

INTERNATIONAL COUNCIL OF NURSES POLICY BRIEF



Nursing education and the emerging nursing workforce in COVID-19 pandemic

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KEY MESSAGES

- **73%** of ICN's National Nursing Associations (NNAs) agree that the education of student nurses was disrupted by the pandemic in 2020. These disruptions are leading to delays in graduation in many instances and could impact the supply and development of the nursing workforce.
- More than **30%** of NNAs reported an increase in the number of applications to nursing programmes, mainly seen in high income countries. The current trend could exaggerate the inequitable distribution and retention of nurses in different regions.
- The pandemic highlighted new modes of learning and an increased interest in nursing education. However, there continue to be challenges to attracting people into the nursing profession and to retaining the current workforce, including unfair pay and remuneration, and poor working conditions.
- More than **20%** of NNAs have expressed significant concerns and unrest related to pay of nurses in their countries. The undervaluing of nurses and under investment in nursing that are evident in some countries are deeply concerning.
- The strength of the future nursing workforce depends on a continuous flow of new registered nurses from the nursing education pipeline. Delays in the education sector will lead to failures into the future. Investment in nursing education and jobs is needed to improve retention of the current nursing workforce and address the global nurse shortage.

BACKGROUND

The COVID-19 pandemic has disrupted education systems around the world and nursing education was no exception. The extent of disruption varies widely from country to country. Countries that were particularly affected by COVID-19 report higher degrees of disruption to their nurses' education. In December 2020, ICN undertook an online survey of more than 130 associations: 64 responses from NNA representatives of all World Health Organization regions were received, with a response rate of 49%.

At the beginning of the pandemic, many organisations halted nursing students' clinical placements to help conserve dwindling personal protective equipment (PPE) and to limit their involvement in direct patient care. To reduce the spread of the virus, most countries closed physical education institutions, at least temporarily, and some remain closed to this day. Nursing students are facing obstacles to the completion of their required clinical education hours, which is leading to delays in them being able to graduate. Nurse educators have expressed worries about the negative impacts that such delays and modifications may have on the learning trajectory of

nursing students. Nurses across the globe have also raised concerns over the unprecedented challenges they face in acquiring continuing professional development (CPD) and how this may jeopardise their ability to keep their practice up to date, advance their nursing knowledge and develop their careers.

Despite innovative approaches to nursing education, including the use of new technologies to allow distance learning, these disruptions risk delaying or restricting the nursing workforce supply, which, on top of the predicted shortages resulting from the COVID-19 Effect, could further exacerbate existing workforce shortages.

Based on information from reports submitted by ICN's NNAs and recent ICN surveys, this policy brief gives an overview of the disruption and adaptations in nursing education during the COVID-19 pandemic. It highlights the impacts of this disruption on the nursing workforce supply, and explores ways to retain the existing nursing workforce and attract a new generation of nurses into the profession.

DISRUPTION TO NURSING EDUCATION DURING THE PANDEMIC

Of those surveyed, **73% of National Nurses Associations (NNA) report that undergraduate nursing education has been disrupted, and 54% reported disruption to post registration/postgraduate education.** Several extremely challenging factors contributed to the disruption of nursing education during the pandemic. An ICN survey in August 2020 found that about a third of the NNAs surveyed reported moderate to severe shortages of PPE, particularly in long-term-care facilities in some countries.¹ High rates of infection and death among nurses were recorded in many countries. The nursing workforce was stretched to capacity, with high workloads and long working hours making mentoring and preceptorship challenging. As COVID-19 cases rose in patient and nurse populations, threats to both the health and wellbeing, and the learning experiences of nursing students increased. Many academic institutions made the difficult decision to delay or cancel their students' clinical placements.

Disruption of clinical placement may affect quality of education and delay graduation

Adequate exposure to clinical settings is already a challenge in nursing education. ICN's survey of NNAs showed that **46% of countries experienced delays or cancellations to nursing students' clinical placements.** Another **41% of countries reported that placements were restricted to certain areas.** Settings where clinical placements were cancelled entirely were those that were managing COVID-19 patients, elective surgery, non-urgent procedures, and primary care settings (for Advanced Practice Nurses). Instead of providing direct patient care, clinical placements were replaced by participating in skills laboratory experiences, and students lost the opportunity to have exposure to working in these clinical areas. In some countries, it was reported that postgraduate education for nurses had been suspended to enable the nurses involved to resume work within healthcare facilities.

These disruptions have the potential to affect the quality of nursing education and place increased stress on students and clinical areas.

57% of countries report delays in student graduation, including 7% that reported major delays of 12 months or more. Nursing students expressed concerns and anxiety about delays in completing their nursing programmes and the effect they would have on them achieving their career goals as Registered Nurses. Some NNAs received inquiries from nursing students about their ability to graduate within the standard time frame. In a study conducted across five institutions in Belgium, students expressed frustration that, despite receiving fewer learning opportunities due to clinical placement disruptions or overburdened preceptors, they were expected to meet the same learning objectives.²

Disruptions could impact the nursing workforce quality and supply

ICN is concerned that more than half of NNAs (in 32 countries) reported nursing students will experience delays in their studies of more than six months. The prolonged disruption in pre-registration

nursing education could negatively impact the flow of new nurse graduates becoming available to health services. Limited education resources could lead to new admissions into nursing programmes also experiencing delays. With some countries experiencing second or third waves of infections, and the rapid rise in the number of COVID-19 cases globally, the pandemic is far from under control. The negative impacts on nursing education are likely to last and the delays will continue. The disruption to postgraduate education is likely to result in a reduced number of Advanced Practice Nurses graduating, thereby limiting access to care for some patients. In addition, there will be disruptions to nursing research, delaying the advancement of knowledge in all areas related to nursing care. The disruption to the nursing student pipeline will further hamper countries' efforts in scaling up the nursing workforce in response to COVID-19 and its aftermath. In addition, disruptions in the usual supply of the nursing workforce could impose a significant global risk and have serious implications for health systems in some countries.

CHANGES AND CHALLENGES

As nurses have shown their willingness and flexibility to adapt to new ways of working, nursing students and nursing educators have embraced new ways of learning and of delivering education. In an attempt to continue to educate nurses, many education providers had to quickly pivot to online learning, and some were able to provide simulated clinical placements. The work of nurses, highlighted during the pandemic, has raised the profile of the profession, changed public attitudes, and increased interest in nursing as a career, but almost exclusively in high-income countries.

New modes of learning

ICN's survey found that **57% of NNAs report a positive effect of the pandemic on the education sector.** The biggest gains have occurred in online learning. The adoption of e-learning, previously considered an alternate mode of learning, has been rapidly accelerated.³ Face-to-face teaching was switched to online learning using different virtual platforms and, in some countries, clinical simulation was used which, with adequate resources, enhances clinical learning. These adaptations in learning modalities have several positive outcomes, including increased flexibility, student-centered learning and easier access to learning. They offer the potential to enhance the diversity of students and increase the

attractiveness of nursing programmes. It should be noted that in some instances, these changes had a negative effect on students' ability to learn because of issues of access to the internet, data allowances and lack of at-home resources.⁴

Considering that several NNAs reported detrimental effects on CPD provision, the rapid increase in education offered online presents an opportunity to increase access and address the sustainability of continuing nursing education for continuing professional development. It also provides opportunities to bridge gaps in knowledge as nursing knowledge advances rapidly.⁵ One example is ICN's partnership with the World Continuing Education Alliance, which facilitated access to continuing nursing training in the pandemic by launching a free online platform and mobile app in a number of low-income countries, providing various courses, including COVID-19 resources.

An increased interest in nursing education

The critical importance and resilience of nurses were brought into focus by the pandemic, and they are now more widely recognised as the key for change in health systems. **More than 30% of NNAs reported an increase in the number of applications to nurse training programmes.** Recent data published

by the University and College Admissions Service (UCAS) in the UK, showed that more than 60,000 people had applied to a nursing course for autumn 2021, an increase of 32% compared to 2020.⁶ A similar trend has been noted in Norway, with a 6% increase of applicants who put nursing bachelor programme as their first choice in 2020.⁷ The interest in nurse education shows increased recognition of the nursing profession during the pandemic, which is inspiring people to become a nurse. To translate the increased interest in nursing education into a strengthened nursing workforce, countries will need to ensure a comparative increase in resources for programme capacity, including the numbers of qualified faculty/lecturers, infrastructure and properly supervised clinical placements.

Of those NNA countries with an increase in the number of applications, **71% are high income countries and close to half are in European region.** Overall, the pandemic does not appear to have reduced the number of student applications, but **53% of NNAs reported no increase in applications.** The lack of interest in joining the nursing workforce is often linked to adequacy of pay, safety concerns and poor working conditions in some countries. It is also highly likely related to the limited resources and the lack of vaccine access in some countries, which can impose some ethical challenges for nurses' work. The State of the World's Nursing report shows that nursing shortages are concentrated in low- and lower middle-income countries in the African, South-East Asia and Eastern Mediterranean regions⁸. On top of existing disruptions in nursing education, the current trend could exaggerate the inequitable distribution and retention of nurses in different regions.

Fast-tracking nursing education in some countries

The growth in the number of Registered Nurses each year has not been able to keep up with global demand and prior to the pandemic, the world was already facing a shortage of six million nurses.⁹ As

the pandemic continues to put immense strains on health systems, some countries are reporting strategies to bolster their nursing workforce, including fast-tracking nursing students to graduation.¹⁰ Of the NNAs surveyed, **7% reported that their undergraduate programs have been fast-tracked.** ICN is concerned that the fine balance between workforce expansion and maintaining a high-quality nursing workforce that ensures patient safety should continue to be closely monitored.

Nursing students supplementing current nursing workforce to deliver health care services

In response to increased demand placed on healthcare services during the pandemic, in some countries nursing students are being asked to opt-in to extended placements¹¹. For example, in one country, nursing students are volunteering to support COVID-19 vaccination rollout efforts¹². Undertaking extended placements in the clinical environment can provide nursing students with clinical exposure to help meet their learning needs. However, caution should be taken because of the possible risks associated with students undertaking clinical work, such as the risk of exposure to COVID-19 and the psychological impact of certain distressing clinical situations.

Entering the practice environment to support the COVID-19 response should be optional for students and, importantly, their decisions need to be well-supported by education institutions. For students who decide to undertake the extended placements, measures should be in place to ensure their physical safety and to reinforce their mental wellbeing. This includes adequate supervision and training in the use of PPE and infection prevention and control (IPC), and access to COVID-19 vaccination, particularly if they are working in clinical settings. National frameworks will be required to include nursing students in pandemic preparedness and response planning.

SAFEGUARDING THE EMERGING NURSING WORKFORCE

Health systems in many countries are struggling to maintain the delivery of essential health services and access to some health services has been significantly delayed. Nurses have been increasingly impacted by the pandemic and the nursing workforce is depleted. The pandemic demonstrated a massive chasm between rhetoric and reality of nurses, and it risks countries' ability to build back their health systems. In the previous report on the Global Nursing Shortage and Nurse Retention¹³, ICN estimates the global nursing shortage could reach nearly 13 million in the aftermath of the pandemic. There is a strong need to increase the future supply of nurses to alleviate shortages in the health workforce. The disruption of nursing education presents a unique opportunity to enhance the progress of the profession and increase the number of nursing students in the education pipeline. However, any changes must be coupled with investments in nursing education, safe and supported working environments, and fair remuneration.

Fair pay and safe working conditions

In some countries, a nursing career is highly attractive, as nurses are not only involved in patient care but are also accountable for providing a high standard of care that incorporates research and innovation.¹⁴ The profession offers career development pathways, and nurses are supported in leadership roles which contribute to health policy decisions.

In some parts of the world, the undervaluing of nurses and low status of the profession pose challenges to attracting people to the profession, and to retaining the current workforce. ICN's survey found that while the majority of countries reported there have been no changes to nurse wages in 2020, **more than 20% of NNAs have expressed significant concerns and unrest related to the pay of nurses in their countries.** It is deeply worrying that some nurses experienced unfair pay and inadequate remuneration at a time of nurse shortage and in the midst of a pandemic. The additional occupational risks, poor working conditions, and poor pay in the pandemic are resulting in noticeable increase in disputes and strikes. An independent analysis has

identified industrial disputes and strike action in 84 countries since February 2020.¹⁵ Since the start of the pandemic, ICN has written to Government heads in Zimbabwe, Nigeria and Lesotho to call for recognition of the rights, safety and value of the nursing workforce.

Recognition of their work, fair wages and safe working conditions are key factors in attracting new students to nursing programmes, and to retaining the existing nursing workforce. Policy makers and health leaders need to take urgent action and resolve the relevant challenges to mitigate the global nursing shortage crisis.

More than recognition and respect, we need to invest in nurses and nursing education

Governments must see nursing education as an opportunity cost and strengthen their commitment to support and invest in nursing education. Investing in nursing education is no longer an option, but a necessary step to match national health needs with the health systems needed to meet them. Strengthening the nursing profession through investment and policies that support nursing practice will increase the attractiveness of nursing as a career choice, further bolstering the nursing workforce. The COVID-19 pandemic also highlighted that ongoing CPD is essential for nurse and patient safety, and to meet population health needs. Governments and employers must increase the availability of CPD opportunities through sufficient funding and policies that support accessibility to this essential learning. To expand and strengthen the quality of nursing education, countries should apply financing levers to increase the diversity of the student pool and the scholarship support for students, improve the faculty pool and their competencies, increase the number of seats in nursing programmes and address limitations in clinical training/learning.¹⁶

The nursing workforce is the backbone of all health systems. Investing in the nursing workforce and ensuring firm foundations for nursing education and jobs are essential steps for post COVID-19 recovery, and to prepare for any future pandemics.

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