Involving nurse leaders in strategic health workforce planning

An ICN policy guide – 2025

ICN
International Council of Nurses

The global voice of nursing

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LIST OF ABBREVIATIONS

GCNMO   Government Chief Nursing & Midwifery Officer

HRH   Human Resources for Health

ICN   International Council of Nurses

NHWA   National Health Workforce Accounts

NNA   National Nursing Association

OECD   Organisation for Economic Cooperation and Development

PHC   Primary Health Care

SDGs   Sustainable Development Goals

SDNM   Global Strategic Directions for Nursing and Midwifery 2021–2025

SOWN   State of the World's Nursing report 2020

UHC   Universal Health Coverage

WHO   World Health Organization

GLOSSARY

Human resources for health (HRH)

The concept of Human Resources for Health comprises planned endeavours intended to increase the capacity of the health workforce to optimise health system functioning and ultimately enhance health.

Health workforce

The health workforce is defined by the World Health Organization as "all people engaged in actions whose primary intent is to enhance health" (WHO, 2006).

Health workforce planning

The OECD notes that "Health workforce planning aims to achieve a proper balance between the supply and demand for different categories of health workers, in both the short and longer-term" It is a systematic process of data based planned and collaborative multi-stakeholder activity with the intention "to get the right workers with the right skills in the right place doing the right things" (WHO, 2006).

National Nursing Associations

The primary goal of professional nursing associations is to advance the profession of nursing, through a range of activities delivered in partnership with and on behalf of members. A list of NNAs affiliated to ICN is available here: https://www.icn.ch/membership/our-members.

Nursing

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people.

Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles. (ICN, 2002).

Stakeholders

Stakeholders are individuals, organizations or communities that have a direct interest in the process and outcomes of a project, research or policy endeavour (Deverka et al., 2012). Bi-directionality is an important component of mature stakeholder collaboration. Five levels of stakeholder engagement are defined: minimal awareness and interaction; consultation; engagement; participation; and bi-directional collaboration among stakeholders enabling opportunities for reciprocal learning and shared decision-making. The ultimate goal of the process is partnership between stakeholders.

Scope of practice

A scope of practice refers to the range of activities (procedures, actions, processes) that a nurse is legally permitted to perform. This scope of practice sets parameters within which the nurse may practice by defining what the nurse can do, which population can be seen or treated, and under what circumstances the nurse can provide care. The scope of practice and associated competencies are linked to the designated title and form the foundation for developing appropriate education and a professional standard (ANA 2015; AANP 2015; Schober 2016.).

FOREWORD: HOW TO USE THIS GUIDE

At over 28 million (WHO, 2020), nurses are the largest group of health professionals. Nurses are a major stakeholder in strategic health workforce planning, holding vital data, knowledge and insights about health care delivery and the nursing workforce that planners need.

Involving the right stakeholders, right from the start, improves the accuracy, robustness and implementation of health workforce plans. This applies at any level of subnational, national and regional health system, and every level of resourcing or system capacity. Excluding key stakeholders such as nurses from the initial stages of policy development can have far-reaching consequences. This practical guide offers help with navigating these arrangements through a structured process for identifying and integrating nursing stakeholders into the heart of strategic health workforce planning and policy making at every level.

This guide is for anyone responsible for planning and leading health workforce strategies, policies and initiatives. It aims to help planners and policy makers access the knowledge, insight and expertise of the nursing profession by giving a structure for collaborating with nursing leaders and organizations. It makes a renewed and urgent call for nurse leadership to be fully engaged in workforce planning and design in the health care sector.

In doing this, it sets out a practical series of elements of workforce analysis, planning and policy, and aims to be fully aligned with current global nurse workforce initiatives, notably the World Health Organization's (WHO) State of the World's Nursing report (SOWN) (WHO, 2020) and Global Strategic Directions for Nursing and Midwifery 2021–2025 (SDNM) (WHO, 2021).

The first SOWN report was published in 2020, and essentially described the nursing workforce profile and challenges from a pre-COVID-19 pandemic perspective. It did provide a valuable baseline for updated assessment and identification of priorities to improve nurse workforce policy and planning, but the next SOWN report, currently under development, must take full account of the damaging impact of the post pandemic context, and the concerning dynamics that are being exhibited in the global nursing workforce.

The 2020 SOWN report set out future directions for nursing workforce policy several of which have a direct read across to the substance of this report. This reinforces the need to fully understand and enable nurse leadership capacity across a range of elements of workforce planning and policy.

These include:
Key Action 2. Countries should strengthen capacity for health workforce data collection, analysis and use.
Key Action 5. Nursing leadership and governance is critical to nursing workforce strengthening.
Key Action 6. Planners and regulators should optimize the contributions of nursing practice.
(WHO, 2020, p. xix-xx)

Similar recommendations have been made in the SDNM report, which highlighted that "The primary targets of the SDNM are health workforce planners and policy makers, as well as educational institutions, public and private sector employers, professional associations, labour unions, bilateral and multilateral development partners, international organizations, and civil society" (WHO, 2021, p.v).

The development, implementation and financing of workforce plans and strategic and sustainable planning for the future that promotes inter-professional and cross sector involvement and collaboration are also specifically highlighted in the International Council of Nurses' (ICN) Charter for Change (ICN, 2023) and the ICN 125th Anniversary Declaration on the Future of Nursing, Bucharest 2024 (ICN, 2024a).

The policy and planning context in which nurse leaders must be fully involved has worsened markedly since the COVID-19 pandemic. There is growing evidence of shortages and supply-demand gaps; increased out-migration of nurses from low-income and WHO Code "red list" countries; reduced levels of retention; and a drop in interest in nursing as a career in a range of countries. In addition, there is increasing concern about the health and wellbeing of the workforce, with high and growing levels of nurse burnout reported in many countries, and a related growth in strikes and labour action by National Nursing Associations (NNAs).

There is a complex reality to grapple with for those who are responsible for nurse workforce policy and planning. The workforce challenges are dynamic, and manifested differently in different countries and systems, but one clear and universal truth is evident: those responsible for effective planning of the nursing workforce and for implementing effective policies to educate, recruit, retain, motivate and recognize nurses must be led by, collaborate with, and be informed by nurses, nurse leaders, and nursing associations.

This is a fundamental necessity, but one that has often been conspicuous by its absence in the policy making arena. We have commissioned this paper to help fill this glaring gap. It provides a summary of key elements of nurse workforce policy and planning that are so important that they must be fully considered, with a leading input from nurse leaders.

Underpinning this policy guide are three key points that must be kept in mind. Firstly, SOWN provides a minimum (and sometimes incomplete) set of data on the nursing workforce, country by country. It enables basic comparison between countries, and the beginnings of the capacity to track changes in these minimum data points. However, SOWN does not provide the full range of data required to understand the profile of the nurse workforce at national level, to effectively plan the nurse workforce, and to implement and evaluate workforce policy. This paper builds beyond SOWN by providing planners and policy makers with a broader range of necessary approaches and tools.

Secondly, there is a need for clarity amongst policy makers and planners about what nursing leadership must 'look like' and how it can have impact. The effect of its absence is all too easy to spot - see for example the review of nurse leadership response to the COVID-19 pandemic, which highlighted that nurse leaders were sometimes excluded from policy responses, and otherwise were "inconsistently included in the policy, planning, and decision-making processes" (Perlman, et al., 2023) . Nurse leaders must be engaged in policy making by right, and be fully supported and resourced to have an impact.

The first SOWN report cited which countries had a Government Chief Nurse Officer (GCNO) post at a national level, but there is a risk that without effective integration within the policy making system of the country, and access to necessary resources, the GCNO role may just be an ineffective figurehead. A GCNO post is necessary, but not sufficient to adequately provide a conduit for nurse leadership unless it has status, responsibilities, authority and adequate resources (Shamian & Catton, 2023).

Thirdly, there is a commonly accepted view that health systems are fracturing or collapsing in many places and require reorientation and new models of care if they are to effectively deliver population health and support UHC. The solution is investment in primary health care (PHC), supported by advanced practice and nurse-led models of care, as set out in ICN's recent report on nursing and PHC (ICN, 2024b). Nurse leaders will be critical to this evidence-based, urgent re-orientation and redesign of health systems.

This policy guide aligns closely to, and supports, the SDNM and SOWN in focusing on its key objective to help planners and policy makers access the knowledge, insight and expertise of the nursing profession by collaborating with nursing leaders and organizations to shape and drive health workforce plans not only for nursing, but for the entire health workforce.

INTRODUCTION

PURPOSE OF THIS GUIDE

This guide is for anyone responsible for planning and leading health workforce strategies, policies and initiatives. Mostly, such people are not nurses. This guide aims to help planners and policy makers access the knowledge, insight and expertise of the nursing profession by collaborating with nursing leaders and organizations to shape and drive health workforce plans not only for nursing, but for the entire health workforce.

Evidence of the deepening crisis in our health workforce continues to grow (Haakenstad et al. 2022; Buchan & Catton, 2023; WHO, 2020). Despite decades of effort, many countries are losing ground in their attempts to close the longstanding gap between the supply and demand of health workers (OECD, 2023). Inequalities in resourcing and the distribution of the health workforce continue to intensify. Ineffective or absent workforce planning, frequently based on incomplete or inaccurate data, continues to hinder efforts to reverse these damaging trends.

NO WORKFORCE WITHOUT NURSES

Failing to involve nursing leaders and key nursing organizations in workforce planning and decision making is compounding the challenges that planners and policy makers face (Nyoni and Gedik, 2012, North, et al. 2022).

Nurses and midwives are the largest group of health professionals. Two out of every three health professionals worldwide are nurses (Boniol et al., 2022). Nurses are often the first and sometimes the only health professional that people see. Nurses delivering front line care are working with the support of a comprehensive infrastructure of professional nursing leadership, at institutional, regional, national and global levels.

Yet in many countries, there is a worrying disconnect between the planners and policy makers working on strategies to rebuild the health workforce, and the people who educate, support and manage the largest profession delivering actual health care. Very often, even policies directly related to nursing are formulated with no participation by nurses (Rasheed et al., 2020; Rumsey et al. 2022). When nurses are involved, it is often later at the stage of implementation (APPG on Global Health, 2016; North, Brysiewicz & Coetzee, 2022; Asuquo et al. 2016).

Individuals aiming to achieve credible, accurate and implementable plans for the health workforce need to work with nurses and the knowledge they hold.

Resources and links to additional sources of information about the nursing workforce are included in Section 6.

NURSES AT THE HEART OF WORKFORCE PLANNING

NURSES ADD VALUE TO HEALTH WORKFORCE DECISIONS

Nurses are the cornerstone that ensures the effective functioning of every health care system. They are uniquely positioned to understand the impact of proposed policy changes on all parts of the health system and workforce.

Nurses are involved in every aspect of patient care, from assessment to follow up, and are present in a variety of roles along the full continuum of health care.

During times of crisis, including pandemics and conflict, nurses work on the front lines and in command centres, stabilizing health care systems and communities. They are part of communities and hold unique insights into patient and population experiences, enabling them to shape and deliver effective services and interventions.

Including nurse leaders and nursing organizations in strategic planning of the health workforce is essential for effective decision making. Nurses lead the delivery of health care. They see where the system is breaking down or is struggling to cope. Nurse leaders and nursing organizations were calling attention to the rising trends in international workforce migration well before the data fully registered the extent of the problem. They are the 'canaries in the coal mine'.

Nurses and nursing organizations are champions of patient safety, identifying the risks inherent in the current situation, or in proposed changes. Nurses bring a current, deeply informed understanding of systems and organizations, fault lines and weaknesses. This includes nuanced insights into issues such as turnover, intention to leave, burnout, workload pressures and working conditions. This kind of intelligence is an essential complement to static workforce data, making it possible to interrogate, interpret and understand the full story that the numbers are telling.

Table 1. *Nursing knowledge adds value to strategic planning*

1. Improving health system delivery and organization	
• Improving the accessibility, comprehensiveness and cost-effectiveness of health care • preventing avoidable errors, harm and deaths • achieving high quality, integrated, people-centred care • prioritizing deployment of the staff, equipment and resources needed	*Fully realising the potential of nurses' working in Primary Health Care would contribute to saving 60m lives and increase global life expectancy by 3.7 years by 2023* (WHO 2023)

2. Optimizing the roles and contributions of the health workforce	
• ensuring that nurses can work to their full scope of practice • understanding the implications of task shifting and the introduction of new cadres • creating opportunities for rewarding career development by aligning regulation, education and employment policy	*79% of nurses report being over-skilled for their current roles – a waste of human capital* (Schoenstein, Ono. & Lafortune, 2016)

3. Improving data accuracy	
• establishing and maintaining nursing workforce databases • interpreting and sense-checking workforce data • real-world impact of vacancies, turnover, workload, etc. • modelling and testing assumptions	*Nursing organizations were amongst the first to report the impact of COVID-19 on health care demand and delivery.*

4. Supporting and strengthening the nursing and wider health workforce	
• ensuring safe and supportive work environments • understanding and addressing the factors that contribute to burnout, affect retention and compromise care quality: working hours, workloads and wages. • achieving a sustainable supply of nurses with the right skills and education for the future	*Consultation with nurses shows that locating new training centres in rural areas could increase recruitment of students wanting to work in underserved communities.*

5. Integration and collaboration to achieve comprehensive health policies	
• pandemics, disaster and emergency planning and responses • enhancing global capacity building through collaboration • envisaging care across the continuum	*Nurses and nursing are central to reorganizing health systems away from clinical specialities and hospitals and towards prevention and primary care* (WHO 2016)

NURSES SHOULD BE AT THE HEART OF POLICY MAKING

For all the reasons above, effective involvement of nursing stakeholders in planning, implementing and evaluating strategic health workforce policies is strongly advocated by global bodies, including WHO and ICN. Resolution 59.27 of the World Health Assembly, *Strengthening Nursing and Midwifery*, urges Member States to actively involve nurses and midwives in health planning processes at all levels, in ways that achieve genuine influence.

ICN'S CHARTER FOR CHANGE

ICN's Charter for Change presents 10 policy actions that governments and employers must take to create and sustain health care systems that are safe, affordable, accessible and responsive, and shift nurses from being invisible to invaluable.

Table 2. *ICN's Charter for Change*

1. Protect and invest in the nursing profession and position health and health care as an investment rather than a cost.

2. Urgently address and improve support for nurses' health and well-being by ensuring safe and healthy working conditions and respecting their rights. This includes strategies for safe staffing levels and to enhance workplace safety for nurses.

3. Advance strategies to recruit and retain nurses to address workforce shortages. Improve compensation for nurses to ensure fair and decent pay and benefits and uphold positive practice environments.

4. Develop, implement and finance national nursing workforce plans including talent retention strategies and ethical practices around international nurse migration.

5. Invest in high-quality, accredited nursing education programmes to best prepare and support nurses to deliver the best possible care to patients, clients, families and communities.

6. Enable nurses to work to their full scope of nursing practice by investing in advancing practice and introducing nurse-led care models.

7. Recognize and value nurses' skills, knowledge, attributes and expertise. Recognize and uphold nurses' roles as clinicians, scientists, researchers, educators, leaders and decision-makers.

8. Actively and meaningfully engage national nursing associations as key professional partners.

9. Protect vulnerable populations, uphold and respect human rights, gender equity and social justice, by positioning and honouring nursing ethics in all aspects of health system design and delivery.

10. Appoint nurse leaders and increase nursing leadership throughout health systems and in government.

(ICN, 2023)

Aligned to and building on the ICN Charter for Change, the ICN 125th Anniversary Declaration on the Future of Nursing, Bucharest 2024 contains seven areas for focused attention. This includes strategic and sustainable workforce planning for the future and encourages particular focus on workforce planning and the promotion of inter professional and cross sector involvement and collaboration (ICN, 2024b).

Recognizing that gender and other power differentials, as well as a lack of confidence and skill, can also limit nurses' participation in strategic policy making (Rasheed et al. 2020; Rumsey et al. 2022), ICN and other global partners are working to strengthen strategic leadership capacity across the profession.

THE CHALLENGE

The strength – or weakness – of health workforce planning processes depends on how successfully nurse leaders and nursing organizations are involved.

To unlock the value that nursing can bring to health workforce planning, individuals leading policy and strategy development must be able to:

- Ensure input from the nursing stakeholders who have functional responsibility for the relevant issues
- Involve nurses and nursing from the earliest stages of planning through to evaluation

The next part of this guide provides information about how to achieve this.

Links to further information about policy and evidence related to nursing workforce planning are provided in Section 6.

INVOLVING NURSES IN STRATEGIC HEALTH WORKFORCE PLANNING

FUNCTIONAL RESPONSIBILITIES

The factors that shape the health workforce cover five functional domains:

- Negotiating and defining working conditions
- Regulating standards of practice
- Education and training
- Resourcing
- Shaping the service environment.

Categorizing functional responsibilities is a necessary first step in identifying relevant stakeholders. For each of the five functional domains listed above, in any health system there will be nurses and nursing bodies with essential information.

Ensuring that nursing stakeholders representing relevant functional domains can be involved in health workforce planning from the earliest stages is made easier by taking a structured approach.

FINDING THE RIGHT STAKEHOLDERS, RIGHT FROM THE START

In most countries, responsibility for employing, educating, supporting, governing, regulating, informing and advancing the health workforce is distributed across many organizations, departments and individuals. Finding and connecting with the relevant nursing stakeholders requires an understanding of the roles and functions of NNAs, Nursing Councils, Schools and Colleges of Nursing, and more. Arrangements differ from country to country, and can sometimes involve provincial, regional and sub-regional structures.

START WITH SYSTEMATIC STAKEHOLDER IDENTIFICATION

There is widely accepted and authoritative advice on stakeholder engagement in general (Reed et al., 2009; Brugha & Varvasovszky, 2000), and a multi-stage approach is consistently recommended. Stakeholder identification forms the first stage of this process and involves the identification of groups and individuals (stakeholders) relevant to the policy issue of focus. Later stages of the process can involve assessing stakeholder positions (e.g. supporting, opposing) and considering the relative power or influence of stakeholders over an issue. Collectively these activities form what is often termed stakeholder analysis (Gilson et al., 2012).

Systematic identification of stakeholders is a crucial stage that is fundamentally important to the success of health policy (Franco-Trigo et al., 2020). The inclusion or exclusion of stakeholders at this initial stage can have far-reaching consequences. Around the world, evaluations repeatedly show how important it is for professionals and technical experts leading strategic health workforce planning processes to avoid inherent bias caused by a lack of knowledge, awareness or situational familiarity with the health workforce landscape (Nyoni & Gedik, 2012) – especially nursing (North et al., 2022; Rumsey et al., 2022). A nursing representative should be part of the initial stakeholder mapping exercise, enabling identification of other relevant stakeholders and data sources.

IMPLICATIONS

By using a structured approach to identifying and involving nurse leaders in health workforce planning, individuals leading policy and strategy development can:

- Find and connect with other relevant nursing stakeholders early in the process, when they can contribute the greatest value

- Comprehensively identify nursing stakeholders according to specific functional responsibilities

- Focus on substantial engagement of stakeholders: Avoid tokenistic involvement.

The next section of this guide provides an overview of the nursing organizations, departments and individuals likely to be relevant to strategic health workforce planning.

NURSING LEADERSHIP CONTRIBUTIONS

THE MANY CONTRIBUTIONS OF NURSING LEADERSHIP

The roles and positions held by nursing leaders and the contributions made by nursing organizations around the world are diverse. The authority and scope of these leadership positions vary widely. In some cases, the nursing organizations have dual mandates. This section provides an overview of some of the key functions of major nursing stakeholders including:

- Government Chief Nursing and Midwifery Officer
- Professional nursing associations and nursing unions
- Nursing regulatory bodies
- Professional speciality nursing societies/associations
- The nursing education sector
- Nursing executives

No health system is identical. Individuals leading strategic health workforce planning processes must be prepared to familiarize themselves with the unique landscape and distribution of responsibilities at the point where planning, policy and funding connect in their system.

Regardless of the level at which planning is taking place, the quality of data available to inform decisions will be incomplete in most countries. For each group of nursing leadership listed below, examples of the data they hold and the insights they can contribute are highlighted.

Government Chief Nursing and Midwifery Officer

WHO has made establishing and strengthening senior leadership positions for nursing and midwifery a policy priority under the Global Strategic Directions for Nursing and Midwifery (WHO, 2021). To date, around half of WHO Member States have grasped the huge value of having registered nurses and midwives operating at the highest strategic level, not only leading nursing policy but also contributing to health policies more broadly (ICN, 2020). In countries without a GCNMO, the reality is that the nursing contribution at national government levels is under-recognized or underutilized.

Where it exists, the GCNMO's role in convening health, social care and health workforce policy has the potential to be a central one – especially if the necessary support and infrastructure are in place. However, it is important to recognize that effective strategic leadership of nursing at a national level is a multi-functional endeavour. WHO (2020) very explicitly cautions against generic views of nursing leadership, and highlights that GCNMOs should not be expected to embody or represent all nursing leadership and governance functions alone. The GCNMO, when one is in post, is a national focal point for collaborative nursing leadership across many sectors. Securing the right nursing stakeholder participation in strategic health workforce planning will often involve additional engagement with other senior nurses holding specific leadership functions.

Nursing associations and unions

Professional nursing associations and nursing unions both serve important roles in the nursing field, but they have distinct purposes and functions. The exact distribution of functions varies from organization to organization and between different health systems and countries. The descriptions below are not intended to be prescriptive, and individuals will need to familiarize themselves with the arrangements in the health system where they are working.

Professional nursing associations: NNAs can provide crucial data for strategic health workforce planning, including:

- membership demographics (age profile, retirement trends);
- satisfaction (intention to remain in the profession, intention to change jobs, insights into employment patterns that can affect workforce availability and scheduling; workplace issues, availability of support, training and resources);
- deployment (location of members, identification of regional and local shortages or oversupply, vacancy data to assess demand and supply imbalances);
- specialization;
- education and training.

NNAs, informed by their members, can also contribute alternate perspectives on the data held by other bodies. For example, statistics on disciplinary actions can provide insights into areas where ethical or professional standards, staffing levels or workplace conditions may need to be strengthened or better supported.

Membership is voluntary and often includes a range of nursing professionals, from students to advanced practitioners. Members pay dues to receive benefits such as educational materials, networking opportunities, and professional recognition. The primary goal of professional nursing associations is to advance the profession of nursing, through a range of activities including:

- **Education and professional development:** NNAs support the continuous development of their members, for example through conferences, workshops, online courses, and certification programmes.
- **Setting standards:** NNAs are often closely involved in setting standards of practice and ethical guidelines that govern the profession or specialization.
- **Advocacy:** While many do engage in advocacy, this is typically focused on advancing the profession or specialization, for example by contributing to discussion about health policies with positions that reflect the professional priorities and interests of members. Professional nursing associations often collaborate with regulatory bodies to ensure that the nursing profession's standards and regulations are up-to-date, fair and effectively enforced.
- **Research and publications:** Many NNAs publish journals and papers that contribute to the body of nursing knowledge and evidence-based practice.

Nursing trade unions: The central concern of most nursing trade unions is to protect the economic and social welfare and working interests of nurses. This includes negotiating for better pay, benefits, and working conditions. Membership of a trade union is usually voluntary but is often encouraged or seen as essential in workplaces where unions are active. Dues are paid to support the union's bargaining and legal activities. In some countries, nurses may belong to unions which also represent other groups of health or other workers.

- **Collective bargaining:** Nursing unions negotiate on behalf of their members with employers at various levels to secure favourable contracts covering wages, benefits, hours, and other conditions of employment.

- **Advocacy:** Union advocacy is usually centred on upholding or improving members' work conditions and rights. This includes campaigning for safe working conditions, conditions of employment, remuneration and adequate nurse-to-patient ratios – which of course have profound relevance to quality and safety of care.

- **Support services and representation:** Unions provide support for members dealing with workplace issues, including grievances and disputes regarding unfair labour practices.

In many health systems there will be more than one union, and there occasionally may also be more than one NNA.

Nursing regulatory bodies

In most countries, nursing regulatory bodies (often called Nursing Councils, or Boards/Chambers) play a crucial role in maintaining the standards and safety of nursing practice in the best interest of the public. In other countries, responsibility for regulation is managed by a government department. The main responsibilities of a nursing regulatory body typically include:

- **Licensure**: Most are responsible for issuing licenses to practise nursing. This ensures that only qualified and competent individuals who meet specific educational and practice standards are allowed to work as nurses and use the title of 'nurse'.

- **Registration:** Regulatory bodies frequently maintain a register of nurses who are licensed to practice. This is potentially a key planning tool, of great value to health workforce intelligence, if it is accurate, comprehensive and periodically updated.

- **Standards of practice**: Regulatory bodies establish and update standards of nursing practice. These standards define the professional behaviour and competencies expected from nurses, guiding how they should perform their duties to ensure patient safety and quality care.

- **Education**: They set the educational requirements for entry into the profession and may also accredit nursing education programmes to ensure they meet certain standards. This includes both initial nursing education and continuing education requirements.

- **Ethics**: Nursing regulatory bodies enforce a code of ethics that nurses must adhere to, which helps guide decision-making and professional behaviour.

- **Public protection**: They protect the public by ensuring that nursing care is provided by licensed professionals who are competent to practice. This includes handling complaints against nurses, conducting investigations, and taking disciplinary actions if necessary.

- **Data**: From the information they hold, many regulatory bodies compile and update authoritative data about the nursing workforce, including stock, workforce demographics, entry, attrition and migration.

The overarching goal of these bodies is to ensure public safety by ensuring that the nursing workforce is well-prepared to meet the health care needs of the public in a safe and effective manner.

Professional specialty nursing societies/associations

Professional specialty nursing societies share some functions with nursing associations, but often have specific features that distinguish their role. Professional specialty nursing societies provide essential platforms for advancing specialized knowledge, advocating for specific interests, and fostering a close-knit community of professionals with shared goals. Professional specialty societies may be subnational, national, regional or international in focus.

Data collected by specialty nursing societies will have often data-driven insights into the extent of specific skills and qualifications among the nursing workforce, the incidence of advanced practice and specialist nursing roles, and the growth of new forms of service delivery for specific populations and patient groups.

- **Advanced professional development:** By concentrating on specific areas of nursing, professional specialty nursing societies offer targeted support that enhances the expertise and professional growth of nurses within those specialties.

- **Research and scholarship:** These societies often support research that is specific to their specialty area, providing funding, scholarships, and grants specifically designed to advance knowledge in a particular field. These activities are critical for the development of evidence-based practices that enhance patient care within those specialties.

- **Policy influence:** While nursing associations may engage broadly in health policy advocacy, professional specialty nursing societies often advocate for issues that directly impact their specialty area.

- **Access to expertise:** Networking within these societies often provides more direct access to leaders and experts in specific fields of nursing. This can lead to collaboration opportunities and targeted professional connections. Professional specialty nursing societies frequently organise conferences and seminars on specialised topics offering learning opportunities in particular areas of nursing.

The nursing education sector

Nursing education establishments, which include schools and colleges of nursing, universities, teaching hospitals, clinical training units, and continuing professional education teams, play a leading role in the education and continuous professional development of nurses.

Data collected by nursing education organizations can show the pipeline for developing the profession, tracking demand for and entry to basic and specialist programmes.

- **Education and training:** The primary role of these establishments is to provide foundational (basic) and specialist (post-basic) education for nurses. This involves delivering programmes and courses that cover both theoretical knowledge and practical skills essential for nursing practice. They ensure that education meets current health care standards and adapts to evolving knowledge, needs and technologies.

- **Clinical skills development:** Nurses in these education roles deliver clinical training, which is crucial for the practical application of learning. Health care organizations of all kinds across the continuum of care provide real-world health care settings where students can observe and participate in patient care under the supervision of experienced professionals. Many hospitals employ nurse educators in clinical training units, which support on-the-job education and continued professional development for both students and staff.

- **Approval:** Universities, colleges and schools of nursing work in conjunction with nursing regulatory bodies and/or governments to ensure their programmes meet the educational standards required for programme approval and/or accreditation.

- **Accreditation:** In some countries, accreditation is separate from programme approval. Universities, colleges and schools of nursing work in conjunction with accrediting bodies to seek accreditation.

- **Research:** Many nurses in universities and health care settings are involved in nursing and health care research, contributing to the advancement of professional and scientific knowledge and improvements in practice.

- **Continuing professional development:** Continuing professional education teams within health care institutions, universities and colleges provide ongoing learning opportunities for qualified nurses. This is crucial for nurses to keep up-to-date with the latest health practices, evidence based care, technologies, and regulatory requirements, ensuring continuous improvement in patient care.

- **Leadership and professional development:** Organizations in the higher education and charitable sectors, and sometimes national health system agencies, play a key role in the development of future leaders in the nursing field. Through advanced degree programmes and leadership courses, they help prepare nurses for roles in management, policy development, research and education.

- **Advocacy and policy influence:** Nurses' expertise extends beyond clinical care into policy, management, research and professional leadership. Nurses in roles in universities and charities often engage in advocacy and policy discussions, influencing health education and care policies at local, national, regional and international levels.

Nursing executives

The titles given to the most senior nursing executive in a health care organization vary widely. Common titles include Chief Nursing Officer (CNO), Vice President Nursing or Director of Nursing. These roles can be found at regional or organizational level. Their responsibilities encompass strategic planning, operational management, and leadership within the nursing profession.

> *Nursing executives often hold data about the nursing workforce and workload at sub-national and institutional level. They are deeply informed about the realities of service delivery, population needs and demands, and operational strengths and challenges.*

Key responsibilities include:

- **Strategic leadership:** Nursing executives contribute to the overall strategic planning of the health care organization. They develop and implement a nursing strategy that aligns with the broader goals of the organization, focusing on improving patient care, enhancing operational efficiency, and advancing health care outcomes.

- **Policy development:** Nursing executives are involved in developing, revising and evaluating policies that affect nursing and patient care. This includes policies on patient safety, staff safety, clinical protocols, and standards of care, ensuring they comply with regulatory and accreditation requirements.

- **Financial management:** Nursing executives are responsible for budgeting and financial management within the nursing department, and sometimes more widely across the organization or system. They allocate resources effectively, manage staffing costs, and ensure that the department, service or organization operates within the allocated budget while still achieving quality outcomes.

- **Quality improvement:** Nursing executives lead efforts to improve the quality of nursing care, patient satisfaction, and clinical outcomes.
This can involve analysing performance data, leading quality improvement initiatives, and implementing evidence-based practices.

- **Staffing and human resources:** Nursing executives oversee the recruitment, hiring and retention of nursing staff. They focus on workforce planning, staff development, and building a supportive work environment that promotes professional growth and job satisfaction.

- **Professional development and training:** Nursing executives ensure that nursing staff have access to continuous professional development opportunities through in-service training, programmes, certification courses, and leadership development.

- **Stakeholder engagement:** Nursing executives represent nursing in organizational leadership meetings and coordinate with other departments to ensure cohesive service delivery. They also engage with external stakeholders, such as regulatory bodies, professional associations, and the community, to advocate for the nursing profession and the organization.

- **Crisis management:** Nursing executives play a key role in crisis situations, such as public health emergencies or internal incidents. This involves decision-making under pressure, resource allocation, and ensuring that the nursing staff are supported and effective in crisis conditions.

Other bodies

This list is not exhaustive. There are likely to be other nursing organizations that can be considered as key stakeholders. For example, in some health systems there are Student Councils, which represent the interests and professional development of student nurses. Note that different countries have different nomenclature and structures. This guide is not attempting to be definitive, or to standardize terminology and structures for the world's 28 million nurses. Planners need to understand the main types of nursing roles in their health system and what are they known as. Very broadly, most health systems have registered nurses in addition to various levels of specialism and advanced nursing practice, often alongside assistant nurses or nurse associates. There may be separate professional associations for different cadres.

IMPLICATIONS

Finding the right combination of nursing stakeholders to participate in strategic health workforce planning is essential. Developing an understanding of the functional leadership responsibilities of the different bodies responsible for two in every three health professionals worldwide is essential for high-quality planning and implementation.

- Start with the NNA. A list of NNAs affiliated to the ICN is available here: https://www.icn.ch/membership/our-members.

- Ensure the central involvement of the NNA and the GCNMO in scoping and identifying other relevant stakeholders at the very start of strategic health workforce planning processes.

The resources and links in Section 6 include signposts to many of the key global and regional bodies that represent nurses and nursing.

5.

IDENTIFYING NURSING STAKEHOLDERS

USING THE NURSING STAKEHOLDER IDENTIFICATION GRID

The stakeholder identification grid in this section can be used to systematically identify different functional domains, tailored to different subnational, national and regional health systems and levels of resourcing or system capacity. Within each domain, suggestions and examples are given to guide identification of relevant nursing stakeholders who can add value within the context of an initiative or policy. Additional research and consultation will make it possible to complete local mapping, and stakeholders can be listed in the blank column. The NNA should be a key partner in this exercise.

Table 3: *Nursing stakeholder identification grid*

Institutions or bodies where nursing stakeholders may be located: NNAs; government; professional nursing associations; nursing unions and other health worker unions: nursing regulatory bodies; speciality nursing societies/associations; nursing education institutions (nursing schools and colleges, universities) and education sector bodies and fora (e.g. Council of Nursing Deans); nursing executives.

DOMAIN	NURSING ORGANIZATIONS WILL HAVE DATA AND KNOWLEDGE RELATED TO:	THIS COLUMN IS INTENTIONALLY BLANK FOR YOU TO MAP YOUR STAKEHOLDERS
Regulating standards of practice	• Professional governance • Accreditation of nurse education programmes and institutions • Macro-curriculum planning • Scope of practice • Implementing and enforcing international labour standards on nurse migration • Entry to practice requirements • Initial licensure and renewal	
Negotiating and defining working conditions	• Ensuring safe, healthy and supportive working environments • Safe staffing levels • Pay and benefits • Employee rights	
Education and training	• Professional education and development • Preparation of specialists and advanced practitioners • Outcomes of education and training • Curriculum content • Applications, enrolment, graduates, student attrition rates	
Shaping the service environment	• Service delivery • Service planning • Service redesign and reorientation • Rebuilding health systems and system preparedness • Developing positive practice environments • Recruitment and retention strategies • Skills and competence required of students and experienced nurses at various levels	
Resourcing	• Providing the resources necessary for safe and effective practice • System workforce planning • Nursing workforce and pipeline planning • Monitoring the workforce and pipeline across the care continuum • Career pathways and progression	

COMMIT TO IMPROVE THE DATA

One of the most important ways in which nurses can be involved in strategic health workforce planning is by contributing information, data and evidence that can fill the gaps in health labour market data. The first SOWN report (WHO, 2020) and subsequent work in support of the forthcoming next SOWN report, aligned with National Health Workforce Accounts, are providing a road map for improving the quality, accuracy and completeness of nursing workforce data. Individual country profiles on the NHWA online portal show the level of data completeness.

Much remains to be done to strengthen the support systems that underpin collation, analysis and use of real-time data. Poor quality data is not in itself a reason to put off evidence-based planning. Nurses are essential partners in collating and utilizing the most current data and validating planning assumptions. Collaboration to optimize and improve the data is the most important place to start.

To strengthen workforce data, individuals leading policy and strategy development must work with nurses to:

- Understand nursing and the wider health workforce
- Engage with data and improve data quality about the nursing and wider health workforce.
- Grow capacity in nursing workforce leadership to engage in health workforce planning and data
- Undertake horizon scanning: work with nurses, establish a shared and evidence-led vision for what the nursing workforce will need to look like in one, five and ten years' time.

COMMIT TO INVOLVE NURSES

To unlock the value that nurses and nursing can bring to health policy and workforce planning, individuals leading policy and strategy development must be able to:

- Involve the relevant nursing stakeholders right from the earliest stages of the planning process, when they can contribute the greatest value
- Use a structured approach (such as the stakeholder identification grid in this report) to comprehensively identify the appropriate nursing stakeholders according to specific functional responsibilities
- Avoid tokenistic involvement: commit to becoming familiar with the different leaders and organizations supporting the 28 million nurses worldwide.

RECOMMENDATIONS

This policy guide has shown why strong intersectoral engagement, inclusive policy dialogue and collaborative decision making that involves and is informed by nurses must be achieved. Health workforce planners and decision makers should involve nurses in health workforce planning processes at all levels, in ways that achieve genuine influence. The practical suggestions and information in this guide will help to achieve this. But broader action is needed too:

Every country should have a well-established, systematic and ongoing national nursing workforce planning process, which includes stakeholders from relevant government departments (including health, education, finance and statistics, and immigration, if international flows of nurses are a factor), as well as other key stakeholders (such as NNAs, regulators, educators and employers). This planning process should have a national nurse lead or focal point, and publish regular reports on the nurse workforce profile, supply, demand and future projections.

Every country should support the work of ICN and global partners to strengthen strategic leadership capacity across the profession, developing the ability of nursing leaders and organizations to participate in strategic health workforce planning.

All strategic health workforce planning processes, at every level, should:

- actively and meaningfully engage NNAs as critical professional partners through local, national and global multilateral partnerships

- involve nurses in developing, implementing and costing nursing workforce plans with the objective of self-sufficiency and sustainability in the supply of future nurses

- involve nurses in undertaking system workforce planning and monitoring across the care continuum.

Our global health systems can only be rebuilt with co-ordinated policy responses that are informed by the knowledge and perspective of nurses.

The links to further information about policy and evidence related to nursing workforce planning in Section 6 contain many useful examples of nursing organizations and nursing stakeholders.

RESOURCES AND LINKS

GENERAL AND GLOBAL

Human Resources for Health
BioMed Central Ltd

Published in collaboration with the World Health Organization, *Human Resources for Health* is a peer-reviewed open-access public health journal publishing original research and case studies on issues of information, planning, production, management, and governance.
> https://human-resources-health.biomedcentral.com/

Ageing Well? Policies to Support Older Nurses at Work
Buchan, J., Catton, H. and Shaffer, F.A., 2020. *International Centre on Nurse Migration*.

Co-published by the International Centre on Nurse Migration, the International Council of Nurses and CGFNS International, this report expands on the WHO State of the World's Nursing report. It introduces a 10-point plan to retain older nurses by addressing their employment needs.
> https://www.icn.ch/resources/publications-and-reports/ageing-well-policies-support-older-nurses-work

Charter for Change
International Council of Nurses, 2023

The International Council of Nurses Charter for Change identifies 10 policy actions that governments and health organizations can take to generate and maintain effective and affordable systems and make the contributions of nurses more visible.
> https://www.icn.ch/sites/default/files/2024-04/IND_2024_Charter_EN.pdf

Our Future. Our Nurses: The economic power of care
International Council of Nurses, 2024

Published on International Nurses Day 2024, the theme of this report is the economic power of care. The report brings together evidence from economists and other renowned experts from across the world, showing the contribution nurses and nursing can make to global economic growth, with an adequate level of investment.
> https://www.icn.ch/resources/publications-and-reports/international-nurses-day-2024-report

Recover to Rebuild
Buchan, J. & Catton, H. International Council of Nurses, 2023

This International Council of Nurses report draws on evidence from over 100 studies to provide advice to health system stakeholders on the protection and restoration of a sustainable nursing workforce in light of a global pandemic.
> https://www.icn.ch/resources/publications-and-reports/recover-rebuild

Global strategic directions for nursing and midwifery 2021–2025
World Health Organization, 2021

The WHO Global Strategic Directions for Nursing and Midwifery 2021–2025 presents evidence-based practices and an interrelated set of policy priorities that can help countries ensure that midwives and nurses optimally contribute to achieving universal health coverage and other population health goals.
> https://www.who.int/publications/i/item/9789240033863

Sustain and Retain 2022 and Beyond
International Council of Nurses, 2023

This report provides a blueprint for what needs to be done at the national and international level to guide nursing workforce planning globally, suggesting that up to 13 million more nurses will be required over the next decade.
> https://www.icn.ch/resources/publications-and-reports/sustain-and-retain-2022-and-beyond

WHO Handbook on monitoring and evaluation of human resources for health
World Health Organization, 2009

This Handbook aims to increase the technical capacity to accurately monitor the health workforce at country level through a comprehensive, standardized reference for monitoring and evaluating human resources for health.
> https://www.who.int/publications/i/item/9789241547703

World Health Organization briefs and analysis
These publications offer information on different aspects of workforce planning and labour markets.

WHO Observer
World Health Organization

> https://www.who.int/teams/health-workforce/human-resources-for-health-observer

Health labour market analysis
World Health Organization

> https://www.who.int/teams/health-workforce/hlm

Health workforce data/ statistics (including National health Workforce Accounts)
> https://www.who.int/teams/health-workforce/data-and-statistics?ua=1

Health workforce
> https://www.who.int/teams/health-workforce/health-workforce-development

The State of the World's Nursing Report
Joint report by the World Health Organization and the International Council of Nurses

> https://www.who.int/publications/i/item/9789240003279

REGIONAL RESOURCES

World Health Organization Regional Offices
African Region (AFRO): www.afro.who.int/
Region of the Americas (PAHO): www.paho.org/en
Eastern Mediterranean Region (EMRO): www.emro.who.int
European Region (EURO): www.who.int
South-East Asian Region (SEARO): www.who.int/southeastasia
Western Pacific Region (WPRO): www.who.int/westernpacific

OECD reports and data analysis on the health workforce
> https://www.oecd.org/en/topics/sub-issues/health-workforce.html

Eastern, Central and Southern African region: Education and Labor Markets for Nurses: Challenges and Opportunities
World Bank Group, 2021

The result of a collaboration between the World Bank, the East, Central, and Southern Africa College of Nursing (ECSACON), ICN and Jhpiego, this report presents a comprehensive assessment of the education and labour markets for nurses in the ECSA region.
> https://www.icn.ch/resources/publications-and-reports/ecsa-report-education-and-labor-markets-nurses

Framework for action on the health and care workforce in the WHO European Region 2023–2030
World Health Organization European Region

> https://iris.who.int/bitstream/handle/10665/372563/73wd08e-HealthCareWorkforce-230575.pdf?sequence=5

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