

International Council of Nurses calls state of nursing workforce a “global health emergency”

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The current state of the global nursing workforce should be considered a global health emergency, according to a report by the International Council of Nurses (ICN). The organization bases its assessment on the exceptionally high levels of stress, burnout and absenteeism among nurses. It also notes that poor working conditions and unsafe staffing have spurred a sharp increase in nurses strikes worldwide.

The ongoing pandemic has severely damaged health systems in every country. At the same time, the demand for nurses, who have borne the brunt of this public health crisis, is increasing because of aging populations and rising rates of chronic diseases. As many as 13 million nurses internationally may need to be replaced in the next few years, according to the ICN. For perspective, this number is approximately the same as the population of Moscow. “Without sufficient investment in well-supported nurses, there can be no effective health care system recovery and rebuild,” wrote the ICN.

The ICN is a federation of more than 130 national nurses associations. It was founded in 1899 and claims to represent 28 million nurses around the world. Among the federation’s stated goals are to ensure high-quality nursing care for all, to promote sound public health policies, and to foster the skills and satisfaction of the international nursing workforce.

The conditions that the ICN report documents result partly from the failure of world governments to enact the necessary public health measures to stop the spread of SARS-CoV-2 and end the pandemic. Concluding that these measures would cause an intolerable reduction in profits and share values, governments consciously minimized the seriousness of the pandemic and sent workers back to their jobs as soon as possible, regardless of the risk to public health. The few countries that took a

more scientific approach, such as China, have now abandoned it under the pressures of the global economy. But as the report acknowledges, the pandemic has only exacerbated underlying problems. These poor working conditions are created by the health care corporations’ systematic elevation of profit above medicine.

The global nurse shortage may have been as high as 30.6 million in 2019, according to the ICN, and the pandemic has worsened the shortage. The pandemic has been associated with an increase in the number of nurses leaving the profession, and this trend is continuing and worsening as the pandemic persists. The mass exodus of nurses is straining health systems’ ability to provide care and poses a further risk to public health. It also has contributed to a backlog of patients who need care unrelated to COVID-19.

“For many working nurses, this is not a short-term, one-off, ‘acute’ episode or some obscure or distant phenomenon—it is pervasive and personal,” wrote the ICN. “It has been a relentless, intense and continuing drain on nurses’ energy, morale and physical and mental health.”

The report cites a wealth of data showing that the “scale of actual and potential trauma and burnout in the nursing workforce is huge.” Data from Asia, Europe, North and South America and the Middle East indicate that the combined incidence of anxiety symptoms among nurses is 29 percent, and the combined incidence of depression is 22 percent. A review of data from the first year of the pandemic found an increase in the rate of burnout, emotional exhaustion, depersonalization and compassion fatigue. It also found that the pandemic significantly affected health workers’ quality of life.

These intolerable conditions are threatening the sustainability of the nursing workforce. A systematic

review of 43 international studies found that high levels of stress and anxiety, as well as increases in workload, are associated with health care workers' increased intention to leave their jobs. In a 2022 study conducted in the United States, United Kingdom, Singapore, Japan, France, Brazil and Australia, between 20 percent and 38 percent of nurses said that they were likely to leave their jobs in direct patient care in the next year.

High levels of burnout have led not only to resignations, but also to absenteeism. This reduction in the workforce has increased the burden on the remaining nurses, who report that their level of stress is mounting. Many nurses who have managed to stay in their jobs to this point are exhausted and need to reduce their responsibilities or take a leave of absence. Others are considering a change of profession or retirement.

The ICN also cites data indicating that, besides having severe potential consequences for nurses, burnout also is associated with decreased patient safety and increased risk of medication errors, infections and falls.

Employers and other health organizations generally have refused to make the systematic changes to their working environments that are necessary to reduce burnout. Instead, they have focused on individual-level solutions, such as encouraging mindfulness or resilience. Although the evidence does not support initiatives targeted at individual behaviors as a means of reducing burnout, these initiatives are much cheaper and allow the major health corporations to make greater profits.

Nurses are rebelling against what the ICN calls "inadequate responses by government and employers to concerns about workplace safety, working conditions and an absence of safe staffing levels." The report notes an "unprecedented" growth in strikes and protests among nurses internationally in the past 12 months. Data from 85 countries indicate a 62 percent increase in health worker protest activity between 2019 and 2021. About half of the 6,589 protests recorded between 2020 and 2021 were explicitly related to workers' concerns about inadequate support for the pandemic response.

The scope of these protests is worldwide. Data from the ICN and other sources show that strikes have occurred in Angola, Australia, Argentina, Bosnia, Denmark, Finland, France, Germany, Italy, Kenya, Mexico, Morocco, New Zealand, Peru, Spain, Uganda, the US, UK and Zimbabwe. But in every country, the trade unions have worked to suppress workers' struggles and protect the interests of governments and hospital corporations. The Royal College of Nursing, which has limited strikes and is

pressuring workers in the UK to accept concessions, provides but one example of the unions' treachery.

To help the global nursing workforce to recover and ensure its sustainability, the ICN calls for immediate action and a long-term plan. Each country must enact measures to improve nurse retention and maintain adequate training capacity, according to the report. Moreover, a global approach must complement the needed national policies and help rebuild health care systems. "There must be a coordinated effort by international stakeholders and countries to develop a long-term, ten-year plan to aim for a sustainable global nursing workforce," the ICN writes.

But the experience of the pandemic shows that the ICN's recommendations will never be put into practice under the for-profit system. Faced with the global spread of a novel and dangerous viral disease, governments refused to enact the needed measures to control and eradicate it. They enacted limited lockdowns and other half-measures only under the pressure of workers' protests and walkouts. As soon as it was feasible to do so, governments sent workers back on the job, proclaiming that it was necessary to "live with the virus," which allegedly had become "endemic." Nothing approaching the international coordination needed to eradicate SARS-CoV-2 was ever undertaken.

The response of the international ruling class to the pandemic was guided by its need to maximize profits for the financial and corporate aristocracy. Rather than adopting public health measures that are grounded in science, they covered up data about the virus and denigrated science itself. The same prioritization of profit underlies the crisis in the international nursing workforce, which long predates the pandemic. Widespread burnout, psychological distress and exhaustion are of no consequence to the ruling class, just as it has been willing to accept mass illness, disability and death during the pandemic. Fighting the pandemic and improving the size and situation of the international nursing workforce can only be undertaken by the international working class, independently of all capitalist political parties and their trade-union partners. Moreover, engaging in this fight will require workers to struggle against the profit system.



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