



# INTERNATIONAL NURSES DAY 2025

Caring for nurses  
strengthens economies



**OUR NURSES.  
OUR FUTURE.**

International Council of Nurses

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# Executive Summary



## UNMET NEEDS AND UNACKNOWLEDGED STRUGGLES: CURRENT WORKFORCE CHALLENGES

The global nursing workforce is in the midst of an unprecedented crisis, one that has profound implications for public health systems, economies, and the future of health care. Nurses, essential to health care delivery, are increasingly facing insurmountable challenges that undermine their well-being and threaten their ability to provide high-quality care. Chronic understaffing, unsafe working conditions, and inadequate pay have led to widespread burnout, high attrition rates, and the migration of scarce skilled professionals to countries with less damaging work environments. These factors, combined with escalating demand for health care services driven by ageing populations and growing non-communicable diseases, have created a perfect storm that is pushing health systems to their limits.

The International Council of Nurses (ICN), in partnership with our National Nursing Associations (NNAs) members, has been in continuous contact with frontline nurses over the last few years, hearing directly from them about increasing pressures and challenges within their work environments. To better highlight the trends affecting the nursing workforce, ICN commissioned a survey in 2024/2025 by the Rosemary Bryant Research Centre (Sharplin, Clarke & Eckert, 2025) based on the lived experiences of NNAs over the past three to four years. This survey provides a unique and insightful perspective, offering data from those directly impacted by the nurse workforce crisis. It sets this report apart from other assessments by focusing on key trends drawn from those in the profession who are facing these challenges directly, on a daily basis, giving it unparalleled value and insight into the true state of global nursing.

### The global health workforce crisis: A growing threat to health care and economies

The shortage of nurses is a pressing global issue, with current estimates suggesting a deficit of 5.9 million nurses. The Institute for Health Metrics and Evaluation predicts that, to meet global health care needs, health systems will require 30 million additional nurses (Haakenstad et al., 2022). Despite awareness of this crisis, many countries rely on short-term solutions like international recruitment and task-shifting to less skilled workers, which fail to address the root causes of nurse retention and recruitment, and in some cases are actually worsening the problem.

### The impact of unsustainable conditions on nurse retention and recruitment

The 2024 survey of 68 NNAs (Sharplin, Clarke & Eckert, 2025) paints a stark picture:

- Increased workload: 61.7% of NNAs reported growing demands on nurses since 2021.
- Limited capacity to meet demand: 38% of NNAs reported that their country's capacity to meet the current health care needs of their nation was 'poor' or 'very poor'.
- Workforce exodus: 48.4% of NNAs reported a significant increase in nurses leaving the profession, exacerbating workforce shortages.

The OECD (OECD/European Commission, 2024) highlights the severe challenges the nursing workforce faces, which are exacerbating the crisis. Key findings include:

- Job satisfaction crisis: 61% of nurses report moderate to extreme job strain-double the average across all occupations.
- Declining interest: Interest in nursing careers has decreased in approximately half of OECD countries between 2018 and 2022.

### **The growing threat to nurse safety**

Nurses face an escalating threat to their safety, particularly from workplace violence. According to the NNA survey, over 86% of nurses responding to the survey report experiencing violence from patients or the general public, while more than two-thirds face violence from coworkers (Sharplin, Clarke & Eckert, 2025). This violence, coupled with burnout and chronic stress, is significantly undermining nurse retention and contributing to toxic organizational cultures. Despite the serious implications, responses to workplace violence remain insufficient at organizational, national, and global levels. In addition, 68.2% of respondents indicated that their country has policies to prevent violence against health care staff. However, a quarter of these respondents rated the effectiveness of these policies as 'poor' or 'very poor,' highlighting a critical gap in protecting the nursing workforce (Sharplin, Clarke & Eckert, 2025).

### **The undervaluing of an essential asset**

Nurses continue to be undervalued despite their critical role in health care. The majority of NNAs (72.1%) reported little or no increase in nursing salaries since 2021. When accounting for inflation, over one-third (36.4%) of NNAs indicated that nurses have effectively experienced a decrease in real terms since 2021. This stagnation in compensation, especially given the increasing demands on nurses, exacerbates challenges in retaining skilled professionals and attracting new talent to the profession.

### **The current nurse workforce strategies are insufficient and inadequate**

Despite the growing crisis, many countries are still relying on short-term, reactive strategies to address the nursing workforce challenges. Approximately half of the NNAs surveyed report that their countries have developed national workforce strategies (Sharplin, Clarke & Eckert, 2025).

These workforce plans tend to focus predominantly on increasing the supply of new nurses, often through reliance on immigration. While this may provide temporary relief, it does little to address the underlying issues such as workforce retention, career progression, and empowering nurses to work to their full scope of practice. As a result, these efforts fail to build a sustainable nursing workforce capable of meeting future health care demands.

More concerning is that 64.2% of NNAs reported that their country's health care systems are struggling to provide a safe environment for patient care due to nursing shortages (Sharplin, Clarke & Eckert, 2025). This underscores the urgent need for comprehensive, long-term solutions that go beyond short-term fixes. Until these structural issues are properly addressed, current strategies will remain insufficient.

## **THE RETURN ON INVESTMENT FROM CARING FOR NURSES**

Addressing the nursing crisis requires long-term, sustainable strategies that invest in nurse well-being, recognizing its direct impact on both health care delivery and economic productivity. Neglecting nurse health leads to increased turnover, absenteeism, and errors, placing a substantial burden on national economies. Conversely, prioritizing nurse well-being yields significant returns through improved care quality, increased workforce retention, and stronger economic performance.

## The negative financial impact of neglecting nurses' health

Neglecting nurses' health has far-reaching consequences. Poor health among health care workers accounts for approximately 2% of total health care expenditure, draining valuable resources. Each nurse departure can cost up to \$36,918 annually in recruitment, training, and lost productivity (Jones, 2005; Kim, 2016; North et al., 2013; Roche et al., 2015; Ruiz et al., 2016). The broader economic toll of patient harm during care accounts for 13% of global health spending, equating to a staggering \$606 billion annually (Slawomirski & Klazinga, 2020). These costs underscore the urgent need to address systemic challenges that undermine nurse well-being.

## The economic case for nurse well-being

Investing in the health and well-being of nurses is not just a moral imperative but also an economic one. Studies consistently show that every dollar invested in health systems can generate a \$2-\$4 return (Remes et al., 2020). For nurses, improving their health and resource allocation could boost productivity by as much as 20%, which directly translates into cost savings and improved health care delivery (Britnell, 2019). McKinsey's 2025 *Thriving Workplaces* report estimates that investing in employee health could unlock \$11.7 trillion in global economic returns (WEF & McKinsey, 2025). For the nursing workforce, this could mean an additional \$100 billion to \$300 billion in increased productivity alone. With nurses representing 2.5% of the global workforce, their potential to drive health care system productivity – and by extension, economic growth – is immense.

## Nurses as economic drivers

Nurses are not only essential to health care delivery but also serve as key drivers of economic growth. Research shows that a 1% increase in nurse density correlates with a 0.02% increase in life expectancy. Each additional year of life expectancy contributes significantly to national economic prosperity, with a corresponding 2.4% increase in economic growth (Liu & Eggleston, 2022; Ridhwan et al., 2022). Countries that prioritize universal health coverage (UHC) and invest in a well-supported nursing workforce see higher life expectancies and healthier populations, which directly enhance the economic productivity of their societies.

## BUILDING A HEALTHIER FUTURE: COMPREHENSIVE SOLUTIONS FOR NURSE WELL-BEING

The solutions to the nursing workforce crisis are clear, proven, and urgent. The **"Caring for Nurses Agenda"**, introduced by ICN, is a comprehensive, actionable model designed to protect and promote nurse well-being. The Agenda focuses on seven critical areas where coordinated action can transform health care workplaces and safeguard the nursing workforce.

## The time for action is now!

The need for action is urgent. Despite clear evidence of the nursing workforce crisis, health systems continue to underinvest in nurses' well-being. This neglect is not only a health care issue; it threatens the sustainability of global health systems and economies.

The "Caring for Nurses Agenda" provides a clear, actionable framework to address this crisis. It is time to move beyond short-term solutions and implement long-term strategies that support and empower nurses.

Investing in nurses is not just morally right – it is an economic imperative. The evidence is undeniable: the time to act is now. Let's ensure that nurses are supported and empowered to deliver high-quality care, shaping a healthier and more prosperous future for all.

## ICN's Caring for Nurses Agenda for Sustainable Workforce Well-being

1

### ENSURE ADEQUATE STAFFING AND SKILL MIX FOR EFFECTIVE CARE

Implement evidence-based workforce planning and a balanced skill mix to ensure safe staffing levels and sustainable workloads. Continuously monitor workloads and proactively address staffing gaps to minimize risks and prevent nurses from being overstretched.



2

### INVEST IN THE RIGHT RESOURCES AND EQUIPMENT

Provide nurses with the essential resources, equipment, technology and infrastructure required for safe and effective care delivery. Ensure the timely update and optimal functionality of medical equipment, while maintaining a steady supply of care materials that adhere to quality standards. Furthermore, prioritize investment in digital tools to drive productivity improvements and optimize care delivery efficiency.



3

### PROVIDE SAFE AND DECENT WORKING CONDITIONS

Uphold nurses' right to safe, healthy working environments. Implement robust safety protocols and ensure personal protective equipment, ergonomic tools, and protected rest periods to prevent occupational hazards and fatigue. Decent working conditions mean ensuring that every nurse has dignity, respect, rights, and a healthy work-life balance.



4

### SUPPORT EDUCATION, PROFESSIONAL DEVELOPMENT, AND OPTIMAL SCOPE OF PRACTICE

Prioritize investment in high-quality nursing education and continuous professional development that equips nurses with the skills required to meet evolving health care demands. Empower nurses to work to their full scope of practice by modernizing policies and regulations to enable advanced practitioner roles. Provide clearly defined career pathways and ongoing professional development opportunities and ensure nurses' expertise is valued.



5

### BUILD SUPPORTIVE, HIGH-PERFORMING ORGANIZATIONAL CULTURES

Cultivate a culture of excellence that prioritizes people-centred care and continuous improvement. Foster inclusive, collaborative, and transparent environments with strong mentorship programmes and enable nurses as leaders and decision-makers.



6

### IMPROVE ACCESS TO HEALTH CARE AND WELL-BEING SUPPORTS

Remove barriers to health care access for nurses by streamlining pathways to ensure easy, timely access to preventive care, treatment and support services. Ensure these services are readily available and designed to meet nurses' unique needs.



7

### VALUE NURSES WITH FAIR, COMPETITIVE COMPENSATION

Provide salaries and benefits that reflect nurses' expertise, responsibility, and dedication to patient care. Address pay equity and ensure fair workload distribution. Support flexible working arrangements to accommodate diverse needs and increase workforce retention and job satisfaction.





The “Caring for Nurses Agenda”  
is another set of actions that moves nurses  
from being invisible to invaluable.  
Over the past several years, ICN has laid out  
the evidence and steps to support investing  
in nurses and nursing for a sustainable  
workforce and stronger health systems.  
**Integral to sustaining our workforce  
is investing in their well-being.**  
We cannot and would not want to envision  
a world without nurses. We must take action  
to diminish the threats to safe, supportive  
and healthy working conditions that  
will attract future nurses and retain  
the dedicated nurses who are key  
to healthier communities, responsive  
societies, thriving economies  
and powerful nations.

Dr Pamela Cipriano, ICN President





# Introduction



The theme for International Nurses Day (IND) 2025, *Our Nurses. Our Future. Caring for nurses strengthens economies*, is an immediate call to action. Across the globe, nurses continue to demonstrate remarkable resilience and innovation, leading health care delivery through increasingly complex challenges, from managing rising chronic disease burdens to advancing community health. But systemic neglect of nurses' well-being is exacerbating an already dire shortage of health care workers. The combined impact of inadequate working conditions and poor pay, intensifying workloads, and emotional exhaustion is threatening nurses' physical and mental health and pushing a worrying number of nurses towards burnout or exiting the profession.

Despite global awareness of the nurse workforce crisis, health systems continue to make decisions that undervalue and undermine their nurses. No country today manages its health workforce and workforce needs particularly well. Although countries have analysed the problem, neither low- nor high-income countries have adequately tackled the problems facing their health workforce. Instead, they have often attempted to spend their way out of the problems through short-term fixes. More often than not, this has caused more problems for others and ultimately themselves, all while failing to address the core issues that are driving experienced nurses to leave and deterring new ones from joining the workforce.

As a result, the same workforce challenges that plagued health care systems two decades ago are still with us today. In many cases they are exacerbated by a growing complexity of care needs combined with the ageing global population, massive growth in non-communicable diseases, disruptions caused by the COVID-19 pandemic and other crises. This persistent failure to address the issue suggests that something is fundamentally not working – or not being valued. The focus now must be on valuing the nursing workforce so that we can retain the dedicated nurses we already have while also inspiring a new generation to enter the profession. This all starts with one key element: *caring for nurses*.

As all nurses know, caring is, at its core, a value-driven and holistic commitment to the well-being of others. Caring for nurses is no different. It must go beyond offering support in response to the physical and emotional health challenges experienced within the profession to **address the structural drivers of our workforce crisis**. This means reinventing how health systems value, nurture and sustain their nurses as the key to building societal and economic resilience and advancing towards universal health coverage. Nurses are the most valuable asset our world's health systems have. When they are cared for, they can provide the



**We – as policymakers, employers and, ultimately, society – have largely failed in our duty of care for [health and care] workers, particularly with regard to their mental health and well-being.**

(Abdul Rahim, et al. 2022)



WHO's State of the World's Nursing Report (WHO, 2020a) highlighted a **worldwide shortage of at least**

**6 million**  
nurses.



To achieve higher universal health coverage scores and improve care to address growing health needs, researchers predict that

over **30 million**  
more nurses may be needed

(Haakenstad et al., 2022)



**Caring for nurses is not only about treating the symptoms of our current workforce crisis – it is about addressing the root causes by fundamentally reimagining how health systems value, nurture and sustain their nurses.**

Howard Catton, ICN CEO



highest level of care to patients, fostering better health outcomes, stronger communities, and more productive economies. Society’s duty of care towards health workers is a moral obligation. **But caring for nurses is also a wise investment in the health and wealth of populations.**

As the McKinsey Health Institute and World Economic Forum 2025 report, *Thriving Workplaces*, shows, the value of investing in workforce health cannot be overstated – **“investing in employees can substantially increase economic returns”, up to \$11.7 trillion in value worldwide** (WEF & McKinsey, 2025). Given that nurses comprise approximately 2.5% of the world’s labour force, the total direct opportunity value created by nurses’ health initiatives is between \$100 billion to \$300 billion, purely in terms of increased productivity of the nursing workforce. The total value is even more striking if we also factor in the wider effects of a resilient, well-supported nursing workforce as an economic multiplier. **Poor health costs the global economy**

**15% of GDP every year**, with inadequate quality of care costing low- and middle-income countries (LMICs) alone \$1.4-1.6 trillion annually (Remes et al., 2020; WHO 2020b). Given that every \$1 invested in health systems provides a \$2-4 return (Remes et al., 2020), investing in the nursing workforce presents a critical opportunity to drive economic value by enabling healthier, more productive populations and lessening the cost burden of medical care.



Total direct opportunity value created by nurses’ health initiatives is **\$100 billion to \$300 billion** based on capturing lost nursing workforce productivity.

Nurses’ impact on wider population health and productivity generates significant additional economic value.



This year’s International Nurses Day shines a light on the urgent need to prioritize the health and well-being of our nurses, emphasizing the direct connection between the nursing workforce and the economic performance of societies and health care systems. This report explores the need for long-term, strategic solutions and provides practical examples. The “Caring for Nurses Agenda” builds on ICN’s foundational *Charter for Change* (ICN, 2023) and aligns with ICN’s workforce strengthening initiatives, including *Sustain and Retain* (Buchan, Catton & Shaffer, 2022) and the *125th Anniversary Bucharest Declaration on the Future of Nursing* (ICN, 2024a). It maps a path to enable nurses to thrive and allow health systems to avoid an even greater global shortage of nurses in the coming years, which would leave us unable to meet changing and growing health care demands.

As ICN has reported, even while strained and under-resourced, the world’s nurses are making a huge impact, delivering effective, high-quality care to populations every day and spearheading responses to our most pressing health challenges, from climate-related emergencies to preventive care for non-communicable diseases and other conditions (Stewart, Schober & Catton, 2024). If that is what nurses can do when they are stretched to breaking point, this report asks us to imagine what is possible with a nursing workforce that is well cared for and supported. We can no longer afford to ignore this crisis. The evidence and solutions for caring for nurses are clear – and the time to act is now.

CHAPTER

1

Our Nurses.

**Unmet needs  
and unacknowledged  
struggles: current  
workforce challenges**

Our Future.



## THE GLOBAL HEALTH WORKFORCE CRISIS: A GROWING THREAT TO HEALTH CARE AND ECONOMIES

The global nursing workforce is at a critical inflection point, with escalating pressures as health care challenges grow in scale and complexity. The achievement of the Sustainable Development Goals (SDGs) hinges on the contributions of nurses, who are integral to addressing rising chronic health conditions, managing an ageing population, and responding to global crises such as pandemics and humanitarian disasters. However, the estimated shortfall of nurses in 2019 was approximately six million nurses (WHO, 2020a). Research by the US Institute for Health Metrics and Evaluation suggests that accounting for increasing population health needs and raising the bar for access to a comprehensive range of health services may require over 30 million more nurses and midwives (Haakenstad et al., 2022). Despite these alarming projections, health systems around the world continue to neglect the long-term planning and investments necessary to address this grave shortage.

### Widening gaps and increasing pressures

The gap between supply and demand in nursing is continuing to widen according to evidence from a new survey of ICN National Nurses' Associations (NNAs) across 68 countries (Sharplin, Clarke & Eckert, 2025). Across all income levels, the majority of NNAs – 61.7% – reported moderate or greatly increased demands on nurses since 2021, while almost 40% rated the current capacity of their countries' nursing workforce to meet these demands as 'poor' or 'very poor' (Sharplin, Clarke & Eckert, 2025). Despite these escalating needs, 41.8% of countries reported little to no change in vacancy rates, with many high-income nations actually seeing increases in unfilled positions. This suggests a chronic staffing deficit that places immense pressure on the nursing workforce.

It is also critical to understand that nursing shortages are not solely a matter of insufficient nurse availability. In some cases, inadequate funding for nurse employment creates a paradox where nurses are unemployed or underemployed even in countries facing significant workforce gaps. Nurse underemployment and understaffing exacerbates strain on the existing workforce and fuels disillusionment among nurses who are unable to find work. This dissatisfaction often drives nurses to seek employment abroad, leading to a loss of trained professionals and their expertise. Consequently, source countries lose valuable resources, potentially leaving vulnerable populations without essential care and intensifying global shortages and inequitable distribution of nurses.



**Nurse unemployment in a country that also has significant nurse shortages is a red flag for funding concerns and ineffective policy and planning. [...] This can become even more problematic if nurses then migrate because they cannot find employment in nursing in the country at a wage that is attractive.**

(Buchan & Catton, 2023)



**...Healthy societies and economies depend on healthy people...**

Dr Tedros Adhanom Ghebreyesus,  
WHO Director-General (2023)



### Rising nurse attrition and dissatisfaction

The strain of this situation is driving gravely concerning workforce trends, including an exodus of skilled, much-needed nurses from the profession. In the survey of ICN's NNAs, 48.4% of countries observed a moderate-to-great increase in nurses leaving the sector since 2021 (Sharplin, Clarke & Eckert, 2025). Meanwhile, the pipeline for future nurses is showing troubling signs. Worryingly, at a time when health

systems need nurses more than ever, recent data indicates that young people's interest in pursuing nursing careers has decreased in approximately half of OECD countries between 2018 and 2022, as well as in several non-OECD countries (OECD/European Commission, 2024). Attracting and educating more nurses is critical for the future of the profession and for health care. However, it is also important to remember that expanding the education pipeline alone cannot solve the workforce crisis if qualified nurses cannot be retained. No country can train its way out of nurse shortages without addressing the workplace issues that are driving both new and experienced nurses away.

ICN has also raised the alarm around an increase in strikes and industrial action by nurses around the world, in countries including Uganda, Spain, Finland, France, Denmark, Mexico, New Zealand, and the USA (ICN, 2022). This is another clear indicator that health systems have fallen short in providing nurses with fair and decent working conditions and remuneration.



## CASE STUDY

### IMPROVING NURSE RETENTION AND CREATING SUPPORTIVE WORK ENVIRONMENTS IN EUROPEAN HOSPITALS



(Sermeus et al., 2022)

The Magnet4Europe initiative (2020-2024) demonstrates how improving nurse work environments directly impacts both nurse retention and quality of care.

This EU-funded project built on the successful American Magnet Recognition Program® model from the American Nurses Credentialing Center (ANCC), focusing on improving work environments, fostering clinician engagement, and enabling professional development and shared decision-making. Initial results show a 17.8% reduction in burnout and a 14.6% decrease in nurses intending to leave, highlighting the model's effectiveness in retaining talent.

In addition to workforce retention, Magnet4Europe is delivering measurable improvements in patient care. Hospitals across six European countries report an 11.9% increase in care quality ratings and a 17.5% reduction in negative safety outcomes.

These results demonstrate that a strategic focus on better work environments not only supports nurses' well-being but also drives better patient outcomes, ultimately lowering costs and improving hospital performance.

## The social and economic impacts of failing to care for nurses

We must urgently address this structural failure to value, protect and care for nurses in order to both recruit and retain a sustainable workforce. Failure to act now will have profound consequences not just for health care, but for national economies as well.

As Dr Tedros Adhanom Ghebreyesus, Director-General of WHO, pointed out, the health workforce crisis is not only a health care issue; it is an economic issue. Without a robust health workforce, economies cannot function at their full potential (WHO, 2024b). The growing shortage of health care professionals is one of the most significant challenges facing the global economy and, unless concerted action is taken, it will result in unnecessary deaths and impede national economic growth.



**The global health care sector, valued at \$9.8 trillion and consuming 10.3% of the world's GDP, dedicates an average of 55% of its expenditure to labour costs. Given this enormous investment, it only makes sense that our most valuable asset – the health care workforce – is properly valued and cared for.**

David Stewart, Director, Nursing policy and practice, ICN



The response to this growing crisis remains inadequate. Countries often rely on short-term fixes, such as increasing international recruitment, shifting tasks to unregulated and less skilled workers and increasing reliance on casual workers, but these measures fail to tackle the root causes of staff shortages and the pressing need to retain skilled workers.

The reality is that staff shortages will be felt everywhere. Upper-middle-income countries will see the highest demand, driven by ageing populations and growing economies. Middle-income nations will face gaps as demand outstrips supply, while low-income countries will struggle with low growth in both demand and supply.

Investing in improved nurse health and resource allocation could increase capacity to care by 20% (Britnell, 2019). But with insufficient action, we risk falling further behind. We must rethink how health care systems are designed, giving human resources the same priority as financial resources. A failure to do so will not only hinder health care systems but also jeopardize economic stability.

The global health care sector, now valued at \$9.8 trillion, consumes 10.3% of the world's gross domestic product (GDP) (WHO, 2024a). Yet it struggles to innovate and address workforce shortages, leading to slower economic growth and unnecessary deaths. If these issues are not addressed, they will impede the healthy extension of life and slow the growth of nations.

Without a fundamental shift in how health care systems operate, this crisis will only get worse. Governments must act now, not only to recruit but also to properly educate and retain the workforce of the future, ensuring that health care can meet the needs of a growing and ageing population. Lives and communities depend on it.

## THE HEALTH AND WELL-BEING OF NURSES: CHALLENGES AND IMPACT

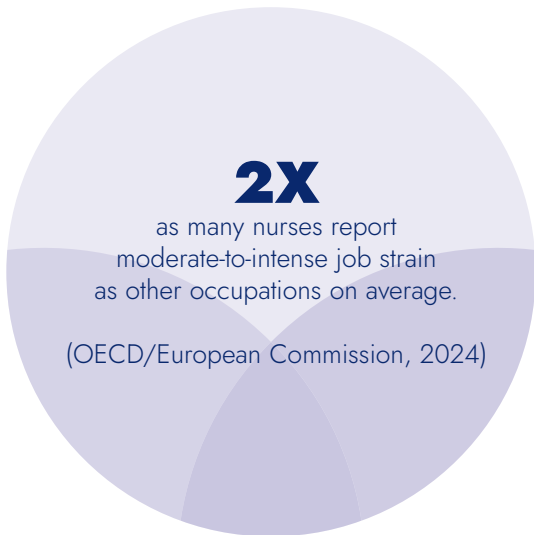
Nurses are skilled, caring and resilient professionals who are deeply committed to their work and their patients even in the most demanding conditions, including crises and pandemics. Because of their commitment and quality of care, nurses are consistently rated as the most-trusted profession by the public. Researchers define nurses' dedication as "an



The message we hear from many of the world's nurses is:

**"I love my work – but hate my job."**





untiring commitment to take care of others from one’s heart with all the human and technical resources available” (Sabetsarvestani, Geçkil & Shirazi, 2022).

However, underinvestment in health care is pushing nurses around the world to breaking point.

Though nurses remain passionate about their work – the high-quality care and support they provide to patients – their job conditions are provoking enormous stress.

Data from the European Union (EU) has found that 61% of nurses and midwives report moderate to extreme job strain, double the standard average of 30% across all occupations (OECD/European Commission, 2024).

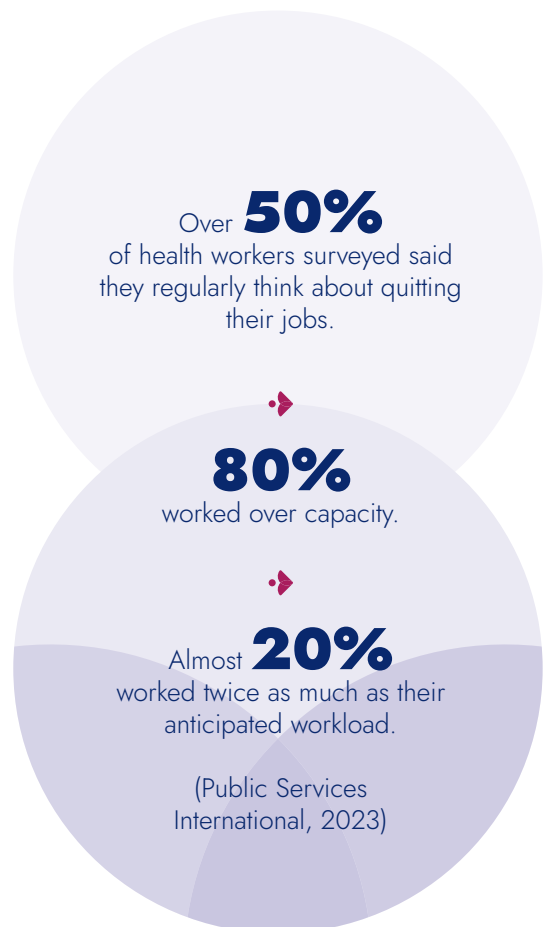
The extraordinary professional, psychological and emotional demands of nursing are extremely difficult

to sustain when combined with unsafe staffing levels, unsustainable workloads and inadequate resources.

In a 2023 survey of health workers across 50 countries, over half of the respondents reported that they regularly considered leaving their jobs (PSI, 2023). The unsustainable demands placed on health workers were clear, with three quarters of respondents describing feeling increased pressure to achieve more with less resources, four out of every five saying they were working beyond their capacity, and almost one in four shouldering double the expected workload. Chronic overwork and staffing imbalances are worsening health workers’ physical and psychological health, leaving many exhausted and disillusioned.

Poor working conditions and pervasive burnout are driving many nurses away from their jobs or from the profession altogether. OECD data drew attention to the alarming reality that about 20% of nurses were considering quitting in 2021 (OECD, 2023). Nurse turnover is extremely costly – estimated to cost health systems at least \$36,918 per nurse each year – and losing nurses threatens the world’s ability to provide the care needed for strong, stable societies (Roche et al., 2015; Jones, 2005; Kim, 2016; North, et al., 2013; Ruiz, Perroca & Jericó, 2016).

While COVID-19 has intensified these challenges and brought them to public attention, they stem from long-standing systemic issues including unacceptable working conditions, inadequate compensation and the systematic devaluing of nursing expertise. The crisis in nurse well-being compromises health system performance and cost-efficiency, patient and population health outcomes, and the capacity for resilience and emergency response. This affects the functioning and productivity of entire communities and economies.





## CASE STUDY

### ENHANCING NURSING COMPETENCE AND RETENTION THROUGH COLLABORATIVE ACADEMIC-CLINICAL PARTNERSHIPS IN TAIPEI



(Tseng et al., 2013)

In Taipei, an intervention was developed with the aim of addressing the gap between nursing education and real-world clinical practice and managing students' transition from training to clinical settings.

This initiative involved collaboration between educational institutions and health care organizations to create tailored courses and seminars, designed and taught jointly by nursing faculty and clinical managers, ensuring that the curriculum was closely aligned with the practical needs of the health care system.

Students received additional clinical training, which included a structured practicum programme with one-on-one mentorship from experienced nurses to allow them to build confidence in their nursing skills and develop a deeper understanding of patient care in real-world settings.

The combination of academic and clinical expertise provided a comprehensive learning experience that helped students to bridge the theoretical and practical aspects of nursing.



## RESULTS

### Improved nursing competencies

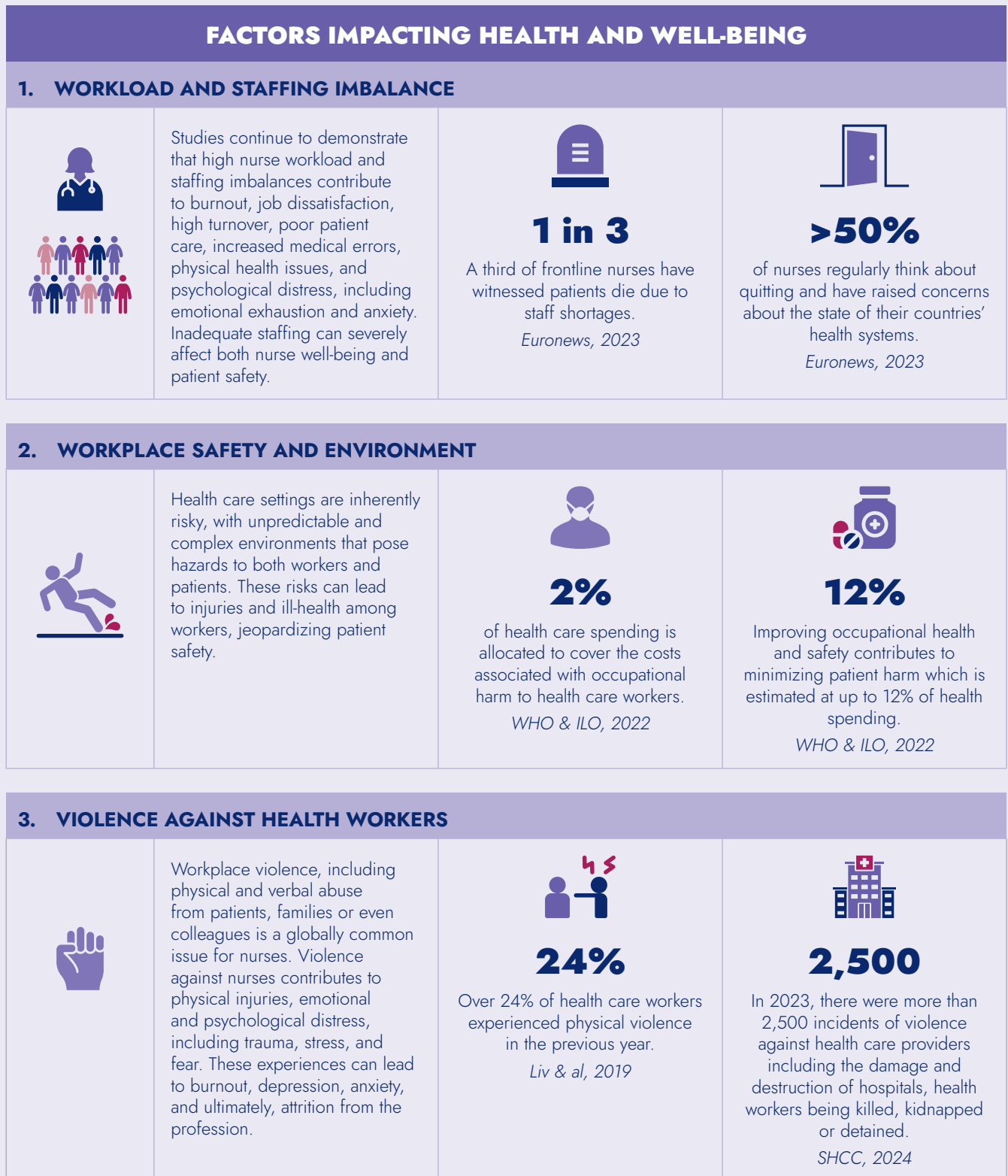
As a result, students demonstrated significant improvements across all six nursing competencies, including clinical care, teaching, and leadership. Students in the intervention group achieved higher scores in nursing competence after the practicum, with statistically significant differences in clinical care, teamwork, planning, and leadership.

### Improved retention

The intervention proved highly effective in terms of retention, with 91.7% of students remaining in their first nursing role after three months, and 79.2% staying employed after one year. This structured support and mentorship helped ease the transition from student to professional, reducing turnover rates and fostering long-term career engagement in the nursing profession.



**Figure 1. Factors impacting nurses' health and well-being**



#### 4. THE NATURE OF THE WORK



Nurses work closely with patients during their most vulnerable moments, often dealing with pain, trauma, or death. The emotional strain of providing care in such circumstances can take a toll on nurses' well-being. Continuous exposure to suffering and death can lead to compassion fatigue, emotional exhaustion, and moral distress, which negatively affect nurses' overall well-being and job satisfaction.

**11**

or more times, nurses reported exposure to potentially psychologically traumatic events such as severe human suffering, life threatening illness or injury, or physical assault (in Canada).  
*Stelnicki et al., 2020*

**1 in 10**

nurses are suffering from high burnout symptoms.  
*Woo et al., 2020*

#### 5. ORGANIZATIONAL CULTURE AND DECENT WORKING CONDITIONS



A positive organizational culture and decent working conditions are vital for nurse well-being. Organizational culture influences how nurses feel valued, supported, and integrated into their teams. Decent working conditions, particularly pay, are essential for retaining nurses and preventing burnout. A negative culture characterized by poor leadership, lack of support, and ineffective communication contributes to stress, disengagement, and high turnover. Inadequate pay and benefits lead to financial stress and reduce job satisfaction, making it harder for nurses to maintain a healthy work-life balance.



**32%**

of nurses studied reported that their monthly salary is enough to keep them out of poverty.  
*GCNMS, 2024*



**20-30%**

of nurses' decision to leave can be attributed to factors related to the workplace culture.  
*Azzellino et al., 2025; Alanazi et al., 2023*



**64%**

of nurses report not getting paid overtime if they are required to stay after their shift is ended.  
*GCNMS, 2024*

#### 6. ORGANIZATIONAL AND SYSTEMIC INEFFICIENCIES



Inefficiencies in health care systems, such as outdated processes, poor communication, and excessive bureaucracy, can create frustration and added pressure on nurses. These inefficiencies result in time wasted on administrative tasks instead of patient care. Nurses often feel their skills are underutilized, leading to frustration, burnout, and a decrease in job satisfaction. These systemic inefficiencies prevent nurses from performing at their best and ultimately hinder the delivery of quality care.



**>76%**

of doctors and nurses reported being over-skilled for the roles and responsibilities that they have in their daily life.  
*OECD, 2021*



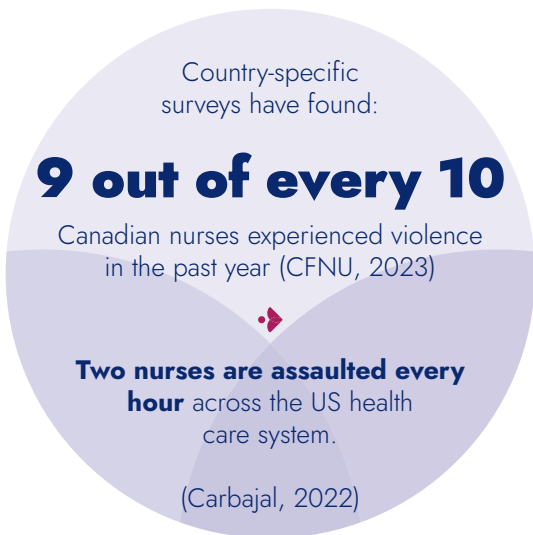
**>29% - 51%**

of people experience problems of care coordination such as medical tests not being available, conflicting information between providers, duplicate tests, or unavailability of information.  
*OECD, 2020*

## Violence against health workers

Workplace violence (WPV) against health care workers is a pervasive and alarming issue that severely impacts both the well-being of the nursing workforce and the functioning of health systems. WPV includes both physical assaults and threats of assault as well as psychological violence, including any behaviours that degrade, humiliate, or intentionally harm a person’s well-being and dignity.

WPV against health care workers is a global problem, as it is a key occupational hazard faced by health care professionals worldwide. A systematic review and meta-analysis revealed that over 24% of health care workers experienced physical violence in the past year (Liu et al., 2019). While work-related violence affects many industries, Europe-wide research suggests that health care workers are particularly vulnerable, with health care professionals being 16 times more likely to encounter violence than those in other professions (European Nursing Research Foundation, 2022).



Nurses are especially at risk due to their close proximity to patients, with research indicating that at least two nurses are assaulted every hour across the U.S. health care system (Carbajal, 2022). A survey by the Canadian Federation of Nurses Union (CFNU, 2023) revealed that 9 out of 10 nurses reported experiencing violence within the past year. The high prevalence of violence in health care settings is driven by several factors, including high-stress environments and insufficient security measures.

A particularly concerning aspect of health care WPV is the poor reporting culture; many incidents go undocumented as workers may normalize the violence, fear retaliation for reporting, or lack confidence that reporting will lead to meaningful change.

In response to ICN’s NNA Presidents’ Survey, one NNA said that in their country: *“...a substantial percentage of nurses have experienced some form of violence at*

*work, with many incidents going unreported due to fear of retaliation or the perception that violence is ‘part of the job.’”* (Sharplin, Clarke & Eckert, 2025)

During the COVID-19 pandemic, assaults on health workers escalated, with 70% of NNAs reporting incidents of violence or discrimination against nurses related to the pandemic (Health Care in Danger, 2022).

Female health care workers, the majority of the nursing workforce, may be especially vulnerable to violence due to gender-based power disparities. A comprehensive systematic review estimated that almost half of female health care workers had experienced workplace violence (Ajuwa et al., 2024).



**High rates of workplace violence are increasingly common due to unmet patient expectations, poor communication, long wait times and organizational factors such as resourcing and infrastructure.**

(O’Brien, van Zundert & Barach, 2024)



**Research found that almost a fifth of nurses exposed to workplace violence experienced reduced work performance and decreased productivity.**

(Alenezi, 2024)

The impacts on nurse well-being are severe and well-documented. Research shows that nurses who experience WPV suffer psychological impacts, including symptoms of anxiety, depression, insomnia, loneliness, and lower resilience (Ding et al. 2023). Reviews have found that patient aggression adversely affects both nurses' health and the quality of their work (Feruglio et al., 2024; O'Brien, van Zundert & Barach 2024). In one study, 17.7% of nurses exposed to WPV reported changes in work performance, including through absences and decreased productivity (Alenezi, 2024).

Despite these serious consequences, responses to WPV remain inadequate at organizational, national, and global levels. In ICN's NNA Presidents' Survey, 68.3% of respondents reported that there were workforce policies in place in their country to prevent violence against health staff, but almost a quarter of the NNAs surveyed rated the quality of these policies as 'poor' or 'very poor' (Sharplin, Clarke & Eckert, 2025).

Furthermore, over half reported *not* having policies in place for access to workplace psychological or mental health support, and just under half lacked policies aimed at supporting new nurses or new graduates.



**The normalization of workplace violence against nurses is both morally reprehensible and functionally destructive to health care delivery. We are seeing a concerning lack of organizational support, preventive measures, and clear reporting mechanisms and an unacceptable cultural acceptance of assaults on health care workers.**

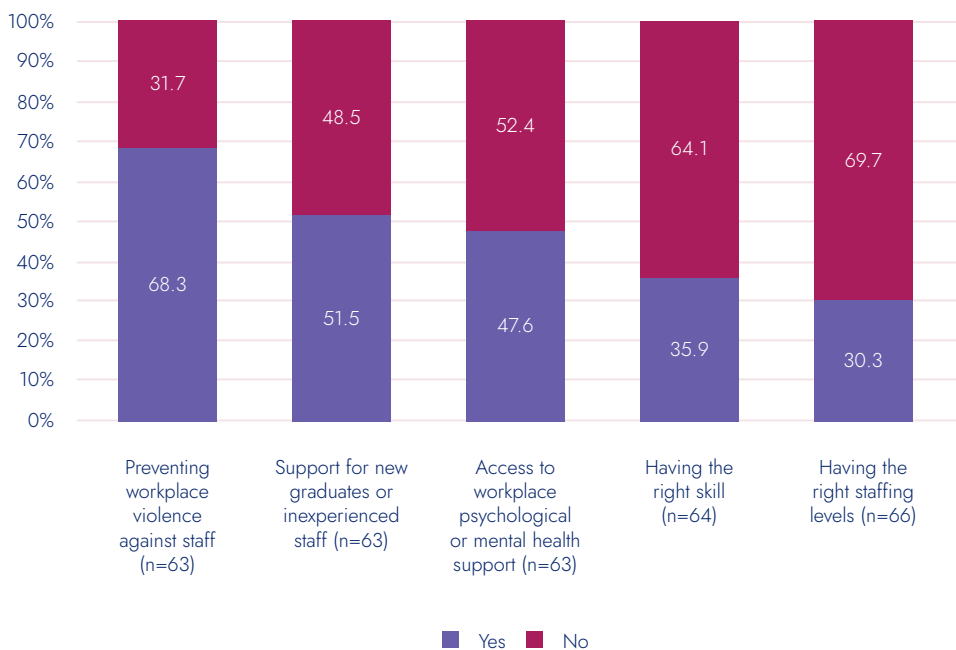
**No nurse should face violence as part of their job. Immediate action is needed to create environments where nurses can safely provide their vital care without fear of abuse, violence, or attacks.**

Dr Pamela Cipriano, ICN President



**Figure 2. NNA responses around workforce policies in place to ensure safety and well-being of nurses in their country**

(Sharplin, Clarke & Eckert, 2025)



## Attacks in conflict settings

Every day, nurses bravely continue to provide care in conflict and crisis zones around the world, often at great personal risk of attacks, violence, and loss of life. Since 2018, WHO has documented more than 7,000 incidents of attacks on health care, associated with the deaths of over 2,200 health workers and patients, with 4,600 more injured (WHO, Qatar Foundation & WISH, 2024).

The past three years have seen an unprecedented escalation in attacks on health care in conflict settings, including in Gaza, Ukraine, Sudan, and Myanmar. ICN forms part of the Safeguarding Health in Conflict Coalition (SHCC) which works to protect health workers and services by documenting attacks, demanding accountability, and urging compliance with international law. In 2023 alone, SHCC documented 2,562 attacks in 30 countries or territories, the highest number ever recorded (SHCC, 2024). These horrific incidents included bombing, looting and military occupation of health facilities and direct killing, kidnapping, and arrest of health personnel who were attempting to carry out their lifesaving work.

The Geneva Conventions and additional protocols explicitly prohibit attacks on health care and these acts constitute clear violations of international humanitarian law.

Beyond the immediate human costs, attacks destroy health systems, exacerbate humanitarian crises, and have devastating effects on nurses who are forced to work under constant threat and to make impossible choices between their duty to care and their own survival and that of their families.

## Combatting widespread burnout

WHO formally recognized burnout as an “occupational phenomenon” in 2019. It is defined as a syndrome “resulting from chronic workplace stress that has not been successfully managed” (WHO, 2019) and is characterized by three core dimensions:

1. Feelings of energy depletion or exhaustion (emotional exhaustion)
2. Increased mental distance from one’s job or feelings of negativity or cynicism related to one’s work (depersonalization)
3. Reduced professional efficacy (low personal accomplishment)

**Through its #NursesforPeace campaign and Humanitarian Fund, ICN provides direct humanitarian assistance to nurses in conflict zones and raises global awareness about the impacts of war on health care and health workforces.**

**In a recent report to the UN Special Rapporteur on the right to health, ICN documented how nurses are bravely continuing to defend health in the world’s most challenging situations, often at great personal risk and without adequate protection or support.**

**The report provided alarming firsthand testimony from NNAs in crisis-affected regions.**

(ICN, 2025)



In July 2024, ICN’s President wrote to the UN Secretary-General calling for immediate action to halt attacks on health care, stating:

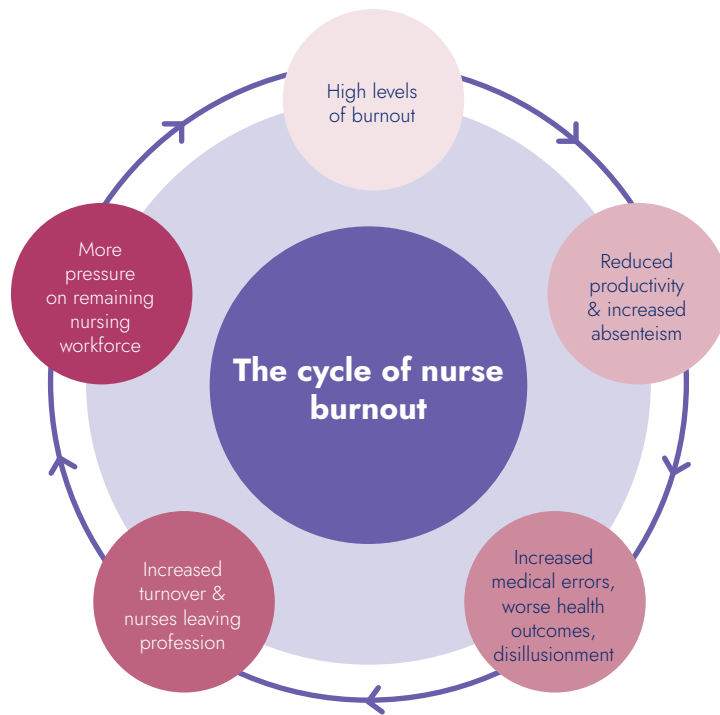
**“I urge you to utilize the powers of your office to reiterate your condemnation of the barbaric attacks we have witnessed globally and to restate the protections that nurses, and other health care workers should be afforded under international law. No one engaged in humanitarian work should fear for their safety or their lives.”**

(ICN, 2024c)



Burnout is highly prevalent among nurses worldwide: between 11% and 30% of the global nursing workforce suffer from symptoms of burnout (Woo et al., 2020). Studies show that nurses experience higher burnout rates and intention to leave their job than other health workers. Even before the COVID-19 pandemic, one in three US nurses reported burnout as the primary reason for leaving their positions (Shah et al., 2021; Muir et al., 2022).

**Figure 3. Mapping the nurse burnout cycle**



Rates of burnout vary by region. For example, in high-income areas, including Europe, North America and parts of Asia, emotional exhaustion rates are around 31-46%, with staffing ratios, work-specific stress and administrative demands such as health record logistics cited as contributing factors (Woo et al., 2020; Galanis et al., 2021; Ramirez-Elvira et al., 2021). Nurses in sub-Saharan Africa, Southeast Asia, and South Asia report consistently higher burnout levels. Contributing factors include resource limitations, system overcrowding, and the intense emotional burden of widespread unmet health needs. One systematic review found rates of emotional exhaustion reaching up to 66% in sub-Saharan Africa with almost half of nurses experiencing reduced levels of personal achievement, underscoring how burnout undermines health workers’ capacity to reach their full potential in health care (Owuor et al., 2020).

The consequences are severe and far-reaching. For nurses themselves, burnout impacts emotional and psychological well-being. It manifests in physical symptoms including chronic fatigue, sleep disorders, and increased susceptibility to illness and is a significant predictor of heart disease, chronic pain, gastrointestinal distress, depression and mortality (Salvagioni et al., 2017; Woo et al., 2020). Furthermore, nurse burnout is closely linked with absenteeism, turnover, and intention to leave either their job or the profession as a whole, worsening nursing shortages and driving increased training and turnover costs (Leiter & Maslach, 2009; Enea et al., 2024).



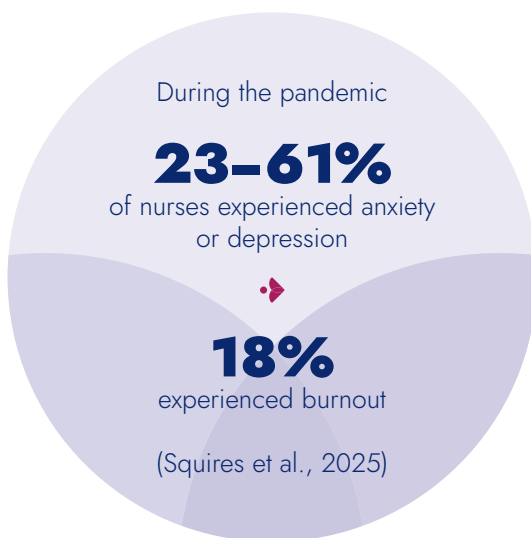
**Rather than serving to expose and challenge the conditions that create stressors and inequality, the focus on individual resilience can downplay the system’s responsibility to address the issues.**

(Abdul Rahim, et al., 2022)



Research demonstrates that nurse burnout can directly compromise patient satisfaction as well as the safety and quality of nursing care (Dall’Ora et al., 2020; Carthon et al., 2021; Jun et al., 2021; Li et al., 2024). When nurses are exhausted and burned out, there is more likelihood of medication errors, hospital-acquired infections, and preventable falls — all of which impact health outcomes, increase care costs and extend hospital stays. Nurses leaving due to burnout can further exacerbate understaffing, which has been linked with several adverse health outcomes including increased patient mortality and increased length of hospital stays (Aiken et al., 2002; Meredith et al., 2024).

Burnout should not be seen as a personal issue or a question of building individual “resilience”. It is a structural problem that requires large-scale systemic solutions. Health worker burnout has cascading effects that do not only affect individual nurses but also their organizations and the populations they serve.



### Addressing the mental health challenges of nurses: A path toward systemic change and sustainable well-being

High-stress environments, emotional strain, and inadequate working conditions have significantly impacted nurses’ mental health. Research shows that health care workers face higher levels of mental health challenges, including anxiety, depression, post-traumatic stress disorder (PTSD), and insomnia, compared to the general population, with nurses experiencing a particularly elevated risk due to the emotional and physical demands of the profession, especially in high-pressure health care settings (Bostan et al., 2020; Huang et al., 2020; Lai et al., 2020; Jarden et al., 2020).

In many cases, the COVID-19 pandemic exacerbated these challenges, intensifying burnout, anxiety, and emotional exhaustion as nurses faced increased pressures, risks of exposure to the virus, and overwhelming workloads (Galanis et al., 2021; Sullivan et al., 2021; Varghese et al., 2021). A recent survey of over 9,000 nurses across 35 countries found that 23-61% reported experiencing anxiety or depression since the onset of the pandemic, with 18% showing signs of burnout (Squires et al., 2025). These findings underline the urgent need for comprehensive mental health support systems within health care settings.

To address the mental health risks faced by nurses, it is essential to shift from merely recognizing the issue to implementing actionable solutions. This will require systemic organizational change focused on ensuring adequate staffing and a balanced skill mix and workforce capacity aligned with patient demands, in order to prevent excessive workloads and reduce burnout and stress.



**We have been talking to nurses since the start of the pandemic and their mental health has been a concern from day one. I have been struck by the complexity of the issues: stress and burnout of course, but we have also seen nurses abused and attacked.**

Howard Catton, CEO of ICN,  
speaking at the launch of WISH  
“Our duty of care” report (2022)



Additionally, equipping nurses with the necessary resources, building supportive and high-performing organizational cultures, and providing tailored, accessible health care that addresses nurses' unique needs is vital to ensure workforce well-being, high performance, and retention.

Investing in the well-being of nurses enhances patient outcomes and improves the health of those providing care. Nurses play a critical role in improving population health and addressing global health challenges, and ensuring their mental and physical well-being is an investment in the future of health care.



## CASE STUDY

### NURSE MIDWIFE HEALTH PROGRAM AUSTRALIA: A LIFELINE FOR WORKFORCE WELL-BEING AND SUPPORT



(NMHPA, 2024)

The Nurse and Midwife Health Program Australia (NMHPA), launched in 2024 and funded by the Australian Government, is a groundbreaking initiative offering **free, confidential, and peer-led support for nurses, midwives, and nursing students experiencing health issues** such as work related stress, mental health, burnout, occupational violence, unhealthy substance use issues, or family violence.

Designed by nurses for nurses, it offers a compassionate environment to address the unique challenges of the profession with accessible and tailored counselling, case management, and resources to support individuals' health and well-being.



## REACH AND IMPACT

Since it began, NMHPA has been contacted 197 times by nurses, midwives, and students seeking support. With strong engagement from both rural and metropolitan areas, the programme plays a critical role in fostering a healthy, sustainable workforce.

Through its accessible telehealth and in-person services, NMHPA empowers health care professionals to seek early intervention and achieve positive health outcomes, enhancing both their personal well-being and the quality of patient care.



## Secondary traumatic stress and moral injury

Secondary traumatic stress (STS) is a crucial mental health challenge faced by many nurses. STS results from the negative psychological, emotional, and cognitive effects of caring for people experiencing trauma and can be especially severe in the case of prolonged exposure to patient suffering. Another serious concern is the psychological cost of caregiving, which can result in emotional and physical burnout due to ongoing empathetic engagement with patients in distress.

Every day, nurses encounter patients facing pain and trauma or at the end of life. Research indicates that a significant proportion of nurses experience emotional exhaustion due to the constant emotional demands of their roles, ranging from 37-89% of nurses reporting emotional exhaustion in Sub-Saharan Africa to 42.6% of nurses in Türkiye (Koksal & Mert, 2023), 44% of nurses in Germany (Petersen, Wendsche & Melzer, 2023) and 55.4% of nurses in Canada (Maghsoud et al., 2022). This toll is not unique to nurses but affects all health professionals who work closely with suffering individuals.



PSI's General Secretary described the harrowing toll that witnessing a patient dying due to understaffing takes on health personnel:

**“This is devastating for families who are losing their loved ones, but it’s also devastating for these workers who aren’t being supported to do what they join their profession to do, which is to care for people who need it.”**

(Euronews, 2023)



A Public Services International survey (2023) of 2,000 health workers across 50 countries revealed the shocking finding that a third of frontline nurses have had to witness patients die due to a shortage of staff. An even greater number, two thirds, reported seeing patients experience unnecessary pain or suffering because of shortages.

Addressing the mental health challenges faced by nurses, including secondary traumatic stress, emotional exhaustion, and moral injury, is essential for the well-being of health care workers and for the quality of patient care. Urgent efforts are needed to improve work conditions, ensure adequate staffing, and create environments where nurses can thrive both personally and professionally. Only through systemic transformation can we safeguard the health of our health care workforce and improve patient outcomes on a global scale.

## The cost of caring

**Nurses, who are strongly emotionally invested in care and exposed to significant secondary trauma due to being in constant contact with patients at their most vulnerable moments, can show high rates of emotional exhaustion or compassion fatigue.**

(Cavanagh et al., 2020)

The impact of emotional exhaustion and secondary traumatic stress is profound. It is associated with increased levels of anxiety and depression in nurses as well as reduced work performance, higher clinical error rates, and ultimately, lower quality of patient care (Bock et al., 2020; Mohebifar et al., 2025; Cabrera Pomasqui & Juna, 2024). Poor working conditions, insufficient resources, and inadequate safety measures can exacerbate the psychological strain on health care professionals.

Many nurses are also exposed to incidents of “moral injury”, the distress caused by circumstances that violate the individual’s moral values and beliefs. This could manifest as guilt or discomfort when unable to provide the desired standard of care due to resource and staffing constraints or when witnessing unnecessary deaths or patient suffering. Moral injury has been found to affect around 32.4% of health care workers, with nurses showing the highest incidence at 38.1% (Rushton et al., 2022).

A Public Services International survey (2023) of 2,000 health workers across 50 countries revealed the shock-

## Career disillusionment and underutilized skills

Nurses enter the profession driven by a profound desire to help, heal and make meaningful impacts in people's lives. Intrinsic factors, such as a strong urge to alleviate suffering and contribute to the greater good, are often particularly important to those who choose nursing as a career (Wu et al., 2015).

However, concerning evidence suggests that, while nurses around the world continue to deliver compassionate and life-changing care, many struggle with disillusionment.

The disconnect between nurses' professional values and the reality of their workplace conditions can be particularly stark for new nurses. Newly qualified nurses begin their careers with strong ideals about delivering holistic, equitable and patient-centred care. However, research has shown that faced with systemic and organizational constraints that prevent them from delivering the highest possible standard of care, many new nurses experience significant moral distress, burnout and disillusionment (Maben, Latter & Clark, 2007). A study conducted in 2022 found that nurses under the age of 35 experience disproportionately high levels of stress and burnout. (O'Hara & Reid, 2024). While the COVID-19 pandemic intensified these challenges, most study respondents identified long-standing systemic issues with the health care workplace as the primary source of their distress.

This situation threatens the current nursing workforce across all age groups and levels of experience. However, it poses especially acute risks for young and new nurses who represent the future workforce.

The failure to create working conditions that support nurses' values demoralizes the current workforce, drives dedicated professionals from their jobs or from the field entirely, and deters new talent from entering the profession. Urgent changes are needed to stop this cycle of disillusionment and departure.



A recent report indicates that fewer young people in OECD as well as non-OECD countries are choosing nursing careers, noting:

**“While health workers were widely celebrated as heroes during the crisis, their experiences of unprecedented stress, challenging working conditions, exposure to health risks and relatively low pay in some occupations may have paradoxically deterred many young people from pursuing health careers.”**

(OECD, 2025)



One major source of dissatisfaction and disillusionment stems from the widespread underutilization of nurses' skills and expertise. OECD data reveal that 79% of nurses report being over-skilled for their daily work (Maeda & Socha-Dietrich, 2021). This mismatch between skills and roles is even more pronounced among nurses with master's degrees, who are twice as likely to describe being overqualified for the work they do (Schoenstein, Ono & Lafortune, 2016).

Much of nurses' time is often occupied with non-essential tasks or administrative responsibilities that could be delegated to others, which can prevent them from focusing on patient care and utilizing their clinical expertise to the highest level.



## CASE STUDY

### THE IMPACT OF MULTIDISCIPLINARY CARE AND COMMUNITY PARTNERSHIP ON HEALTH IMPROVEMENTS



(SCF, 2025)

Southcentral Foundation (SCF), an Alaska Native-owned health organization, has demonstrated the power of a multidisciplinary approach and community partnership in improving health outcomes for Alaskan Native and American Indian populations. This model of care delivery emphasizes continuity and relational care through “Pod Teams” consisting of diverse health care professionals, including nurses. It focuses on providing comprehensive, culturally responsive health services in collaboration with the community.



## IMPACT

By implementing the Nuka System of Care, SCF achieved a significant reduction in emergency room visits and inpatient discharges, with ER visits decreasing by 44% and inpatient discharges by 63% from 2000 to 2004.

This transformation has not only enhanced health outcomes but also slowed health care spending. Between 2004 and 2009, per capita spending on hospital services grew by only 7%, while primary care spending remained below national averages.

The success of the Nuka System of Care model underscores the value of integrated multidisciplinary teams and community engagement to improve health and cost-efficiency while fostering a system that empowers individuals and families to take control of their wellness.



**Advanced practice nursing has been shown to safely and cost-effectively improve health care delivery and access (Stewart, Schober & Catton, 2024). As discussed in ICN’s *Nursing and Primary Health Care* report, to enable nurses as advanced practitioners, we need to prioritize new educational pathways as well as changes to regulations, legislation, and employment policies.**

**This means fully integrating AP nursing into health systems and removing the barriers that are still preventing nurse practitioners in many countries from practicing to their full scope and working autonomously.**

(Laurant, et al., 2018; Carter, Moore & Sublette, 2018; Buerhaus et al., 2015)

When nurses are constrained by health system inefficiencies or not empowered to work to their full scope of practice, it diminishes their sense of professional motivation and reduces the overall appeal of the profession. This can contribute to job dissatisfaction, a primary driver of nurse attrition (Halcomb, Smyth & McInnes, 2018). Experienced professionals, as well as young people entering the profession, want to feel that their education and skills are being used to their full potential. Providing nurses with opportunities for career advancement, including pathways to advanced practice, and enabling them to practice to their full scope, could positively impact job satisfaction and retention, thus strengthening the nursing workforce.

The disconnect between skills and demands also represents a major opportunity cost and inefficient use of human capital, which is particularly problematic given evolving health care challenges and increasing needs for both preventive and responsive care.



## CASE STUDY

### NURSE-LED CARE IN FINLAND



(WHO Regional Office for Europe, 2018; European Commission, 2015)

WHO European Region's *Toolkit for a Sustainable Health Workforce* highlights an example of the value of expanding nursing roles and empowering nurses to work to their full potential.

When faced with a physician shortage, Finland's Halstuaso Health Centre transformed its service pathways to become nurse-led, with care delivered by Registered Nurses who underwent extensive training, in collaboration with physicians and other team members.

The project has been cost-effective and has achieved multiple positive results, including improved processes and patient outcomes.

**Crucially, nursing staff at the nurse-led centre felt their skills and capabilities were better used, which led to higher job satisfaction.**

Traditional models of workforce development, characterized by rigid specializations and prescriptive roles, have become inadequate for meeting increasingly complex and diverse patient requirements. Ineffective organizational and health system processes can also result in time wasted on administrative tasks or duplicating work. For example, 29%-51% of people across 11 OECD countries reported problems with care co-ordination between primary and specialized care (OECD, 2020). This can leave nurses spending unnecessary hours repeating medical tests and paperwork because information is either missing, conflicting, or not shared properly across providers, taking time away from patient care and preventing nurses from using their full range of skills.

To address these issues and improve both nurse satisfaction and the quality of care, health systems must rethink the traditional workforce development model. This involves fostering collaboration within health teams; expanding the roles of nurses into roles such as nurse practitioners, nurse anesthetists, and nurse midwives; and integrating digital solutions to streamline administrative tasks. Leveraging technologies like digital handover systems, electronic nursing records, and artificial intelligence (AI) can also reduce the administrative burden on nurses, streamline communication among care teams, and allow nurses to focus on delivering the high-quality care for which they were educated. This approach positively impacts nurse retention as well as enhancing the overall effectiveness and accessibility of health services.

## Physical health hazards

Significant workplace health and safety risks also pose a challenge to nurses' well-being. There are inherent risks in health care work, which often involves fast-paced, unpredictable and complex environments and exposure to illnesses and potentially hazardous materials. In many cases, these risks are intensified by insufficient protections, inadequate resources, and poor working conditions.

Workers in the health and social work sector account for 11% of all non-fatal workplace injuries in the EU (Eurostat, 2020). European nurses were found to report the highest rate of workplace health and safety risks among all occupations: 69% of nurses identified such risks, double the cross-occupational average of 34% (European Commission, 2023).

The risk of infectious disease exposure is a persistent occupational hazard in nursing. Nurses face regular exposure to contagious diseases, including influenza, coronaviruses, tuberculosis, and other respiratory infections. Outbreaks of illnesses such as coronaviruses and Ebola have all involved extensive spread in hospitals and clinical settings as well as in community settings such as long-term care facilities where nurses are likely to be present (Rebmann & Carrico, 2017). During the 2014 Ebola outbreak in West Africa, health care workers faced dramatically higher infection risks than the general public, with some countries reporting infection rates among health care personnel that were 103 times greater than those of non-health care workers (Kilmarx et al., 2014).

A report published by WHO and the World Health Professions Alliance (WHPA) indicated that an average of ~10% of all confirmed COVID-19 infections were among health staff (Downey, Fokeladeh & Catton, 2023). In many countries, nurses were the health care workers most likely to be infected. Health worker infections were exacerbated by widespread shortages of personal protective equipment (PPE) as well as substandard PPE and inadequate training on how to use PPE effectively. Furthermore, less than half of the NNAs surveyed by ICN during the pandemic reported access to compensation for those who contracted COVID-19 at work, potentially increasing the stress they experienced.



In the recent survey of ICN's National Nurses' Associations, one NNA President discussed the wide range of workplace hazards faced in health care settings:





**“Nurses may be confronted with various risk factors due to their exposure to environmental factors in the workplace... This exposure may be responsible for the development of certain pathologies, cancer, etc. Nurses face a variety of risk factors chemical risk, biological risk, physical risk (exposure to ionising radiation, carrying heavy loads)...”**

(Sharplin, Clarke & Eckert, 2025)



**Over two thirds of EU nurses reported facing health and safety risks at work – more than any other profession.**

(European Commission, 2023)

<b>FAILING TO PROTECT NURSES FROM WORKPLACE INJURIES AND INFECTIOUS DISEASE IMPACTS ENTIRE HEALTH SYSTEMS.</b>	
<b>DIRECT AND INDIRECT CONSEQUENCES INCLUDE:</b>	
	Risks of short-term and long-term illness, distress, and worry for nurses themselves
	Lower work performance and productivity
	Costs of workers' compensation, sick leave, and replacing staff
	Increased absenteeism and turnover
	Strained resources and worse patient outcomes

Nurses face significant risks from bloodborne pathogens, primarily through needlestick injuries (NSIs) or other transmission routes such as eye contamination (Mannocei et al., 2016). These injuries expose health care workers to potentially life-threatening viruses, including HIV and hepatitis B and C. With an alarming global prevalence of 40.97% of nurses in clinical settings reporting NSIs, the impact extends beyond physical harm (Abdelmalik et al., 2023). The psychological distress caused by the risk of pathogen transmission is compounded by the immediate and potentially long-term health consequences. Contributing factors such as understaffing, extended working hours, hospital overcrowding, and inadequate protective equipment and training further exacerbate these risks. It is essential to implement safeguards to mitigate these threats. This includes safety syringes, needle protection devices, and comprehensive training programmes to ensure that nurses are adequately protected while performing their critical roles (Mannocei et al., 2016; Kazungu et al., 2021; Abdelmalik et al., 2023).

When nurses contract infectious diseases or experience workplace accidents such as NSIs, they are not the only ones who suffer. Illness and injury leads to increased nurse absenteeism and reduced work performance. This worsens patient outcomes and creates significant costs for health systems in the form of lost productivity and the costs of replacement staff, compensation, and sick leave pay (Mannocei et al., 2016; Kazungu et al., 2021).

The physical toll of nursing work also frequently manifests in musculoskeletal injuries or disorders. Studies indicate that over 70% of nurses experience musculoskeletal disorders within any given year, stemming from the physically demanding nature of work (Sousa et al., 2023). This includes patient handling, prolonged periods of standing, and frequent movement between rooms, transferring patients, for example between bed and chair, as well as rapid responses to emergencies. In some regions, such as Africa, the impact is especially severe, with up to 83% of nurses reporting chronic lower back pain compared with 18% of office workers (WHO, 2022). For nurses themselves, musculoskeletal disorders can lead to physical and psychological suffering, loss of income, and increased risk of developing chronic conditions. They can also decrease productivity and lead to missed work days, costing health services money and negatively affecting workforce capacity and patient outcomes, which in turn decreases population health and productivity.



## CASE STUDY

### HIGH RETURN ON INVESTMENT IN A WORKPLACE DISABILITY MANAGEMENT PROGRAMME



(Camisa et al., 2020)

A large paediatric hospital in Rome, Italy implemented a comprehensive workplace disability management programme for health workers, targeting those with poor health including musculoskeletal disorders, psychological distress, chronic conditions or other pathologies.

Nurses made up a significant proportion of participants.

#### Interventions included:

- Workplace modifications based on ergonomic assessments, reducing biomechanical strain and risks from patient handling
- Psychological support services
- Health promotion activities
- Specialized support for musculoskeletal issues and specific health conditions such as cancer

Cost-benefit analysis revealed large savings:

- Sick leave **decreased by 66.6%** compared to the previous year
- Total estimated annual savings from reduced absenteeism amounted to **€427,896**
- Return on investment per enrolled health care worker equalled **€27.66**

Long shifts, irregular shift patterns and night shift work also affect nurses' physical health. Research demonstrates that nurses working night shifts face elevated risks of cardiometabolic disorders, including increased BMI, diabetes, hypertension, and coronary heart disease (Brown et al., 2009; Khani et al., 2024). These risks are compounded by the fact that long shifts ( $\geq 12$  hours) and irregular schedules can disrupt sleep patterns and make it difficult for nurses to maintain healthy lifestyle habits, further compromising their physical well-being. Long shifts have been found to decrease nurses' job satisfaction and increase their intention to leave their job (Dall'Ora et al., 2015).





## CASE STUDY

### MITIGATING NURSE FATIGUE THROUGH SHIFT WORK GUIDELINES BY THE JAPANESE NURSING ASSOCIATION



(Kida & Takemura, 2022)

The Japanese Nursing Association (JNA) has focused on improving the health and well-being of nurses, recognizing that fatigue from shift work is a key factor affecting nurse retention and job satisfaction. In response, JNA introduced the **“Guidelines for Night Shift and Shift Work for Nurses”**, which set **clear standards for shift intervals, the number of night shifts, rest periods, and days off**. The guidelines stipulate that nurses working two-shift rotations should have at least 24 hours off after a night shift, while those on three-shift rotations should have a minimum 12-hour rest period between shifts. Nurse managers are tasked with creating schedules that respect these rest periods, balancing the needs of the staff and the organization.

These guidelines aim to mitigate the physical and mental demands of shift work, particularly the impact of night shifts, by ensuring adequate recovery and helping to reduce fatigue. Since the implementation of these guidelines, JNA has reported significant improvements in nurse retention, job satisfaction, and workplace culture. Furthermore, the guidelines have led to better patient outcomes, reduced absenteeism, and a positive economic impact, making the investment in nurse health beneficial not only for staff but also for the overall quality and efficiency of health care services.

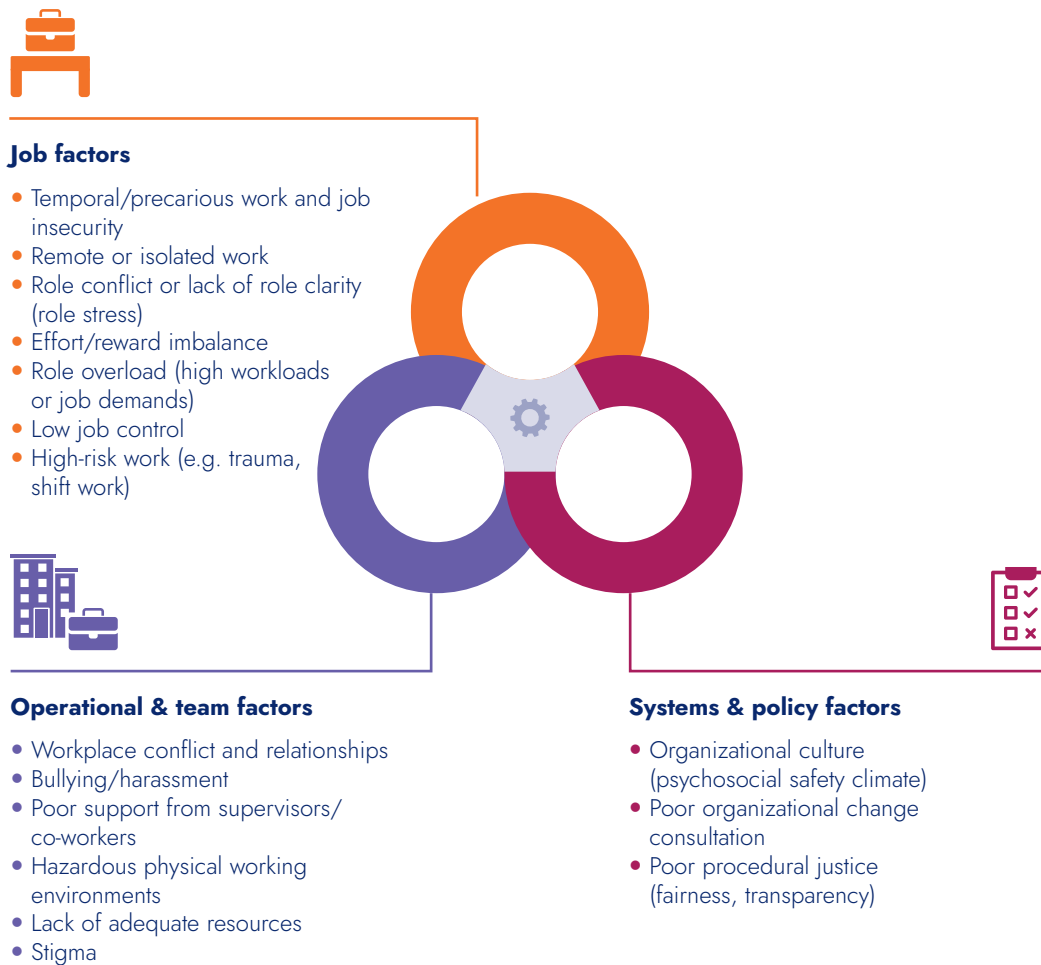
## ROOT CAUSES OF THE CRISIS IN NURSE WELL-BEING AND RETENTION

It is clear that the physical and mental health challenges facing nurses worldwide stem from deep-rooted issues with how health systems are structured and how nursing work is valued. While nurses continue to demonstrate remarkable resilience even in the most challenging circumstances, the available data on burnout, mental health challenges, occupational injuries, and violence in health care shows that the workforce is being pushed beyond sustainable limits with working conditions that compromise both nurse and patient well-being.

Researchers have proposed a psychosocial framework of risk factors contributing to poor mental health at work that covers job factors (including work overload, risk of trauma or shift work), operational and team factors (lack of resources, unsafe working environments, conflicts), and systems and policy factors (poor organizational culture, lack of supportive policies and processes) (Deady et al., 2024).

## Figure 4. Breakdown of established psychosocial risk factors

(Adapted from Deady M, et al. (2024))



Nurses face risk factors across all three of these dimensions.

### Systemic under-resourcing and pressured work environments

Firstly, staffing shortages, unsafe workloads and unsustainable job demands are critical factors contributing to nurse burnout, physical and mental health challenges, and job dissatisfaction (Coudounaris, Akuffo & Nkulenu., 2020; Dall’Ora et al., 2020; Owuor et al., 2020; Jun et al., 2021; Varghese et al., 2021).

OECD data has revealed that over half of physicians and nurses believe that current staffing levels and workload in their hospitals are appropriate for providing safe care (de Bienassis, et al., 2023). This creates a vicious cycle where inadequate staffing increases pressure on remaining nurses, contributing to burnout and higher turnover and thus further exacerbating shortages. Appropriate nurse-to-patient staffing ratios are essential, not only for nurse well-being but also for patient safety and the quality of care. Long shifts (often 12+ hours), mandatory overtime, and irregular schedules that include night shifts also take a well-documented toll on physical and mental health. This contributes to nurse fatigue and job dissatisfaction, as well as increasing risks of errors, near-misses and occupational injuries. Rigidly inflexible schedules are also drivers of burnout (Jun et al., 2021).



### Poor organizational environments

Negative workplace culture is strongly associated with nurse turnover and nurses' intention to leave their jobs (Kiptulon et al., 2024). A positive organizational culture involves fair compensation, workload, schedules and staffing ratios, as well as strong leadership, communication and support for employees and teams. Positive working environments also give nurses a voice in decision-making and provide pathways for professional development.

Strained, under-resourced workplaces can also foster negative behaviours. The recent ICN NNA Presidents' Survey documented concerning reports of bullying, harassment and discrimination from colleagues within health care environments, with international migrant nurses reported to be particularly vulnerable to these issues (Sharplin, Clarke & Eckert, 2025).



As one NNA President noted:

**“Nurses sometimes face aggression and bullying from colleagues which can create a toxic work environment.**

**This may stem from high-stress conditions, inadequate staffing levels, and the pressures associated with demanding health care work.”**

(Sharplin, Clarke & Eckert, 2025)





## CASE STUDY

### **BUILDING A POSITIVE PRACTICE ENVIRONMENT WITH PATHWAY TO EXCELLENCE® AT ATRIUM HEALTH NAVICENT PEACH HOSPITAL, GEORGIA, USA**



(American Nurses Credentialing Center, 2024)

Atrium Health Navicent Peach, a 25-bed critical access hospital in Peach County, Georgia, USA, that is part of the Advocate Health system, achieved its first Pathway to Excellence® designation in 2024. The decision to pursue Pathway was driven by a need to improve team dynamics and create a positive practice environment amidst strained relationships. A key part of the initiative's success involved implementing a shared governance structure, which initially met with scepticism but ultimately fostered staff involvement in decision-making and collaborative efforts.



## OUTCOMES

This initiative led to a dramatic reduction in nursing vacancy rates from 30% to 0% and the conversion of almost a third of agency nurses to full-time positions.

Staff engagement improved and development flourished, with nurses advancing in specialization certifications and higher education. Well-being initiatives, including the introduction of a Relaxation Room and work-life balance prioritization, enhanced staff satisfaction.

As a result, the hospital experienced a notable increase in patient satisfaction scores, from 64% to 81%, and exceeded quality targets in areas such as fall prevention, infection rates, and hospital-acquired conditions.

The Pathway to Excellence journey has become ingrained in the hospital's culture, supporting both organizational growth and improved patient care.

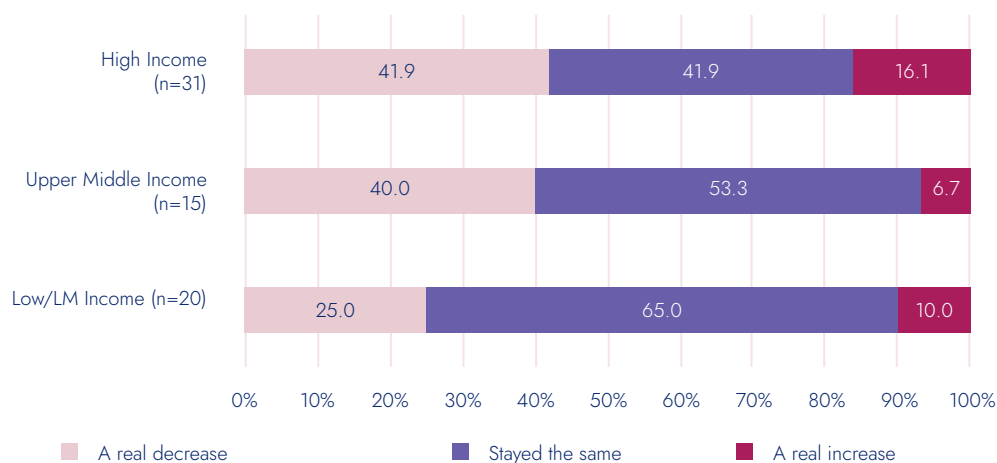
## An undervalued workforce: Nursing's compensation crisis

Nursing pay is inadequate relative to nurses' level of education, expertise and responsibilities. Dissatisfaction with pay has been demonstrated to influence nurse turnover, though less significantly than overall working conditions and low levels of job satisfaction (Coudounaris et al., 2020). Even in high-income countries where wages were increased following the pandemic, high inflation rates often eroded these gains, leaving nurses worse off financially. OECD data show that when adjusted for inflation, nurses' wages stagnated or declined in many countries (OECD/European Commission, 2024). One large-scale analysis of nurses in England found that nurse pay fell by 25% in real terms between 2010 and 2024, meaning nurses in England on several common salary bands were effectively working an extra week every year for free (Royal College of Nursing, 2024). ICN's NNA Presidents' survey (Sharplin, Clarke & Eckert, 2025) also suggests that nursing salaries are failing to keep pace with living costs worldwide. The vast majority of respondents (72.1%) indicated that the base nursing salary in their country had changed only a little or not at all between 2021 and 2024, and when respondents were asked to assess nurses' income relative to purchasing power for goods and services, over a third noted a decrease in salaries in real terms. High and upper-middle-income countries were most likely to report a fall in real wages. The majority of nurses' associations surveyed rated nurses' compensation in their countries as 'poor' or 'very poor', with just 7 of 68 countries describing nurses' salaries as 'good' or 'very good'. Suboptimal compensation can lead to significant challenges in attracting and retaining nurses in the health care sector.

Figure 5 shows the changes in nurses' real wages since 2021 by country income level, revealing that across all income levels, very few countries experienced a real increase in salaries, even as nurses navigate increasingly challenging work environments.

### Figure 5. "Real" change in base nursing salary since 2021

(Sharplin, Clarke & Eckert, 2025)



ICN's report to the UN Special Rapporteur on the Right to Health (ICN, 2025) also highlighted alarming accounts of nurses working with limited or no pay and facing severe economic insecurity in conflict and crisis zones, including in Gaza, the West Bank, and Tigray, Ethiopia.

Unfair remuneration of nurses is connected to broader gender inequities, as nursing remains a predominantly female profession that is often subject to the systematic undervaluing of "care work". Nurses are consistently paid less than other health professions and women are significantly less likely to hold health leadership positions, even though they comprise the largest segment of the health care workforce and their work is directly linked to patient and health outcomes (Women in Global Health, 2022, 2023).

This economic devaluation compounds feelings of being underappreciated and contributes to nurses leaving their roles or leaving the profession altogether.

In ICN's survey (Sharplin, Clarke & Eckert, 2025), several NNAs described how this misalignment between nurses' contributions to society and the compensation they receive makes it difficult to retain nurses, with one saying: "There are many other more attractive jobs where they get paid more, work less, and work in a cleaner environment."

### Professional devaluation

Nurses are undervalued in cultural as well as economic terms. Despite their proven contributions, many health systems do not fully enable nurses to work at their full scope of practice or provide appropriate professional autonomy, which is demotivating for nurses and represents a significant missed opportunity for health systems. Many health systems still operate on outdated models where nurses are viewed as assistants or support staff to doctors, rather than as independent health care professionals who bring unique expertise.

Persistent gendered societal stereotypes frame nursing as a nurturing, caregiving role, but it is also a highly skilled profession requiring university-level education and advanced clinical and technical expertise. Such stereotypes undermine nurses' professional status and recognition (López-Verdugo et al., 2021). Furthermore, the stereotype of nursing as a "vocation" and nurses, especially female nurses, as selfless caregivers can create a harmful dynamic where nurses are expected to be perpetual caregivers while minimizing their own important personal needs. This view can discourage nurses from seeking support and is compounded by stigma related to mental health issues within the profession, including concerns around perceived impacts on peer acceptance and job success (Bergman & Rushton, 2023).

**Nursing has historically been a female-dominated profession and societal and cultural factors reinforce the view that nursing is a profession predominantly suited to women.**

**Combating the devaluation of nursing work and improving compensation and working conditions is an important path to empowering women and advancing gender equity in the global workforce.**

**It is also important to break down barriers and attract more male students to the profession by changing perceptions, providing encouragement and career guidance, and ensuring competitive pay and positive work environments. Making nursing a more attractive career path to all young people could help in mitigating the global shortage of nurses.**

**Firsthand reports gathered by ICN indicated that nurses in Gaza were continuing to provide care even though they had received no salary payments since the beginning of the war and faced extreme food insecurity.**

ICN submission to Special Rapporteur on Right to Health (ICN, 2025)

The work environment also often fails to prioritize nurse well-being. Studies indicate that only a minority of health care organizations have comprehensive programmes in place to address occupational health risks or dedicated resources for staff mental health support. This reflects a broader pattern of viewing nurse burnout and turnover as individual problems related to resilience, rather than systemic issues requiring large-scale solutions.

The evidence is clear that nurses are facing unsustainable pressures that compromise their physical and mental health – and their ability to deliver the most effective, efficient, and productive care.

Protecting nurses' well-being is the surest way to reduce costly turnover, decrease health systems errors and improve patient safety. It can also help to shore up the health workforce capacity needed to support communities, societies, and economies.

As this report demonstrates in detail, there are severe economic losses associated with failing to protect nurses' well-being, whereas supporting the nursing workforce yields strong economic benefits. Caring for nurses is a wise investment in a vital asset that sustains population health and productivity.

CHAPTER

2

**The return  
on investment from  
caring for nurses**



Our Nurses.

Our Future.

Caring for nurses strengthens economies



## THE CYCLE OF SHORT-TERM FIXES AND THE NEED FOR LONG-TERM SOLUTIONS: PRIORITIZING HEALTH TO DRIVE PRODUCTIVITY IN HEALTH CARE

The health care workforce crisis is a growing concern for health systems around the globe, yet the solutions devised to address it continue to focus on quick fixes instead of sustainable, long-term strategies. Governments and health organizations often ramp up national and international recruitment efforts, employ unregulated workers in place of nurses, or increase the casual/non-permanent workforce in an attempt to alleviate pressure in the system. But none of these measures addresses the root causes of staff shortages and poor retention rates and they can make the situation significantly worse.

Short-term solutions may provide temporary relief, but they do not solve the underlying issues. As the global population ages and the burden of non-communicable diseases rises, health care systems face mounting pressures. The difficulty of workforce planning lies not only in accurately predicting future needs but also in adapting to rapidly changing care models and evolving patient demands. Unfortunately, many health systems and organizations continue to prioritize strategies which ultimately lead to future harm rather than prioritizing proven long-term solutions.

**In 2024, the World Health Professions Alliance (WHPA), including ICN, issued statements reiterating the need for a regulated professional health workforce to meet the world's health challenges. Though staff in other roles, such as community health workers, can play an important and supportive part in delivering care, over-reliance on unregulated workers can have a significant negative impact on patient safety and put additional strain on health systems and health professionals.**

(WHPA, 2024)



Health systems are increasingly reliant on a dwindling workforce. The global health care sector is ageing and available workers are not being sufficiently replaced. Furthermore, health care workers are not evenly distributed across regions, with significant gaps in rural areas and low-income countries. This lack of geographic equity, combined with poor health worker motivation in some regions, exacerbates an already precarious situation. With insufficient education placements, poor performance management, and inadequate investment in the existing workforce, health systems are ill-prepared to meet growing demand.

### **Inequitable international recruitment: a quick fix that worsens the global staffing crisis**

While some high-income countries attempt to address their nursing shortages by recruiting internationally from low- and middle- income countries (LMICs), this approach has many pitfalls.

It can:

- **Deplete** nursing workforces in vulnerable nations, widening global health inequities and leaving populations without care
- **Mask** the underlying issues driving nurse turnover in the destination countries, failing to address system problems
- **Cost** already fragile nations millions of dollars in lost training expenses, with each departing nurse representing years of public investment in education
- In some cases, **expose** migrant nurses to exploitation and poor working conditions in destination countries.

In 2024, ICN submitted strong evidence to WHO highlighting gravely concerning nurse recruitment trends and called for WHO's Global Code of Practice on the International Recruitment of Health Personnel to be strengthened (ICN, 2024d).

ICN's President also wrote to the leaders of the G20 group of nations calling for urgent action to protect nursing workforces in fragile states.

The Rio de Janeiro Declaration of the G20 Health Ministers (2024) reflected ICN's concerns and recognized the need to:

*"...better manage migration of the health workforce supporting and safeguarding the countries with the most pressing health workforce needs."*

(G20 Health Ministers, 2024).

Defining and implementing policies to ensure a well-staffed, well-distributed, well-supported nursing workforce is critical. Yet globally, there are concerning policy gaps and challenges with implementation. ICN's 2025 survey of NNA Presidents (Sharplin, Clarke & Eckert, 2025) found that the majority of countries (60.3%) lacked comprehensive strategies to ensure workforce distribution that meets the care needs of regional, rural, and remote communities. A majority also did not have policies to ensure safe staffing levels or an adequate mix of skills. Even when these policies were in place, a significant proportion of NNAs indicated that they were not sufficiently effective. A third rated staffing policies as 'poor' or 'very poor', while just 8.3% considered them 'very good'. Similar concerns were evident around skill mix policies, with a fifth of NNAs describing them as 'poor/very poor'. Without adequate staffing of highly-educated, skilled nursing professionals, health workforces struggle to deliver safe, effective care and face unsustainable pressures that affect individuals' personal well-being.

The link between workforce health and wider productivity in health care cannot be overstated. Higher productivity is not about pushing staff to work more or work faster. On the contrary, productive health care environments give nurses the time to work smarter, not harder. This means removing systemic barriers and creating conditions where well-supported, well-staffed nursing teams can focus on improving health outcomes by providing effective patient care within their full scope of practice.

According to WHO (2007), “a well-performing health workforce is one that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given the available resources and circumstances (i.e. there are sufficient staff, fairly distributed; they are competent, responsive and productive)”.

Productivity usually grows through four major sources:

- Improving the well-being and health of the workforce (reducing absenteeism)
- Investing in training, education, and development (skills)
- Introducing new forms of technology (efficiency)
- Innovating with new care and business models (effectiveness)

(Britnell, 2019)

Research consistently shows that improving workforce well-being boosts productivity. Research by the University of Warwick (Oswald, Proto & Sgroi, 2015) suggests that happy employees are up to 21% more productive, and research from the University of Oxford (De Neve, Kaats & Ward, 2023) found a direct correlation between employee well-being and financial success. In fact, a one-point increase in employee happiness can lead to billions of dollars in annual profits for organizations.

Applying these findings to health care, it becomes clear that a well-supported, healthy, and engaged workforce is critical to driving improvements in patient care and organizational efficiency.

Investment in workforce well-being not only improves employee retention but also enhances motivation and job satisfaction, leading to better patient outcomes and lower turnover rates. This creates a positive cycle of higher productivity, more satisfied staff, and ultimately, better care for patients.



**Patient experiences are generally better when staff feel they have a good local team/work group climate, job satisfaction, no emotional exhaustion, a positive organizational climate, and support from co-workers, supervisors, and their organization.**

(Maben, Ball & Edmondson, 2023)





## CASE STUDY

### “ZUMBA FOR NURSES” CAMPAIGN IN KENYA



(ICN, 2021)

In response to the mental and psychosocial strain caused by the COVID-19 pandemic, the Nursing Council of Kenya launched the “Zumba for Nurses” campaign to improve health care workers’ well-being.

The initiative aimed to combat the impact of long shifts, mental stress, and increased anxiety through physical activity and psychological support, all while celebrating the incredible achievements of nurses and midwives.

Zumba, a globally popular exercise, was chosen for its ability to relieve stress, boost mood, and improve cognitive function. Launched in Machakos County in June 2020, the campaign quickly spread to hospitals across Kenya, with Zumba sessions combined with psychological debriefing to address both emotional and physical distress. Feedback from participants indicated significant improvements in mental health, work-related exhaustion, and overall well-being. The initiative has been widely praised by health care professionals and WHO Director-General Dr Tedros Adhanom Ghebreyesus as an effective on-the-ground contribution to supporting the mental and physical health of those on the frontlines of the pandemic.



In health care, improving nurse health is directly linked to higher health system productivity, which in turn supports overall economic productivity by enabling populations to participate in the workforce and their community and reducing the societal costs of illness and disability. Nurses, as the backbone of health care systems, have a significant role to play in both patient outcomes and the economic health of nations.

Countries that prioritize long-term investments in workforce health and development are also better positioned to meet future health care challenges. In contrast, those that continue to focus solely on short-term solutions will find themselves caught in a cycle of crisis management. Increasing nurse productivity and properly resourcing the health care system could improve capacity by 20% (Britnell, 2019).

Governments, health care organizations, and employers must shift their focus from reactive measures to proactive, long-term solutions that prioritize workforce health and productivity. By fostering a culture of health, providing adequate training, and ensuring a supportive work environment, we can not only meet the growing demand for health care workers but also unlock substantial gains in productivity. Investing in the health and well-being of the health care workforce is the right thing to do. Just as importantly, it is the *smart* thing to do for the future of health care systems and national economies.

As Arianna Huffington put it, “Well-being is the ultimate productivity multiplier” (WEF & McKinsey, 2025). By investing in the health of health care workers today, we can create a healthier, more resilient workforce capable of meeting the challenges of tomorrow.

## THE ECONOMICS OF CARING FOR NURSES

A well-staffed and well-supported nursing workforce has the potential to transform health outcomes and economic prosperity throughout organizations, nations, and internationally. As ICN's report *The Economic Power of Care* (ICN, 2024b) highlighted, just a 1% increase in nurse density would extend life expectancy at birth by 0.02% and at age 65 by 0.08%, with each additional year of life expectancy corresponding to a 2.4% increase in economic growth (Liu & Eggleston, 2022; Ridhwan et al., 2022).



**EVERY \$1 INVESTED IN HEALTH GENERATES  
A RETURN OF \$2-4.**

(Remes et al., 2020)



When nurses are cared for and able to practice at their full potential, they can provide the solutions to addressing many of our world's most pressing health challenges, from managing chronic diseases and mental ill health to strengthening primary care and preparing for emergencies.

Health is an economic multiplier through increased productivity, improved workforce participation, and reduced costs of disease burden – and nurses are critical to population health. Poor health reduces global GDP by 15% each year, a loss amounting to multiple trillions. In contrast, every \$1 invested in better health could yield economic returns of \$2 to \$4 (Remes et al., 2020).

Better support of the nursing profession also helps to close gender gaps in labour markets and stimulate women's economic participation.

As a majority-female profession, nursing is a powerful pathway for women's education and professional advancement, which drives economic growth.

According to the International Monetary Fund, in countries with high gender inequality, closing the gap in women's labour force participation could **increase GDP by 35% on average.**

(Britnell, 2019)

The economic case for investing in nursing is clear, but health systems worldwide continue to deprioritize efforts to protect and support the health workforce. This is contributing to our current crisis in nurse well-being and retention.

Neglecting nurses' well-being comes with a hefty price tag. When nurses, who comprise nearly half the health workforce, are unable to work at their full potential due to inadequate conditions, inadequate staffing, and poor health, it triggers a cascade of clinical and economic losses.

These range from increased clinical errors and worse patient outcomes to direct costs of absenteeism, turnover, and understaffing. The economic toll of failing to care for the nursing workforce extends beyond hospital balance sheets to impact entire economies. Poor health among health care workers costs health systems roughly 2% of total health expenditure through the effects of occupational harm (Klazinga, 2022). With aggregate global health spending estimated at \$9.8 trillion, this preventable loss could amount to over \$19 billion annually (WHO, 2024a). The costs multiply when we factor patient safety into the equation. Improving health worker well-being contributes to reducing patient harm, which consumes a significant proportion of health care spending (Klazinga, 2022).

OECD data suggest that eliminating patient harm could boost global economic growth by more than 0.7% each year (Slawomirski & Klazinga, 2020).

Caring for health workers has intrinsic value in and of itself, but it also represents one of the most powerful economic investments we can make in our collective future.

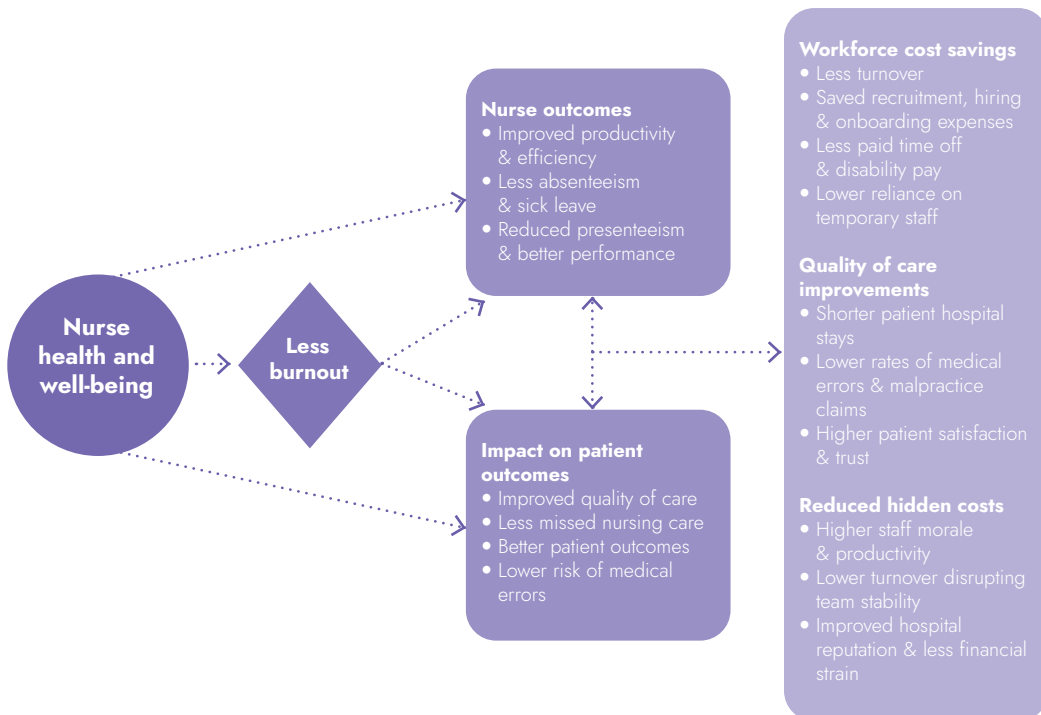


**Globally, improving health safety and well-being of health workers lowers the cost of occupational harm (estimated at up to 2% of health spending) and contributes to minimizing patient harm (estimated at up to 12% of health spending).**

WHO, 2022



**Figure 6. System-wide benefits of caring for nurses**



**Key benefits of investing in nurse well-being include:**

**1. Lower turnover and improved retention**

Poor retention of nurses is an urgent global challenge – and inadequate working conditions that affect well-being is a key factor in nurses quitting their jobs or leaving the profession. High nurse turnover rates persist worldwide, found in a meta-analysis to range from 8%-36% (Ren et al., 2024). The financial burden is substantial, with each departure estimated to cost up to \$36,918 per nurse per year (Jones, 2005; North et al., 2013; Roche et al., 2015; Kim, 2016; Ruiz, Perroca & Jericó, 2016; Bae, 2022).



### Caring for nurses: the business case

Research modelling a hypothetical nurse burnout reduction programme found potential savings of **\$5144 per nurse per year** via decreased turnover costs.

(Muir et al., 2022)



Nurse turnover generates immediate expenses, such as recruitment, orientation, and training of new staff. But the cost of losing nurses goes much deeper.

With every experienced nurse who leaves, organizations and health systems lose invaluable tacit knowledge about patient care, hospital protocols, and efficient work processes. This erosion of expertise can strongly affect overall quality of care. High nurse turnover and dissatisfaction have been associated with lower patient satisfaction rates and decreased health outcomes. One study found that a 10% increase in nurses' intention to leave increased the likelihood of inpatient hospital mortality by 14%, while an increase in nurses' workloads by just one patient also increased the odds of patient mortality (Catania et al., 2024).

The outflow of nurses takes a toll on the nurses who remain, who may face increased job demands and pressure. This can lead to further burnout and decreased job satisfaction, creating a vicious cycle that triggers even more departures. High turnover rates also disrupt team cohesion and continuity, as existing staff may be continually adapting to new workplace dynamics or mentoring incoming personnel.

By investing in nurses' health and creating supportive work environments, health systems and organizations can make significant savings on turnover expenses while promoting workforce stability, preserving critical expertise, maintaining team cohesion, and protecting quality of care.

## 2. Reducing absenteeism by promoting health

Health systems can significantly reduce costs and capture productivity value by reducing both absenteeism (missed work due to illness and injury) and presenteeism (reduced at work performance and productivity). In the USA alone, employers across all industries face an estimated cost of \$226 billion each year due to absenteeism, which works out at \$1,695 per employee on average (CDC Foundation, 2015; WEF & McKinsey, 2025).

### Workforce well-being matters

**Companies that promote a culture of health and well-being show turnover rates a full 11 percentage points lower than those that do not, according to cross-industry data (US).**

(Mercer, 2018)



At a Dutch academic hospital, a targeted occupational health intervention for nurses showing early signs of anxiety and depression reduced absenteeism and presenteeism and showed a clear return on investment.

- **ROI of €5-€11** for every €1 invested
- €244 saved per nurse (reduced absenteeism only)
- €651 saved per nurse (reduced absenteeism and presenteeism)

(Noben et al., 2015)



Country-specific studies have found a significant financial impact of nurse-specific absenteeism. One study in Saudi Arabia reported an annual loss of around \$4 million due to nurse absences in a group of regional hospitals and primary health care centres, with most time off attributed to psychosocial factors including work conditions and environment (Al Ismail, Herzallah & Al-Otaibi, 2023). While research on health worker absenteeism in Türkiye estimated the cost of health staff absences at 2,372.46 TRY or \$278 per employee per year (Kandemir, 2017). The cost burden was particularly evident during the COVID-19 pandemic: research in Iran found that 1,958 health care personnel contracting the virus in the first year led to 32,209 days of absenteeism and estimated total costs at nearly \$1.3 million (Faramarzi et al., 2021).

Nurse absenteeism also exacerbates staff shortages, increases workload, and may lead to reliance on temporary staff, further increasing strain on the workforce. It can create scheduling challenges and may lead to nurses being assigned to cover shifts in unfamiliar specialities, which increases stress and decreases quality and efficiency of care (Nyathi & Jooste, 2008; McCalman et al., 2019; Barreiro Ribeiro, Gonçalves Fernandes & Lopes, 2019).

Burnout, physical and mental health challenges, and occupational hazards such as needle stick injuries and workplace violence all contribute to nurse absenteeism as well as presenteeism (Morgenroth, 2016; Mannocci et al., 2016; Dobson et al., 2020; Pagnucci et al., 2022).

By investing in protective equipment to reduce illnesses and workplace hazards and creating safe and decent working conditions that promote mental health, health systems can protect their workforce while saving millions in absence and medical expenses.

### 3. Minimizing presenteeism and lost productivity

Presenteeism, where nurses continue to work when they are unable to be fully productive and engaged due to illness or other reasons, drives significant productivity losses. While many dedicated nurses feel pressured to continue working despite illness or fatigue out of commitment to colleagues and patients (Dall’Ora et al., 2020), research shows that supporting their recovery and wellness delivers better outcomes for everyone. A recent review of the available research found that between 32% and 94% of nurses show signs of presenteeism, often influenced by factors such as workload, work culture, job insecurity, age, and other responsibilities such as childcare (Gerlach et al., 2024).



**Common mental health disorders are estimated to cost the global economy \$1 trillion per year, largely a result of lost productivity. If mental health care was to be increased even to a moderate level of accessibility for health and care workers throughout the world, it would have great returns on investment by way of improved health, workforce productivity, and general economic benefits.**

(Abdul Rahim, et al., 2022)



The costs of presenteeism are often more difficult to quantify than those of absenteeism. However, evidence suggests that, across industries, presenteeism reduces productivity almost four times as much as absenteeism (Iverson et al., 2010). Nurses face disproportionate threats to their psychological well-being and they often lack access to structural or organizational mental health supports, all of which directly impacts their productivity and limits their ability to provide effective care.

When nurses work while exhausted, ill, or struggling with burnout, their performance suffers, the risk of errors increases, and job satisfaction declines (Rantanen & Tuominen, 2011; Letvak, Ruhm & Gupta, 2012; Gerlach et al., 2024). Increased patient falls and medication errors due to presenteeism can also increase the cost of care and prolong hospital stays.



## CASE STUDY

### STRONG RETURNS FROM A PEER-TO-PEER NURSE SUPPORT INITIATIVE



(Moran et al., 2020)

The success of the Johns Hopkins Medicine Resilience In Stressful Events (RISE) programme (US) shows that investing in nurse well-being is not just the right thing to do – it is a smart business decision.

The programme provides 24/7 peer support for health care workers experiencing trauma or stress from adverse events, such as medical errors.

Cost-benefit analysis with 99.9% probability of financial consistency showed:

- Net savings of \$22,576.05 per nurse who used the programme
- \$1.81M total projected savings per year from reduced turnover and absenteeism

The programme demonstrates how supporting nurse well-being creates positive ripple effects, benefiting nurses, patients, and health systems' bottom line.



Investing in nurse well-being and mental health allows nurses to work at their best, rather than while exhausted, ill, or struggling with burnout. This boosts productivity, improves performance, and increases job satisfaction.

## 4. Improving patient safety and reducing harm

There is a clear connection between nurse well-being and increased patient safety, in part through reduced clinical harm such as medication errors.

The direct cost of treating patients who have experienced harm during care represents approximately 13% of health spending globally, equivalent to roughly \$606 billion annually or 1% of the economic output of OECD countries combined (Slawomirski & Klazinga, 2020). Harm and clinical errors also lead to significant psychological distress for nurses, adding to the cycle of stress and pressure (Pappa et al., 2023). Strong evidence suggests that ensuring safe nurse staffing levels and changing the skill mix greatly improves patient safety (McHugh et al., 2021). Based on a study of 87 hospitals, maintaining minimum nurse staffing ratios of four patients per nurse could save 1,595 lives and over \$117 million a year (Lasater et al., 2021).



Low levels of nurse well-being and associated patterns of turnover, absenteeism and presenteeism all increase the risks of preventable patient harm. Supporting nurse well-being through optimal staffing, reduced turnover, proper rest, and effective workplace support delivers significant gains in patient safety while also protecting both financial and human resources in health care.

**Investing in nurses is one of the most effective patient safety investments available to health systems.**



The biggest potential benefits [to investing in employee health] come from **enhancing productivity and reducing presenteeism, estimated to be worth \$2 trillion to \$9 trillion. This is between 54 and 77 percent of the total opportunity identified.**

(WEF & McKinsey Health Institute, 2025)



## 5. Financial returns on protecting nurses from occupational risks

The specific work-related hazards nurses face carry significant financial implications.

The table below outlines the economic consequences of key risks to nurse well-being and sets out the concrete financial case for prevention.

**Table 1. Occupational risks and benefits of prevention**



	RISK FACTOR AND CONSEQUENCES	ECONOMIC BENEFITS OF PREVENTION
<b>BURNOUT AND MENTAL HEALTH RISKS</b>	<p>Burnout, anxiety, depression, PTSD, insomnia, compassion fatigue, and moral injuries are associated with <b>increased turnover, absenteeism, and presenteeism.</b> (Adler et al., 2006; Lerner et al., 2003; Noben et al., 2015)</p>	<ul style="list-style-type: none"> <li>Occupational health interventions for anxiety &amp; depression risks <b>saved €244-651 per nurse</b> with return of €5-€11 for every €1 invested. (Noben et al., 2015)</li> <li>Models show <b>\$5,144 potential annual savings per nurse</b> through burnout prevention programmes. (Muir et al., 2022)</li> </ul>
<b>MUSCULOSKELETAL INJURIES</b>	<p>Nurses face <b>higher risks of musculoskeletal disorders</b> from the physical demands of patient care and nursing work.</p> <p>Musculoskeletal injuries in nursing are associated with <b>workers compensation claims, sick leave, reduced productivity, increased turnover, higher depression, and lower quality of life.</b> (Thinkhamrop et al., 2017; Sun et al., 2023)</p>	<ul style="list-style-type: none"> <li>Reduced spending on workers' compensation, diagnostic tests and health care costs, which can range from <b>\$50,000-\$100,000 per injury</b> (Gershon et al., 2007)</li> <li>Reduced costs of sick leave, turnover, and lost productivity</li> </ul>
<b>NIGHT SHIFTS AND CARDIOMETABOLIC DISORDERS</b>	<p>Night shift work <b>increases risk of chronic conditions</b> including cardiometabolic disorders, which are linked with <b>higher rates of absenteeism, presenteeism and turnover.</b> (Dobson et al., 2020; Morgenroth, 2016)</p> <p>Cardiometabolic risk factors are associated with <b>increased early retirement and workplace disability.</b> (Runge et al., 2023)</p>	<ul style="list-style-type: none"> <li>Savings on <b>indirect costs from early retirement or disability</b></li> <li>Saved turnover costs (which can reach <b>up to \$36,918 per nurse</b>) (Jones, 2005; Kim, 2016; North et al., 2013; Roche et al., 2015; Ruiz et al., 2016)</li> </ul>
<b>WORKPLACE VIOLENCE</b>	<p>Nurses are at <b>high risk of workplace violence</b> in part due to being a female dominated profession and caring for people in stressful situations. Nurses are also at risk of <b>attack in conflict zones.</b></p> <p>Workplace violence increases risks of <b>absenteeism, poor job satisfaction and turnover.</b> (Pagnucci et al., 2022)</p>	<p>Evidence-based prevention measures include:</p> <ul style="list-style-type: none"> <li>Zero tolerance policies</li> <li>Security systems and personnel</li> <li>Staff training programmes</li> <li>Panic buttons and secured access</li> </ul> <p>Further research is needed to determine specific cost-effectiveness but benefits may include <b>improved staff retention, reduced insurance costs, and enhanced workplace satisfaction.</b> (Somani et al., 2021)</p>



	RISK FACTOR AND CONSEQUENCES	ECONOMIC BENEFITS OF PREVENTION
<b>NEEDLESTICK INJURIES</b>	<p>Needlestick and sharps injuries pose <b>immediate physical trauma</b> and risks of <b>bloodborne pathogen transmission</b>.</p> <p>These incidents are associated with <b>infection risk, significant psychological distress, lost work time, and disability claims</b>. (Mannocci et al., 2016)</p>	<ul style="list-style-type: none"> <li>Savings on mean cost of \$747 per needlestick injury. (Mannocci et al., 2016)</li> <li>Savings on costs including post exposure testing, absenteeism, post exposure prophylaxis medications and legal claim.</li> <li>Opportunity to reduce the annual cost burden of needlestick injuries in different countries:                      US: <b>\$118M-\$591M</b>                      UK: <b>£500,000 (\$919,117.65)</b>                      Japan: <b>¥33.4B (\$302M)</b>                      (Kunishima et al., 2019)</li> <li>Strong ROI found for preventive measures:                      Kenya-based study found \$3.12M investment in safety equipment/PPE yielded \$170M return, with 416 health workers deaths prevented. (Kazungu et al., 2021)</li> </ul>
<b>EXPOSURE TO CONTAGIOUS DISEASES</b>	<p>Nurses face heightened exposure to infectious diseases, including respiratory infections such as influenza, tuberculosis, coronaviruses, and novel pathogens.</p> <p>This leads to <b>absenteeism, long-term health effects, and loss of life</b> for nurses, and has indirect effects including <b>further transmission, lost productivity, and reduced health system capacity</b>.</p> <p>COVID-19 highlighted insufficient protections for health workers despite increased risks.</p>	<p>During the COVID-19 pandemic:</p> <ul style="list-style-type: none"> <li>Health systems experienced significant costs per health worker infection, for example:                             <ul style="list-style-type: none"> <li>Colombia: \$10,105</li> <li>Eswatini: \$35,659</li> <li>Kenya: \$33,619 (Wang et al., 2023)</li> </ul> </li> <li>In Iran, health worker infections during the first year of the pandemic led to 32,209 absenteeism days and an estimated total cost of almost \$1.3 million (\$671.4 per patient). (Faramarzi et al., 2021)</li> </ul> <p>In addition to the personal tragedies, nurse illness and deaths create long-term system-wide challenges that drive enormous societal costs from reduced health care access. (Wang et. al, 2023; Faramarzi et al., 2021)</p>

## THE GLOBAL RETURNS ON INVESTING IN NURSES' WELL-BEING

Caring for nurses has far-reaching consequences for national economies as well as international development and stability.

Nurses keep populations healthy and productive and drive the high-quality, cost-effective health care that supports economic growth and stable societies.

A strong, well-supported nursing workforce is also essential for health security at national and international levels. We are facing unprecedented global health challenges, from population ageing and rising chronic conditions to the threats of climate change, conflicts, and pandemics. The COVID-19 crisis is only one example that showed how quickly health threats can cross borders and how crucial the nursing workforce is in protecting public health and societal functioning.

Nurses are the world's crisis response system. They can defend health throughout disease outbreaks, natural disasters, and humanitarian emergencies – but only with a strong, supported, resilient workforce. Shortages in staff because nurses are leaving the profession or are burned out compromise the world's ability to respond effectively to health challenges and emergencies.

### Nurse well-being impacts global health goals

We are now just five years away from the 2030 target for achieving the Sustainable Development Goals (SDGs) and the United Nations (UN) has warned that we are gravely off track to achieve all of the SDGs, including the targets set for universal health coverage (UHC).



Low- and middle-income countries that invest in UHC could increase population lifespan by up to 16 years.

(van Renen & Himawan, 2025)



Recent research shows that populations of countries that invest in UHC live on average 16 years more than those who do not invest and experience better results in areas including management of chronic illnesses and infectious diseases, as well as reproductive, maternal and child health (van Renen & Himawan, 2025). Given the costs of illness and injury and the positive impact of improved health status on effective labour supply, UHC is not only necessary to protect the right to health, but also to drive economic development.

### Primary health care: the path to universal health coverage is paved with nurses

Nurses are at the heart of primary health care (PHC), which has been identified by WHO as the most cost-effective and equitable path to achieving universal health coverage.



**Just as airbags deploy to protect us in a collision, nurses safeguard society when disaster strikes, absorbing the impact of local and global emergencies to save lives and shield communities from catastrophic health outcomes.**

**Without urgent change to care for our nursing workforce, we risk a dangerous future where no airbag will inflate, where we won't have nurses to come to the rescue when we need it most.**

Howard Catton, ICN CEO





As outlined in ICN's *Nursing and Primary Health Care* report (Stewart, Schober & Catton, 2024), nurses have a proven history of delivering holistic primary and preventive health care wherever people need it, including through advanced practice nursing and as part of multidisciplinary care teams in communities.

### The economic imperative: cost-effective nursing care for UHC

Universal health coverage is not only about making care accessible – it must also make care *affordable*.

Even before the pandemic hit, out-of-pocket medical expenses were creating financial hardship for an estimated two billion people, with more than half a billion pushed into extreme poverty by health costs (WHO & World Bank, 2021, 2023). ICN has made strong calls for governments to invest in financial protection for health care to prevent individuals from facing catastrophic costs. However, many countries face significant challenges to investing in health. Currently, 3.3 billion people live in countries that spend more on servicing their debts than on education or health services (UNCTAD, 2024).

Equitable and sustainable financing policies at national and international levels are needed to protect individuals from crushing health care costs and end the cycle of debt distress that prevents many developing countries from strengthening their health systems. But we must also maximize the cost-effectiveness of care and optimize countries' return on investments on their most precious health care asset: the health workforce.

#### Financial challenges to overcome for UHC

- 2 billion people face medical financial hardship
- 500+ million pushed into extreme poverty by health costs
- 3.3 billion people in countries spending more on debt repayments than health/education

**Improving nurses' well-being and enabling nurses as champions of primary health care creates significant cost savings.** PHC, delivered by multidisciplinary teams with nurses at their core, has been shown to reduce hospitalizations, improve health outcomes and quality of life and increase access to care, all while increasing cost efficiency (Swan et al., 2015; Abraham et al., 2019; Stewart, Schober & Catton, 2024).

CHAPTER

3

Our Nurses.

**Building a healthier  
future: comprehensive  
solutions for nurse  
well-being**

Our Future.



Caring for nurses strengthens economies

## EFFECTIVE STRATEGIES FOR SUPPORTING NURSE HEALTH AND WELL-BEING

When we care for nurses, everyone benefits. This report has demonstrated the urgent need to build a strong, supported nurse workforce in order to improve patient outcomes, maximize health system productivity, contribute to resilient, equitable care for all, and generate substantial economic returns.

**Why transformation is needed: WHO’s triple imperative for workplace well-being**

WHO’s healthy workplaces model provides three key reasons to invest in work environments that support employees’ health and well-being:

- 1. It is the right thing to do: business ethics**  
Organizations have a fundamental moral obligation to protect their workers. Health systems cannot claim to value human health while allowing conditions that harm their caregivers.
- 2. It is the smart thing to do: the business case**  
Healthy workplaces and health systems generate substantial economic returns through improved productivity, reduced turnover, improved organizational performance, and better patient care outcomes.
- 3. It is the legal thing to do: the legal case**  
In many countries, workplace regulations increasingly require employers to protect workers from harm through comprehensive safety measures, from proper staffing to violence prevention, and health systems that fail to prioritize workforce health risk legal consequences and reputational damage.

(WHO, 2010)

Though caring for nurses is morally, economically, and legally necessary, nurses continue to face unsustainable pressures and unacceptable conditions that compromise both their health and their ability to provide care.

Yet many of the approaches taken by governments, health systems and organizations to deal with the nursing workforce shortage and crisis in nurses’ well-being remain inadequate. Many interventions fall into familiar traps, either proposing short-term fixes or overly relying on isolated programmes that focus on individual resilience or personal coping strategies

**Figure 7. The basis for caring for nurses**



The challenges documented in this report, from unsustainable workloads, endemic burnout and mental health strain to concerning rates of workplace violence and occupational injuries, reflect complex and longstanding structural issues with health systems, societies, and organizations.

They cannot be solved by simply telling nurses to be more resilient, by focusing only on individual issues of work-life balance, or by implementing scattered solutions that fail to address the complex web of factors that affect nurse well-being.

### **Building a healthier future: A holistic approach to nurse well-being**

Achieving this vision will require coordinated action. We now need to move away from fragmented ad hoc responses and take decisive action to prioritize nurses' well-being and build and sustain a strong nursing workforce.

ICN's 2023 Charter for Change established a foundational framework for protecting the well-being and sustainability of the world's nursing workforce and health systems. The "Caring for Nurses Agenda" proposed in this report operationalizes key strategies and policy actions laid out in the Charter for Change with a focus on caring for nurses' health and well-being as a crucial driver for improving nursing workforce productivity and retention, and, ultimately, population system health.



**We need a bold new vision for supporting nurses, one that not only minimizes burnout and workplace hazards but creates the essential conditions needed for the nursing workforce to flourish within health care environments.**

**This means building health systems where nurses feel valued and enabled to practice using their full scope of expertise, where their physical and psychological safety is protected, where they find meaning and purpose in fulfilling their vocation to care, and where the next generation of caregivers feel drawn to join the nursing profession and shape the future of health.**

David Stewart, Director,  
Nursing Policy and Practice, ICN



The Agenda closely aligns with ICN's 125th Anniversary Declaration on the Future of Nursing (ICN, 2024a) and *Sustain and Retain* report (Buchan, Catton & Shaffer, 2022), which emphasize the need to build and maintain a strong, fit-for-purpose workforce to address global health priorities. Together, these strategic documents provide a comprehensive blueprint for ensuring that nurses are supported, empowered, and equipped with the resources necessary to thrive in their roles, delivering high-quality care and contributing to resilient health systems worldwide.



## A global call to action: ICN's "Caring for Nurses Agenda" for Sustainable Workforce Well-being

In order to sustain quality patient care and address the global nursing shortage, we must create workplaces where nurses are not just surviving, but thriving. That means making safety, fair compensation, autonomy, support, and emotional well-being integral to the way health care systems operate.

ICN's "Caring for Nurses Agenda" responds to the urgent need for holistic, comprehensive, and effective strategies to ensure that every nurse — regardless of where they work — has access to a safe, supportive, and healthy working environment.

The "Caring for Nurses Agenda" is a comprehensive, actionable model designed to promote the health and wellness of nurses as essential for the sustainability and effectiveness of health care systems. It takes a whole-of-systems approach that emphasizes the need for collaborative action at multiple levels:

- **At the organizational level**, health care providers, managers, and leaders must create environments that support nurses.
- **At the national level**, governments and health policymakers should adopt policies that safeguard nurse health.
- **At the international level**, health systems should collaborate to ensure the health of *all* nurses and populations, and global health organizations should set standards and advocate for policies that protect and promote nurses' well-being.

## ICN's Caring for Nurses Agenda for Sustainable Workforce Well-being

The "Caring for Nurses Agenda" identifies and integrates seven critical areas where coordinated action can transform health care workplaces and protect the nursing workforce, for the good and health of all.

# 1

### ENSURE ADEQUATE STAFFING AND SKILL MIX FOR EFFECTIVE CARE

Nurses can only deliver safe, high-quality care when they have sustainable workloads. Chronic understaffing and a lack of essential resources compromises patient care and drives nursing burnout, stress, and workforce attrition. By aligning staffing levels with patient needs and ensuring an optimal skill mix, health care organizations can provide high-quality care while safeguarding nurse well-being.



#### Recommended interventions:

- Implement evidence-based workforce planning and safe staffing:**  
 Use staffing models grounded in data, ensuring safe staffing with adequate numbers of nurses to meet the needs of the patient population. This includes using benchmarks and guidelines to establish safe, sustainable staffing levels and monitoring patient acuity to adjust staffing accordingly. Organizations and health systems should proactively address staffing shortages and ensure teams are appropriately sized to manage workload.
- Optimize the skill mix:**  
 Develop and maintain a balanced skill mix that aligns with patient complexity and care demands. This means making sure that nurses with the appropriate expertise and experience are deployed where they are most needed and ensuring that there is continuous support for skill development and professional growth.
- Real-time workload monitoring and dynamic adjustments:**  
 Leverage technology and workforce management software to monitor nurse workloads in real time and proactively identify and address staffing gaps and workload imbalances. By dynamically adjusting staffing levels and redistributing responsibilities as needed, health care organizations can proactively respond to fluctuating demand and ensure that nurses are not overstretched.

# 2

### INVEST IN THE RIGHT RESOURCES AND EQUIPMENT

Provide nurses with the necessary tools, technology, and infrastructure to deliver safe, high-quality care. Access to the right equipment and supplies reduces patient safety risks, improves care delivery, and drives operational efficiency. By equipping nurses with these essential resources, health care organizations can improve productivity and care delivery, resulting in increased job satisfaction, improved patient outcomes, and optimized care processes.



#### Recommended interventions:

- Provide effective equipment and infrastructure:**  
 Ensure nurses have access to the right equipment and tools to streamline workflows, improve patient care, and enhance patient safety. Ensure health care facilities have the necessary infrastructure to support nurses' roles and patient needs, including ergonomic workspaces, efficient equipment layouts, and integrated systems.
- Provide adequate supplies:**  
 Maintain a reliable inventory of essential supplies by regularly reviewing inventory systems and workflows to prevent shortages and ensure that nurses have the necessary resources as needed.

- **Promote effective technology, tools, and data:**

Provide access to comprehensive digital solutions that reduce administrative burden, eliminate redundant documentation, and facilitate efficient communication between teams. Implement robust information management systems, appropriate artificial intelligence (AI) tools, and a comprehensive “electronic nursing record” that allows nurses to access real-time patient information they can use to improve decision-making and care coordination.

3

**PROVIDE SAFE AND DECENT WORKING CONDITIONS**

Creating decent working conditions is critical for the well-being and retention of nurses. Safe, healthy, and supportive work environments help reduce stress, prevent burnout, and improve job satisfaction. By prioritizing decent working environments, protective policies, and sufficient rest periods, health care organizations can ensure nurses maintain their own health and well-being while equipping them to perform at their best, improving patient outcomes and overall health system sustainability.



**Recommended interventions:**

- **Implement comprehensive workplace safety protocols:**

Implement comprehensive safety measures that address potential hazards across the workplace, including the provision of personal protective equipment (PPE) such as masks and safety syringes, as well as needle protection devices to mitigate needlestick and sharps injuries. Regularly assess and update these safety protocols to ensure alignment with best practices and evolving needs.

- **Eliminate workplace violence and ensure the right to a safe working environment:**

Enforce zero-tolerance policies for all forms of workplace violence, including verbal, physical, and emotional abuse. Deploy preventive security measures, such as surveillance systems and emergency response protocols, to protect nursing staff. Provide immediate debriefing services and post-incident support, including mental health resources and psychological first aid. Cultivate a culture of respect, ensuring that nurses can work in an environment free from harm. This includes upholding international humanitarian laws to protect health care workers in conflict zones.

- **Ensure protected rest periods and rest areas:**

Designate quiet, uninterrupted spaces for nurses to take allocated breaks during shifts. Ensure that break periods are protected and maintained.

- **Promote a healthy work-life balance:**

Implement flexible scheduling, best rostering practices, and sufficient paid time off for nurses to help them achieve a sustainable work-life balance. Minimize excessive overtime and ensure adequate rest between shifts.

4

**SUPPORT EDUCATION, PROFESSIONAL DEVELOPMENT, AND OPTIMAL SCOPE OF PRACTICE**

Investing in education and professional development is essential to building a skilled and competent nursing workforce that can adapt to evolving health care needs. Providing continuous learning opportunities ensures nurses are equipped with the knowledge, skills and attributes required to meet new challenges and deliver high-quality care.

Clear career development pathways not only improve long-term job satisfaction but also support workforce retention. Investing in leadership development strengthens the leadership pipeline, enabling nurses to shape health care delivery at all levels. Additionally, empowering nurses to work to their full scope of practice enhances care delivery, strengthens professional identity, and increases motivation within the health care system.





### Recommended interventions:

- Prioritize continuous education and professional development:**  
 Implement accessible career advancement pathways for nurses, including opportunities for specialization and certifications. Provide institutional support through funding, dedicated time off, and mentorship to facilitate access to workshops, conferences, and online education programmes.
- Support nurses working to their optimal scope of practice:**  
 Remove barriers that restrict nurses from working to their full scope of practice. Invest in Advanced Practice Nursing roles to enhance care delivery and professional autonomy.
- Involve nurses in decision-making:**  
 Ensure nurses are included in high-level decisions affecting patient care, health policy, and nursing practice. Involvement in decision-making improves professional satisfaction and provides valuable insights for health care systems and policymakers.
- Develop clear career pathways and leadership opportunities:**  
 Establish structured career progression plans that allow nurses to advance into leadership and specialized practice roles. Implement leadership frameworks and mentorship programmes to identify and nurture future nurse leaders.
- Support nurse-led research and innovation:**  
 Support a culture of research and innovation by providing funding and infrastructure for nurse-led research. Encourage nurses to lead evidence-based practice initiatives, contribute to health care innovations, and engage in ongoing inquiry to improve care delivery.

## 5

### BUILD SUPPORTIVE, HIGH-PERFORMING ORGANIZATIONAL CULTURES

Fostering supportive, inclusive, and high-performing workplaces helps to create a positive practice environment where nurses can thrive, deliver excellent patient care, and contribute to the overall success of health care systems. Inclusive, collaborative work cultures strengthen relationships among nursing teams and improve patient care. Cultures that prioritize people-centred care, continuous improvement, and team cohesion contributes to engaging and retaining nurses while ultimately improving patient outcomes and organizational efficiency.



### Recommended Interventions:

- Embed people-centred care at the core of organizations:**  
 Prioritize patient needs, perspectives, and preferences in care decisions. Develop systems that allow nurses to provide personalized care and empower nurses to advocate for their patients, removing barriers that hinder their ability to deliver the best possible care.
- Commit to continuous quality improvement:**  
 Foster a culture of excellence by enabling nurses to lead and engage in efforts to improve care delivery. Regularly seek feedback from nurses, patients, and stakeholders to drive continuous improvement. Create channels for nurses to participate in quality improvement initiatives and ensure the ability to adapt quickly to evolving care needs.
- Build a 'just' culture for patient safety:**  
 Promote a non-punitive environment where errors are seen as opportunities for learning and improvement. Implement transparent reporting mechanisms to flag safety concerns, near-misses, and drive improvements based on lessons learned.
- Develop structured mentorship and peer support programmes:**  
 Establish mentorship programmes to support both new and experienced nurses, encouraging open communication, knowledge-sharing, and professional growth. Foster a collaborative environment that enhances team-based learning and collective competence.

- Foster trust-based leadership and communication:**  
 Create a culture of transparent, honest, and open communication. Ensure that leadership is approachable and responsive to nurses’ concerns and that nurses are included in decision-making processes. Provide opportunities for nurses to take leadership roles, ensuring their voices influence organizational direction and care delivery.
- Promote inclusivity and diversity:**  
 Cultivate a workplace where diversity is celebrated, and discrimination is actively challenged. Ensure equal access to opportunities for all nurses and promote inclusive policies, diverse leadership, and culturally competent care practices that respect and value the contributions of every nurse.
- Recognize and celebrate nursing contributions:**  
 Implement formal recognition programmes to celebrate the achievements and contributions of nurses. Regularly acknowledge individual and team successes, reinforcing the value of nurses and boosting morale across the organization.



**ENSURE ACCESS TO HEALTH CARE AND WELL-BEING SUPPORTS**

Nurses often face barriers to accessing health care services tailored to their unique needs and lack support for managing the occupational stress and emotional burdens they deal with. Ensuring that nurses have convenient access to health care services, including specialized mental health support, is essential for maintaining nurses’ well-being and optimizing their ability to provide the best patient care.



**Recommended interventions:**

- Ensure access to comprehensive physical and mental care:**  
 Improve access to health care services tailored to the unique needs of nurses, encompassing health promotion, preventive care (including vaccinations), treatment, and rehabilitation. Offer flexible appointment options that accommodate the demanding schedules of shift workers, such as early morning, evening, and telehealth appointments, ensuring greater convenience and accessibility. Ensure that any care offered follows strict confidentiality measures so that nurses do not avoid seeking needed care due to concerns that their health records or personal information could be accessible to colleagues or impact their professional reputation.
- Establish specialized health, wellness and support services:**  
 Implement targeted health services to address the unique challenges faced by nurses, including wellness support, post-trauma care, and specific interventions for those working in high-risk environments, such as conflict zones. Ensure follow-up care for occupational hazards, including needlestick injuries, exposure to infectious diseases, and workplace violence, with integrated critical incident debriefing and mental health support.
- Support access to healthy lifestyle choices:**  
 Provide nutritious food options, including meals suited for night shift workers, and ensure that adequate break facilities are available for food storage and preparation, promoting a healthier work-life balance and supporting overall nurse well-being.

7



### VALUE NURSES WITH FAIR, COMPETITIVE COMPENSATION

Appropriate compensation and recognition directly impact nurse satisfaction, retention, and care quality but nurses' pay often fails to reflect their critical role, advanced education, and complex responsibilities. By investing in nurses with fair compensation structures and opportunities for career progression, health systems can create environments where nurses feel valued, motivated, and empowered to remain in the profession and deliver optimal patient care.



#### Recommended interventions:

- **Provide fair and competitive compensation:**

Ensure that salaries reflect nurses' education, expertise, and responsibilities and the value they bring to health care delivery. Introduce financial incentives for career progression, recognizing nurses in all areas of practice, including advanced practice and leadership roles. Create clear pay bands with regular market adjustments and transparent criteria, and ensure comprehensive benefits including retirement plans and adequate paid leave.

- **Ensure pay transparency and fairness:**

Foster a culture of fairness by promoting transparency in pay structures, workload distribution, and career advancement opportunities. Conduct regular compensation policy reviews to ensure equity across nursing roles and address any pay disparities.

Make sure that all nurses feel they are equally recognized for their contributions.



## Caring for those who care: The “Caring for Nurses Agenda”

The ICN “Caring for Nurses Agenda” calls for a paradigm shift towards a comprehensive and integrated approach to improving nurse well-being as the path to a healthier future for all.

The seven critical domains address the complex web of factors that influence nurse health and retention. The framework emphasizes the importance of creating work environments that not only reduce physical and emotional stress but also provide nurses with opportunities for professional growth, autonomy, and fair compensation.

Taking action to transform nurse well-being will require a coordinated effort at all levels.

Many of the interventions require **systemic changes**, such as policy commitments, national regulations, and updated organizational structures.

Organizations may need to **overcome ingrained cultural and historical barriers** to fully implement these strategies and ensure all initiatives are sustainable and adapt to changing contexts and needs.

While these large-scale changes will require time and commitment, the payoffs are great. When we care for nurses, we strengthen health care’s most valuable asset, which has the power to transform lives, communities, and economies.

# Conclusion



As we face growing health care challenges, from ageing populations and rising chronic diseases to climate-related emergencies and deepening global inequalities, the need for a strong, sustainable nursing workforce has never been greater. We cannot meet these challenges without sufficient nurses who are themselves well-cared for and supported. This report has both revealed the severity of our current nursing shortage and well-being crisis – and the path forward.

It is clear from the evidence presented in this report that the global nursing workforce faces unprecedented challenges that not only threaten nurses' well-being and ability to deliver effective care, but also economic stability and resilience of health systems and nations. Poor well-being and low retention of nurses drives massive costs through increased turnover, absenteeism, preventable patient harm, and workforce shortfalls that jeopardize patient safety and global health equity.

Systematic underinvestment in health and inadequate support for nurses has taken an enormous toll on the world's nursing workforce. Behind all of the alarming statistics on nurse burnout rates, mental and physical health impacts, and professional attrition lie countless individual stories of dedicated professionals pushed beyond sustainable limits, forced to choose between their own well-being and their commitment to patient care.

Yet this report also shows that solutions exist. Research shows that investing in improved working conditions and support for nurse well-being generates substantial returns through improved quality of care, reduced costs, and strengthened health system productivity.

The time has come to move beyond short-term fixes, fragmented initiatives, and approaches focused solely on individual resilience. We must build health care environments where nurses can thrive, not just survive – where they are valued, protected, and empowered to deliver their best care. ICN's "Caring for Nurses Agenda" provides a comprehensive roadmap for creating environments where nurses, patients, and entire health care systems can flourish. By addressing seven critical domains – from safe staffing and decent working conditions to professional recognition and organizational excellence – it charts a path for transforming health systems and creating work environments where nurses can reach their full potential as health care professionals and leaders.

Our world claims to care *about* nurses, consistently rating them as the most trusted profession and celebrating them as health care heroes. But if we care *about* nurses – that is, if we recognize their fundamental importance to health systems, communities and economies – then we have an obligation to care *for* them.

Nurses are the largest health profession and the backbone of every health system, leading responses to complex health challenges, advancing community health, and delivering compassionate, life-changing care. The future of global health depends on bold, immediate action to transform their working conditions and support their well-being.



**Health and care workers protect us day in and day out. Whether in local health centres, care facilities, fighting disease outbreaks, or in emergency responses to conflict and climate-related disasters, they face major challenges that demand a major response. We owe them our gratitude and duty of care. I call on all countries to protect all health and care workers' labour rights; and to invest in adequate staffing levels and fair pay.**

Dr Tedros Adhanom Ghebreyesus, WHO  
Director-General (PSI, 2023)





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