**The health of the nursing workforce. A survey of National Nurse Associations.**

**Background**

There is now considerable evidence about nurses’ health. Internationally, nurses’ health risk behaviours such as smoking (e.g. Friis et al. 2005; Sarna et al. 2008), alcohol consumption (e.g. Friis et al*.* 2005; Smith 2007), activity levels (e.g. Hensel 2011; Thacker et al.2016; Tucker et al. 2010), and dietary behaviour (e.g. Fair et al. 2009; Schneider et al. 2019; Tucker *et al*., 2010) have been studied. Significant proportions of nurses have been found to be obese (Studnek et al 2010; Zapka et al 2009) and nurses and midwives have higher prevalence of obesity and overweight than the general population (Bogossian et al 2012) and other healthcare professionals (including doctors, pharmacists, dentists and therapy professionals) (Kyle et al.  2016; Kyle et al. 2017).

Factors that affect nurses’ participation in health promotion activities include perceptions of benefit or obstacles (Chan and Perry 2012) and their views of themselves as role models (Kelly et al. 2017). Recent studies (Nicholl et al. 2017) have also examined external or environmental factors influencing food choices such as limited facilities to store, heat and eat home-cooked food; barriers to purchasing food including time and distance and the poor quality of food available in outlets or vending machines. Long hours, shift work and caring for others all make addressing personal health a challenge. For example, in the UK, 67 per cent of nurses felt that they did not have time to be physically active, and 40 per cent felt they were too tired to participate in physical activity (Malik et al. 2011).

Nurses are the largest group of health professionals within the global health workforce and there are many strategic drivers to ensure that their contribution is maximised. The WHO Global Strategy on Human Resources for Health: Workforce 2013 refers to the availability, accessibility, acceptability and quality of the health workforce. A new global campaign, Nursing Now! has been launched to release the potential of nurses to deliver universal health coverage and ensure better health for everyone; improve the lives of women at work; and strengthen local economies. However, the health of the nursing workforce underpins, and has the potential to undermine, their potential contribution.

**Aims**

The aim of this study is to investigate the extent to which the health of the nursing workforce and their self-care is a global priority for national nurse associations (NNAs) in a snapshot of views opportunistically gathered at the International Council of Nurses (ICN) Congress in Singapore 2019.

**Methods**

The study used a cross sectional design informed by the Strobe guidelines (von Elm et al. 2007) (to assess the views of international nurse leaders and nurse representatives at a single point in time quickly at the International Council of Nurses (ICN) Congress in Singapore in June 2019.

Nurse leaders (n= 110) at the Council of National Representatives were invited to participate in a survey described by the Chair of ICN to the audience from an information sheet. Commencing the questionnaire was taken as consent and data were collected from nurse leaders in paper form in English, French and Spanish. Data were then entered into an online service (Survey Monkey). The survey comprised seven Likert scale questions on whether nurses’ health should be a priority for action and if so, for what reasons, how should it be addressed and what should be the first actions taken.  Statements were derived from a scoping conducted at the ICN Council of National representatives in Barcelona in 2017. Two open ended questions about local actions were included.

The second part of the study was a poll of nurse representatives. Polling data were collected electronically during a separate Congress meeting of 85 nurse representatives via an audience response system – Mentimeter. The audience was asked, “if nurses’ own health should be a priority, whether it was for their NNA, and if nurses’ own health is important for prevention”. Audience polling allows for use on any device and provides instant analytics and numerical frequencies. Questionnaire and polling data were analysed descriptively with frequencies.

Participation in each part of the study was entirely voluntary but participants were at a nursing congress and understood that this was a relevant topic. Ethical approval was granted by

a University ethics Committee.

**Results**

Phase 1 of the study recruited a convenience sample of 37 nurse leaders (34% of participants at the Council of Representatives) from 34 different national nurse associations (NNAs) as shown in Table 1. The ICN is a federation of more than 130 national nurses’ associations (NNAs), representing more than 20 million nurses worldwide and those taking part in the survey were all the key leaders, describing themselves as President (n=26), General Secretary (n=3) or CEO (n=1).  Phase two of the study included 61 nurse representatives who are senior nurses from a country whose NNA is a member of ICN took part in the voting at the Congress meeting.

Insert Table 1

64% of those responding (n=24) of nurse leaders claimed that nurses’ own health is a priority for the NNA and 32% (n=12) said it is not currently, but should be. The statement most agreed with by nurse leaders why nurses’ health should be a priority for the NNA as shown in Figure 1 was because “the profession and working environment of nurses puts them at risk e.g. shift work” (average 4.59) and because “a healthy nurse is more able to provide safe and effective patient care” (average 4.95). The least important reason for prioritising nurses’ health was as a “membership benefit” and “to ensure a fit workforce that can continue working into older age” although several nurse leaders did suggest recruitment and retention as reasons in free text responses.

Insert Fig. 1

Nurse leaders said their NNA was addressing issues of safety, mental health and stress but should also be addressing obesity, sedentary behaviour and musculoskeletal health. Nurse leaders were asked if nurses’ own health should be considered at recruitment and in personal and professional development to which 26 respondents agreed (87% of those responding). The most important actions for the NNA were thought to be tackling working conditions, lobbying governments and collecting evidence about nurses’ health as shown in Fig. 2. In addition, one NNA leader mentioned policy statements on nurses’ fatigue and workplace violence.

Insert Fig. 2

In the second phase of the study, all of the nurse representatives (n=61) agreed that nurses’ own health should be a priority of whom 18% (n=11) thought it already was a priority for the NNA and 80% (n=49) thought it should be. 96% of the audience thought that a nurse’s’ own health is an important consideration in their role in prevention.

Issues reported as taken up by NNAs in relation to nurses’ own health include fatigue (Canada); heart disease (Bahamas); vaccination and health checks (Palestine, Taiwan) reduced health insurance (Palestine; Ghana; Barbados); increasing amount of annual leave (Jordan); sleep (Denmark); and healthy living (South Africa). A review of the websites of most of the NNAs showed only the Royal College of Nursing in the UK (not currently a member of ICN) to have a section explicitly devoted to “Healthy You” and the Australian College of Nursing (CAN) has the Nursestrong initiative to encourage nurses to improve their physical, mental and emotional wellbeing.

Nurse leaders were asked what they would most like to say to the Ministry of Health in their country and results reflected the emphasis on the importance of the workforce to health service provision:

“The health and wellbeing of nurses should be a major priority for the government since the health status of the entire country is dependent on nursing care and services provided by nurses.”

“There can be no economic growth without healthy nurses”

“Healthy nurses save lives”.

**Discussion**

This is a study designed to collect a snapshot of views opportunistically at a single event. It thus ensures a high response rate and also enables a comparison to be made between nurse leaders’ views and those of nurse representatives. The opportunity to conduct a survey at a national congress is time limited and so the questionnaire was short and included mostly closed questions. Because only two countries represented are English-speaking, a questionnaire poses challenges to understanding especially of Likert scale or ranking questions.  15 questionnaires (43%) could not be included for analysis for these two questions as there was no ranking applied.

Although nurses’ own health is seen as an important issue by most NNA leaders, this is in the context of the focus of NNAs on conditions of work, as for example in drawing attention to the impact of staffing levels or shift work on nurses’ mental health and stress. Thus, the actions most cited by NNAs related to health and safety topics such as infection control and bullying and workplace violence. The scale of non-communicable disease amongst nurses was acknowledged as important but is not the current focus of attention for many NNAs despite evidence that shift work is associated with a higher risk of type 2 diabetes (e.g. Huang et al. 2016; Pan et al. 2011) and obesity (Peplonska et al. 2015).

There was widespread agreement amongst those who expressed a view, that nurses’ health should be discussed at recruitment and in personal and professional development. There is however, no uniformity of approach. In some countries, fitness to practise is included as part of initial and continuing registration as a nurse. In Canada, for example, this includes “freedom from dependence on alcohol and drugs” (Canadian Nurses Association 2017). Yet a UK study of nurse leaders and practising nurses found little support for regulation or intervention by professional bodies (Kelly et al. 2017). Previous research on nurses as role models (Darch et al. 2017; Kelly et al. 2016) has found equivocal views yet many nurse leaders at the Congress agreed that nurses should be role models and all the nurse participants agreed with a simple statement that nurses’ own health was important in their role in prevention.

Most of the countries represented report problems recruiting enough nurses and that their workforce is ageing (e.g. Haczynski et al. 2016) although “ensuring a fit workforce able to work into older age” was not a statement for prioritising nurses’ health that was widely agreed. The reasons given why nurses’ own health matters are invariably couched in relation to carrying out a nurse’s professional role e.g. the Nursing and Midwifery Board of Australia Code of Conduct (2018) Principle 7 refers to nurses’ responsibility to “maintain their physical and mental health to practise safely and effectively”.

**Conclusions**

There is widespread agreement that nurses’ own health matters and it should be addressed. There is also agreement that working conditions give rise to health conditions such as musculoskeletal problems, obesity and stress. Studies in many countries investigating the health behaviours of nurses focus on individual dietary practices yet it is the impact of shift working which is also acknowledged to contribute to widespread obesity among the workforce. Many of the actions promoted by NNAs are to prompt individual health behaviour change such as subsidised fitness classes, lifestyle campaigns, health screening and reasonably priced health insurance. The nature of the nursing work that has limited breaks, includes shift working and is fast-paced and focused on others makes nurses less likely to participate in workplace health promotion programmes than other healthcare staff (Kelly et al.  2018).

**Implications for Nursing and Health Policy**

The issue of “nurses’ own health” is not widely used in discussions about the nursing workforce. Indeed, there is an absence of a common language to talk about this issue. Some studies use the term “personal health behaviour” (e.g. Bakhshi et al. 2015; Kelly et al.2017; While 2015) or health-promoting behaviours (e.g. Ross et al. 2019) and the UK’s Nursing and Midwifery Council use the term “self-care”. This reflects the necessity of a cultural shift that frames nursing less as a vocational role than as a workforce within an organisation where leaders’ efforts are to create a work environment that supports and protects its staff. The rationale then becomes less to focus on nurses’ own health because of its impact on patient outcomes than as an ethical duty of an employer and where their ill-health is “not an inevitable by-product of dedicated nursing practice” (American Nurses Association 2017).

A priority going forward is for nurse health and wellbeing to be a core principle for health services and professional associations and additional research that demonstrates that improving working environments may be a key to nurse retention and recruitment.

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