



EFN Policy Statement on the Consequences of Nurses' Shortages in Public Health

Nursing shortages in Europe are having disastrous consequences for the quality and continuity of care provided to patients and people and placing nurses themselves at serious risk due to excessive workloads and high levels of illness and burnout. It is worth reminding stakeholders that nurses are the largest group single of healthcare profession— about 3 million in the EU, and 6 million in Europe. Meaning that if the frontline of healthcare is weakened by cuts and insufficient nurse staffing with negative effect on nurse–patient and nurse–population ratios, a domino effect will occur and have negative consequences for the rest of the healthcare system. The evidence clearly shows that nurse staffing positively affects patient outcomes. Health settings with high number of nurses are associated with a statistic significant decrease in length of stay at hospitals as well as mortality. Safe nurse staffing means high patient safety and patient satisfaction. Moreover, insufficient staffing is also coupled with unfair and sometimes discriminatory hiring processes, in which short–term contracts are chained to each other and this largely female workforce is increasingly employed on precarious contracts.

On hospital care, the EU citizens are already seeing how the continuity of care is being interrupted, waiting times for treatment is increasing and safety, in many cases, no longer assured. As for the workforce itself, as the workload continues increasing, shifts are often very long, increased workloads and often inappropriate skill mix increasing senior experienced nurses resignations, nursing processes allocated to non–nursing personnel and in many EU countries there are difficulties in obtaining job security and competitive contracts of employment.

Low Registered Nurses' (RN) staffing increases the risk for patients. The risk is intensified when support staffing for nurses is low, and the effect may be intensified when both RN and nursing support staffing are low. Healthcare Assistants (HCAs), while important, cannot make up for deficits in patient safety arising from RN shortages.

Caution should be taken in implementing policies to reduce hospital nursing skill mix because the consequences can be life threatening for patients. Beyond risking preventable death among hospitalised patients, the erosion of nursing skill mix could negatively impact overall quality and safety of care as well as patients' perceptions of the adequacy of their hospitals at a time when there are growing concerns about eroding hospital care quality.

On home and community care settings, adequate coverage of nurses is no longer guaranteed, underutilisation and underinvestment in the growth of Clinical Nurse Specialists and Advance Practice Nurses (APN managing caseloads in the community, with prescribing and chronic disease management focus) is contributing to patients attending acute Hospitals when they fear that their condition may be worsening, and timely competent nursing led services are not available as an alternative.

On nursing homes residents staffing levels of qualified nurses tend to be low. Residents increasingly have need for nursing care related to chronic illness including dementia. Because of lack of resources and qualifications residents are often unnecessarily sent to hospital for treatment when their health deteriorates endangering continuity of care and disrupting daily habits/routines which represents a high risk in particular for residents suffering from dementia.

In terms of scarce post graduate education, worldwide nursing shortages, aging population of nurses, inadequate pay for the hours of work, longer working weeks than other health care professionals and in ability to provide safe care required by regulated responsibilities held, all have the consequential negative effects on recruitment and retention. Ultimately working conditions are worsening and potentially making the profession less attractive for newcomers, such as young students or older more experienced people from another background being on a second chance education, and those currently working as nurses who may choose easier careers paths, despite their possible aptitude for patient care. In many countries the nursing workforce is ageing which will increase the shortage.

The SARS-COV2 pandemic has shown the nurses have a crucial role in managing health care and when a crisis hits the lack of planning and funding in relation to staffing is exposed. This pandemic worsened nursing shortages due to high infection rates among these workers themselves, again exposing the dangers involved in the provisions of services particularly when the workforce is insufficient to begin with due to inferior salaries and working conditions.

For all these very real and high-risk reasons, the EFN Members requests the EU institutions to:

- Ensure evidence-based policymaking determining sufficient and safe staffing levels and skill mix of nurses across all levels of healthcare being underpinned by EU Directive to Member States.
- Promote the strengthening and expansion of local care networks, in home and community settings by integrating care models that respond to growing needs in health care, particularly in nursing care, associated with chronic dependence on self-care, reducing the demand for hospital care.

- Develop and implement incentives to make the profession attractive and appealing to young population (scholarships, tuitions, national housing policy for deficitary professions, etc.).
- Protect and promote entry into the nursing profession and the working conditions of nurses by reinforcing and strengthening provisions of all relevant Directives e.g.: Directive 2005/36/EC, Amended by Directive 2013/55/EU, Working time Directive 1993, Framework on Health Safety and Welfare at Work 1989, Protection of Employee Fixed Term Employment 2003, Protection of Employee Part-Time Employment 2001, Protection of Employee temporary Agency work
- Ensure the right and full transposition across all EU countries of Directive 1999/70/EC, which protects workers' from being hired under a chain of short-term contracts without any proper justification.
- Ensure the Biological Agent Directive¹ is implemented across EU member state and domestic provisions to recognise COVID-19 as an occupational injury in order to provide worker safety and supports if infected by COVID-19 and suffering longer term post COVID infection.
- Recognise the importance of the nursing profession for patients and citizens, by fulfilling the points above, hence making it more attractive for students and newcomers and a magnet to retain those already employed. Safe nurse staffing levels result in low nurse turn-over to the benefit of the patients with higher patient safety, fewer readmissions in hospital settings and lower mortality.

The SARS-COV2 pandemic has made the indispensable role of nurses and nursing more visible. It is important to note that before the crisis the problems were almost unbearable. Through the crisis, nurses have risen too super heroism - now it's time to put nurses first on the agenda in all policies.

The EFN urges all EU-member states to sign the Nursing Personnel Convention 149 of the International Labour Organization (ILO)². Only 14 EU-members have signed the convention which dates from 1977!

¹ Directive 2000/54/EC on the protection of professionals from risks related to exposure to biological agents at work. <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A32000L0054>

² https://www.ilo.org/sector/Resources/publications/WCMS_508335/lang--en/index.htm

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