## EFN Policy Statement on EU Nursing Workforce within a Global Safe Staffing Level Context

This Policy Statement draws on EFN's previous statements, particularly the EFN Policy Statement on Safe Staffing Levels and the requirement to ensure safe patient care across Europe.

The EFN and its national associations have been concerned about the increasing demand for nursing care services and the shortage of nurses even before the pandemic hit. These shortages were a result of inadequate investment in nursing, related to education and training to meet the growing demand as well as inadequate investment in working conditions and remuneration. The situation worsened during the recession years following the economic crash. The evidence after the pandemic shows that the situation is deteriorating even further, with more nurses leaving the profession and fewer applications for nursing programmes. The welfare of nurses has also been severely affected post-pandemic, with increasing evidence of mental health concerns and burnout (ICN, 2022).

Globally, nurse-patient ratios have been established in several jurisdictions over the years, including California in the USA, and Victoria and Queensland in Australia. However, since the fallout from the pandemic and subsequent acute nursing shortages, a growing number of jurisdictions are seeking to or have already implemented mandatory nurse-to-patient ratios, such as Southern Australia, New South Wales, Australian Capital Territory (ACT), Western Australia, British Columbia in Canada, and Oregon in the USA.

Safe nurse staffing is an incentive to attract nurses, aiding recruitment and retention, and reducing the reliance on unethical recruitment practices, such as the inappropriate recruitment of overseas nurses, contrary to the principles outlined in the WHO Code on Ethical Recruitment of Health Personnel. Although several models for nurse staffing exist, and there are arguments for and against mandated nurse-patient ratios, evidence points to the importance of their use to improve safe patient care. There is now a large body of research which states that a higher number of registered nurses with an appropriate skill mix is associated with improved patient care and reduced adverse events, including missed

care and reduced patient mortality (Aiken et al. 2021; Griffiths et al. 2018; Ball et al., 2014; Aiken et al. 2002; Griffiths et al. 2023; Dall'Ora et al. 2022).

Striking the right balance in nurse-patient ratios is essential to ensure optimal patient care, enhance job satisfaction, and mitigate the risk of adverse events. Furthermore, economic benefits from unwarranted healthcare variations and adverse events can also be achieved, as can improved nurse retention (Queensland Nurses and Midwives' Union, 2018).

The global nursing shortage is at crisis levels. In Europe, it has been described as a "ticking time bomb" which has the potential to worsen health outcomes (WHO, 2022). Therefore, given the scale of the shortage of nurses, a robust response is required.

State-level associations in Australia have argued that nursing shortages are long-term and endemic, and safe staffing ratios are necessary to address this issue. They make the case that ratios would make nursing more attractive and benefit both patients and staff. Supporting this argument, evidence from California showed that implementing minimum staffing ratios during a severe nursing shortage resulted in significant improvements within two years.

The successful implementation in Victoria and Queensland, supported by research on the benefits, has paved the way for the application of safe nursing ratios in other parts of Australia. Therefore, EFN's National Nursing Associations must learn from jurisdictions where ratios have been successfully implemented and seek to campaign for safe nurse staffing, skill mix, and safe nurse-patient ratios.

The role of National Nursing Associations in achieving the implementation of safe nurse staffing levels cannot be underestimated. Their advocacy and campaigning efforts have yielded significant results. Examining how they achieved this success is crucial, as there may be valuable lessons for EFN National Nursing Associations.

Key factors that contributed to the achievement of safe nurse staffing levels were:

- National Nursing Association advocacy
- Targeted use of evidence by National Nursing Associations
- Political Influencing by National Nursing Associations
- Strategic timing of actions during electoral cycles
- Drawing on successful examples of nurse staffing ratios in Victoria and Queensland
- Securing legislative support in most cases
- Focusing on both support and approval of the principle of ratios, followed by implementation efforts.

Over the past twenty years, extensive evidence and research have consistently shown the benefits of safe nurse staffing. It is evident that safe staffing saves lives, enhances patient care, and improves staff wellbeing. Numerous staffing tools and frameworks are available to implement safe staffing. However, based on evidence from California and Australia, nurse-patient ratios are a linchpin in the delivery of healthcare services, impacting patient safety, high quality patient care, improving job satisfaction, effective resource utilisation, and nurse recruitment and retention.

## Further readings:

- Aiken, L. H., et al. (2002) 'Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction', JAMA: Journal of the American Medical Association, 288(16), pp. 1987–1993.
- Aiken, L. et al. (2014) Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. Lancet. 2014 May 24; 383(9931), pp. 1824–1830.
- 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.
- Ball, J.E., Murrells, T., Rafferty, A.M., et al. (2014) 'Care left undone' during nursing shifts: associations with workload and perceived quality of care. BMJ Quality & Safety, 23, pp. 116–125.
- Dall'Ora, C., Saville, C., Rubbo, B., Turner, L., Jones, J., & Griffiths, P. (2022). Nurse staffing levels and patient outcomes: a systematic review of longitudinal studies. International Journal of Nursing Studies, 134, 104311.
- Griffiths, P., Maruotti, A., Recio Saucedo, A., Redfern, O.C., Ball, J.E., Briggs, J., Dall'Ora C., Schmidt, P.E, Smith, G.B, and Missed Care Study Group. (2019) Nurse staffing, nursing assistants and hospital mortality: retrospective longitudinal cohort study, BMJ Quality & Safety, 28(8), pp. 609–617.
- Griffiths, P., Saville, C., Ball, J., Dall'Ora, C., Meredith, P., Turner, L., & Jones, J. (2023). Costs and cost-effectiveness of improved nurse staffing levels and skill mix in acute hospitals: A systematic review. International Journal of Nursing Studies, 104601.
- EFN Policy Statement on Safe Staffing Levels. (2023) Available at: <a href="https://efn.eu/wp-content/uploads/2023/10/EFN-Policy-Statement-on-Safe-Staffing-Levels.pdf">https://efn.eu/wp-content/uploads/2023/10/EFN-Policy-Statement-on-Safe-Staffing-Levels.pdf</a>
- International Council of Nurses (ICN). (2022) Sustain and Retain in 2022 and Beyond: the Global Nursing Workforce and the COVID-19 Pandemic. ICN: Geneva. Available at: <a href="https://www.icn.ch/resources/publications-and-reports/sustain-and-retain-2022-and-beyond">https://www.icn.ch/resources/publications-and-reports/sustain-and-retain-2022-and-beyond</a>.

- Queensland Nurses and Midwives' Union (QNMU) (2018). Ratios Save Lives Phase 2
  Extending the care guarantee. Available at:
  <a href="https://www.qnmu.org.au/DocumentsFolder/Ratios%20website/Phase%202/Ratios%20Save%20Lives%20Phase%202%201017%20FINAL.pdf">https://www.qnmu.org.au/DocumentsFolder/Ratios%20website/Phase%202/Ratios%20Save%20Lives%20Phase%202%201017%20FINAL.pdf</a>.
- World Health Organization (WHO) (2022). Ticking timebomb: Without immediate action, health and care workforce gaps in the European Region could spell disaster. Available at: <a href="https://www.who.int/europe/news/item/14-09-2022-ticking-timebomb--without-immediate-action--health-and-care-workforce-gaps-in-the-european-region-could-spell-disaster">https://www.who.int/europe/news/item/14-09-2022-ticking-timebomb--without-immediate-action--health-and-care-workforce-gaps-in-the-european-region-could-spell-disaster</a>.

Please contact Dr Paul De Raeve, Secretary General of the European Federation of Nurses Associations, and Tony Fitzpatrick, EFN Workforce Committee lead, for more information. Email: <a href="mailto:efn@efn.eu">efn@efn.eu</a> - Tel: +32 2 512 74 19 - Web: <a href="mailto:www.efn.eu">www.efn.eu</a>

EFN Policy Statement on EU Nursing Workforce within a Global Safe Staffing Level Context - April 2024

