timely health care to its citizens and populations.

### Further Readings

Safe nurse staffing means that an appropriate number of nurses is available at all times across the continuum of care, with a suitable mix of education, skills and experience to ensure that patient care needs are met and that the working environment and conditions support staff to deliver quality care. (ICN, 2018)

### *Resources quoted in the text:*

- Aiken L et al. (2008) Effects of Hospital Care Environment on Patient Mortality and Nurse Outcomes, Journal of Nursing Administration, 38(5). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2586978/>
- Aiken L. et al (2016) Nursing skill mix in European hospitals: cross-sectional study of the association with mortality, patient ratings, and quality of care. [www.qualitysafety.bmj.com/content/early/2016/11/03/bmjqs-2016-005567.full.pdf](http://www.qualitysafety.bmj.com/content/early/2016/11/03/bmjqs-2016-005567.full.pdf)
- Aiken L. et al (2021) Effects of nurse-to-patient ratio legislation on nurse staffing and patient mortality, readmissions, and length of stay: a prospective study in a panel of hospitals. [https://www.thelancet.com/journals/lancet/article/piiS0140-6736\(21\)00768-6/fulltext](https://www.thelancet.com/journals/lancet/article/piiS0140-6736(21)00768-6/fulltext)
- EFN Workforce Matrix 3+1 [http://www.efnweb.be/?page\\_id=8220](http://www.efnweb.be/?page_id=8220)
- EFN Workforce Matrix 3+1 Executive Summary <http://www.efnweb.be/wp-content/uploads/EFN-Workforce-Matrix-31-Executive-Summary-May-2017.pdf>
- EFN Position Statement on Consequences of nurses shortages in public health (EFN GA October 2020)
- The State of the World's Nursing 2020 <https://www.who.int/publications-detail-redirect/nursing-report-2020>

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