Global Crisis, Collective Solution: *Addressing the Worldwide Nurse Staffing Crisis*

A GLOBAL NURSES UNITED (GNU) REPORT

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EXECUTIVE SUMMARY

This report examines the global nurse staffing crisis affecting healthcare systems worldwide. Drawing on research from across the globe and the collective experiences of our member unions, we document how understaffing endangers both nurses and patients while undermining healthcare quality. The crisis manifests differently between regions—with the Global North experiencing workforce exodus due to poor conditions while the Global South struggles with severe resource limitations—but the root causes share common themes: undervaluation of nursing work, inadequate labor protections, technological disruption without proper oversight, and systemic disinvestment in public health infrastructure. This report details how organized collective action by nurses has proven most effective in securing meaningful reforms, particularly nurse-to-patient ratio legislation. We conclude that strengthening labor rights and empowering nurses to advocate for workplace improvements are essential components of any effective solution to the global nurse staffing crisis.

GLOBAL NURSE STAFFING CRISIS

Understaffing is an issue of key importance and concern to nurses around the globe.[1,2] Numerous studies have pointed to understaffing as the critical problem affecting professional satisfaction, patient safety, and overall healthcare quality, including healthcare-associated infections across various countries around the world.[3, 4, 5, 6] Higher nurse workloads across high-, middle-, and low-income countries were connected to in-hospital mortality, hospital-acquired infections, and medication errors among patients, as well as high levels of moral distress, needlestick and sharps injuries, absenteeism, and intention to leave their job among nurses across all countries.[7]

The nurse staffing crisis manifests differently in countries around the world, with particularly notable differences between the Global North and the Global South. In the Global North, the staffing crisis primarily centers around nurses leaving the workforce due to poor working conditions and moral distress, while the Global South faces significant challenges including underfunding, limited and failing infrastructure, very few health care professionals, and a high burden of infectious diseases and maternal/child health issues due to a severe lack of resources and social inequities.[8]

Documentation of the staffing crisis abounds. Across Sub-Saharan Africa, one study found that while the density of nurses and midwives increased dramatically between 2004 and 2013 (from 5.6 to 12.44 per 10,000 population), the trend did not continue into following years.[9] Given that nurses are fundamental to providing health education in this part of the world, the numbers above are particularly stark.[10] Similarly, a survey across eight European hospitals in four countries highlighted the issue of nurses' intentions to leave their hospitals or profession, with nurses in the Netherlands having the highest intention.[11] In the Philippines, approximately 4,500 public hospital openings are unfilled due to low pay, long hours, and a lack of benefits.[12] Canada,[13] the United States,[14] Greece,[15] the United Kingdom,[16,17] Brazil,[18] South Africa,[19] China,[20] Vietnam, Malaysia, Thailand, Singapore,[21] and Japan[22] are just a few of the numerous countries around the world that have also documented the issue of nurse understaffing.

This crisis is not without a solution. A significant number of studies have found that minimum nurse-to-patient ratio policies effectively improve nurse staffing levels and health and safety for both patients and nurses.[23,24,25] While we enthusiastically support this policy approach, we are cognizant that policy proposals and research alone will not be enough to push governments to help improve the nurse staffing crisis. For decades, numerous international organizations such as the International Labor Organization,[26,27] World Health Organization,[28,29] and International Council of Nurses[30] have proposed policy solutions to address the problem, garnering little voluntary movement from governments and industry. Organized pressure and collective demands are needed from nurses, healthcare workers, and patients to ensure that basic protections and reforms are passed into law.

Understaffing touches many aspects of health and safety for nurses and patients alike. Resolving this global crisis is essential to nurses' ability to protect, advocate, and provide the highest quality care to our patients.

WORKING CONDITIONS MUST IMPROVE

There is no shortage of nurses willing and ready to care for our communities; instead, there is a shortage of safe and supportive working conditions available to current and future nurses. Across the globe, countries have experienced increases in infectious disease, workplace violence, and other workplace safety issues that threaten both the recruitment and retention of their nurses. When considering the detailed nature of nursing work combined with these challenges, it is unsurprising that nursing sees a regular exodus of workers from the profession.

As a caring profession with a distinct gender disparity, nurses must fight to be appropriately valued in both concrete remuneration and public perception. The impact of working under unsafe and understaffed conditions on nurses is dire and a major contributor to high turnover rates. A significant body of research has documented the high rates and significant toll on nurses, often categorizing the impact as "burnout." For example, studies from the United States, Europe, and the Philippines showed that burnout was among the primary reasons nurses left the profession.[31,32,33,34] However, burnout as a concept only captures a portion of the impact on the worker and, by definition, places the expectation on the worker to comply with the employer's demands. Instead, "moral distress" and "moral injury" are much more accurate terms that describe the extent of the injustice workers suffer.[35] Moral injury is the deleterious long-term, emotional, psychological, behavioral, spiritual, and/or social effects that result from being placed in situations where one is unable to do what one knows to be right because of situational or institutional constraints.[35] Understaffing is a major contributor to moral distress and injury among nurses.[36] Research has found that nurses working in healthy work environments with adequate staffing and resources had higher job satisfaction and lower levels of moral distress.[37]

Nurses require and furthermore deserve to conduct our skilled, lifesaving work under safe conditions. Nursing unions are key to enacting this vital security. Health care administrators are not poised to prioritize the diverse workplace needs of nurses, and organized nurses challenge their common assumption that workers are mere numbers in a formula designed to control costs and produce profits. By advocating for strong, enforceable contracts and empowering those without power, organized nurses all over the world have transformed what quality healthcare truly looks like and are foremost experts on concrete improvements to working conditions.

WORKPLACE VIOLENCE CANNOT CONTINUE

Workplace violence in the healthcare sector is a devastatingly common global trend. A joint report produced by WHO, ILO, PSI, and ICN in 2002 clearly defines workplace violence as "incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health".[38] This is not the earliest mention of workplace violence in academic literature; that would be 1992, when Lipscomb and Love make note of workplace violence as an 'emerging' concern in the healthcare field.[39] In 2025, workplace violence is no longer an emerging concern; rather, it has become a prevailing one. Twenty-three years after the publication of international guidelines to prevent and address workplace violence, nurses continue to suffer mental, physical, and emotional violence with alarming regularity. For example, between eight and thirty-eight percent of health care workers suffer physical violence at some point in their career.[40]

We do not need further proof that this is a proliferating international problem, nor are we lacking frameworks we can use to end workplace violence. We know that safe staffing levels, early medical assessment and intervention, and appropriate physical security measures (such as alarm systems, office layouts, etc.) all contribute to preventing workplace violence.[41] Further steps to prevent violence can include safety plans developed with employee involvement that are specific to each unit and/or level of care, as well as other culturally specific and sensitive interventions unique to each country.

The ways to achieve the elimination of workplace violence are as varied as our global society's viewpoints, but each possible choice has something in common: the knowledge that violence against workers is unacceptable. Equally unacceptable, however, are solutions that center punitive and punishing measures toward patients. Patients are often experiencing disease processes that affect their cognition, mobility, and general wellbeing.[42] Penalizing patients for behavior resulting

from their illness is a reactive measure insufficient to combat violence, as is placing blame on nursing staff for patient behavior. While patients are a common source of workplace violence, they are far from the only source and thus it is crucial to center solutions on the systemic and structural issues that foment violence across the globe.

Furthermore, it cannot be overstated that understaffing greatly increases the risk of workplace violence in health care facilities. Nurses who face high levels of time pressure and frequent interruptions—common impacts of understaffing—were nearly twice as likely to experience workplace violence.[43] Correspondingly, research into prevention has shown that improved staffing levels effectively reduce workplace violence rates.[44] Preventing workplace violence is an essential part of ending the nurse staffing crisis and protecting nurse and patient safety.

INFECTIOUS DISEASE PREVENTION MUST BE PRIORITIZED

Global Nurses United (GNU) released a proposal that demonstrates climate change has deleterious health impacts,[45] and within the encroaching specter of climate change stands a particularly well-known aggressor: infectious disease. Human pathogenic diseases easily escalate due to the effects of climate change, which brings people and pathogens into closer contact, increases the rate of growth of many microorganisms, and expands the reach of disease-carrying vectors such as mosquitoes and ticks.[46,47,48] This, in turn, places an increased demand on the global nursing workforce to care for individuals exposed to these pathogens as infectious diseases are often virulent and can require multiple acute interventions.

Nurses are thus exposed to a disproportionate amount of infectious disease. Nurses have always cared for patients with infectious diseases, ready to spring into action to protect our patients during outbreaks. But too often health care employers have imposed an expectation that we will put ourselves in harm's way without the necessary protections to keep us safe and free from infection. The impacts on nurses and families have been staggering—in just the first 15 months of the Covid pandemic it is estimated that at least 150,000 health workers died globally from Covid-19, an astonishing loss of life and expertise.[49] It is crucial for the safety and survival of nurses everywhere that proper education, training, and personal protective equipment are made available by hospitals, governments, and other resource-rich bodies.

Safe staffing is also an essential measure to protect nurses and patients from infectious diseases. Only with safe staffing can infectious patients be effectively screened and promptly isolated and cared for to limit the spread of infectious diseases. Safe staffing is essential to give nurses the time to properly don and doff personal protective equipment and follow essential safety protocols as caring for patients with infectious diseases can required additional time.[50,51] Indeed, research has found that nurses had 62% lower odds of sustaining a needlestick injury in hospitals with better staffing[52] and that nurse staffing was an independent predictor of nurse mucocutaneous exposures.[53] Protecting nurses and patients from infectious diseases is an essential part of confronting the nurse staffing crisis and protecting nurse and patient safety.

NURSES DESERVE BETTER WORKING HOURS & REMUNERATION

As the largest contingent of healthcare workers on the global stage,[54] nurses have a unique ability to improve the health of all nations and their people through nursing care. Nursing care includes a multitude of different skilled tasks that take intentional and intelligent effort to apply, such as head-to-toe assessments or evaluating a patient's tolerance for a procedure. Nurses are often portrayed as handholding healers, and to some extent this is true; handholding and healing are benefits

that patients receive from nursing care, but it is important to acknowledge these come alongside advanced and specific medical knowledge applied consistently to the patient's daily care. It is more than care and compassion; it is talent and science.

Nurses often suffer from the public perception of our work as care work, the quality and necessity of which can be difficult to quantify due to its nature.[55] Indeed, nurses continue to be undercompensated for the intensity and length of the workload they manage. Nurses operate across a variety of schedules, with a common work structure consisting of scheduled shifts that range from 8 up to 16 hours at a time. There is no global standard, which is understandable given the disparate needs of different countries; however, it primes healthcare administrations to encroach upon employees in areas where legislation and labor laws are weak. Nurses are often urged to work longer hours to the detriment of patient care and our own flourishing,[56] while systemic solutions to improve nursing retention such as increased pay and benefits or union membership are discouraged in favor of profit generation. Nurses such as Rama Devi in India, who collapsed and died from cardiac arrest attributed to work-related stress,[57] deserve to work a job without suffering that could induce their life's end. People often observe that healthcare is life or death for patients, but nowhere should it be considered normal for healthcare workers to face their own death while conducting patient care.

TECHNOLOGY CANNOT REPLACE NURSING JUDGMENT

Globally, the health care industry and governments have pushed for the rapid expansion of technology as a false solution to the understaffing crisis of their own making. As a result, nurses must increasingly contest against employers that use artificial intelligence (AI) and algorithmic systems to substitute nurses' clinical judgment and experience, as well as platforms and applications to deregulate the profession and instead implement exploitative work models.

No technology can replace nurses' professional judgment and clinical experience, yet nurses must increasingly contend with the health care industry's devaluation of our professional practice through the adoption of AI and other algorithmic technologies. Across the globe, health care employers, together with technology corporations, have promised that these AI systems can "optimize" operations in staffing and scheduling, clinical prediction, remote patient monitoring, as well as automated charting and note-taking.[58] However, when employers use these substandard systems to substitute direct care, they risk creating disparate impacts by reducing nurse staffing, devaluing nursing care, and thus degrading patient care.[59]

The health care industry has also sought to eliminate nurses' rights and benefits by pushing exploitative work models through the use of platform and app-based technology. Gig platforms and applications promise nurses flexibility in scheduling and independence in both the Global North and South.[60] These models increase precarity by eliminating labor and social protections and misclassifying nurses as independent contractors instead of workers. These platforms are not technological innovations, but rather instruments to thwart labor protections, designed to strip nurses of our rights as workers, including the right to organize and form a union.

Moreover, these platforms practice what legal scholar Veena Dubal has termed algorithmic wage discrimination.[61] In violation of the basic principle of equal pay for equal work, these platforms pay workers different wages for the same work based on algorithms designed to find the lowest wage workers are willing to accept. Platform algorithms determine wages based on previous assignments, how often nurses bid on shifts, and even how much credit card or other kinds of debt nurses might hold.[62] The platforms deliver flexibility and control only for employers, not nurses who receive lower wages after paying platform fees, no unemployment benefits, and in some cases liability for losses or damages through indemnification clauses.

As healthcare employers use technology to undermine nurses' professional practice and workers' rights, nurses continue to advocate for a central role in decisions about technology, patient care, and working conditions.

LABOR RIGHTS ARE CRUCIAL

GNU recognizes that nurses are subject to differing and diverse forces based on our relative position in the global economy. The kind of working conditions a nurse faces are heavily shaped by the legacies of colonialism and other persistent inequities between the Global North and South that still structure vulnerability to climate crisis, migration patterns that steer nurses out of our home countries, and the available resources for health care in any given country or region. Nurses in different regions of the world face very different conditions with regards to the bargaining power we are able to harness in service to our patients and our profession. It nevertheless remains true that organizing and building worker power is the primary driver of change for nurses' ability to improve our working conditions, including the pivotal issue of staffing. Extending and safeguarding nurses' labor protections and our right to bargain collectively will therefore be of paramount importance in addressing the global staffing crisis.

As this report has shown, nurses irrespective of location are impacted by this crisis, the effects and severity of which play out differently depending upon the country and region. Rates of workplace violence are higher in nursing units with inadequate staffing, and patients are more likely to become agitated in crowded units; in turn, the experience of workplace violence directly impacts nurses' decision of whether to remain in the profession, which further worsens the crisis. Understaffed facilities are also prime causes of moral distress, which contributes to nurses leaving the profession. Even nurses' vulnerability to infectious disease is mediated by staffing levels, as safe staffing is the underlying foundation for other measures to be implemented properly. Safe staffing ensures that patients can be triaged, screened, and isolated quickly; that patients can receive interventions and treatments in a timely fashion; that health care workers have the time to properly don PPE; and unsafe staffing is significantly associated with increased rates of needlestick injury and blood and body fluid exposures.[51,63]

While there are multiple compounding causes for the crisis that require equally complex strategies for redress, GNU asserts the primacy of building the collective power of nurses to effectuate change in our own working conditions from the ground up through organizing, advocacy, and global solidarity. History has proven that only the collective organizing and concerted action of working nurses can secure the workplace protections necessary to confront these staffing issues and other working conditions related to them, and to prevent nurses from having to leave the profession for their own safety and wellbeing. Often measures such as investments in education are a welcome and necessary means of bringing more nurses into the global workforce, but they do not inherently give nurses the power to advocate for rights and safety for ourselves and our patients once in the profession.

Indeed, while further research will be crucial in illuminating how differently the staffing crisis affects care workers in different parts of the world, nurses cannot simply rely on the goodwill of employers or state governments to address the implications of this research, nor can we wait on the self-initiative of policymakers to protect our workplaces. Strong labor protections secured at both the national and the global level are needed to facilitate nurses' ability to mobilize our collective interests through tools such as grass roots organizing, collective bargaining, and the right to strike for the protection of our patients and profession.

Notably, nurse-to-patient staffing ratios have been won through persistent collective organizing and nurses exercising their protected rights, whether through legislation or collective bargaining. California secured the first comprehensive ratios law in 1999 (implemented 2004), establishing standards across all unit settings in both public and private hospitals statewide. Other successes include Victoria, Australia (collective agreement, 2000; legislation, 2015), South Korea (ICU ratios, 2018), British Columbia, Canada (2023), and most recently France (2024, implementation by 2027). Despite their proven effectiveness, these hard-won ratios face continual challenges from health industry stakeholders seeking rollbacks and exemptions, requiring ongoing vigilance and mobilization from nurses' unions to defend and strengthen these vital patient safety protections. This global pattern demonstrates that labor power is essential to securing and maintaining meaningful staffing reforms.

Fixing the global nurse staffing crisis will require more than education and investment: it will require strengthening labor rights and protections for nurses and all workers. This means one of the key challenges to addressing the current staffing crisis is the increasingly aggressive global assault on labor. Across the world, we are witnessing unprecedented attacks against labor that strip nurses and other workers of hard-won rights and protections. Autocratic leaders and far-right factions have moved to take away workers' right to organize a union and have deprived already unionized workers of their legal right to bargain collectively.[64,65]

The right to associate through labor organization is a foundational pillar of democracy. It is therefore no surprise that we are seeing an escalating attack on workers' labor rights unfold alongside many national governments' intensifying attacks against freedom of speech and the right to protest and demonstrate.[64] Such hostile conditions present enormous obstacles to nurses' and other workers' struggle to build industrial power and advocate for better working conditions. Addressing the nurse staffing crisis will therefore require confronting this global assault on labor. GNU will continue to combat these anti-worker attacks by further strengthening the international alliances that uplift the voice of working nurses and broaden the reach of our collective power.

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