Nursing Workforce Planning, Skill Mix, and Safe Staffing

for efficient healthcare delivery

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The central message

PLAN

Match workforce supply to population need, care demand and service models.

DESIGN

Use the right skill mix, education and scope of practice. Do not substitute away safety.

PROTECT

Make safe staffing, decent work and nurse wellbeing core system requirements.



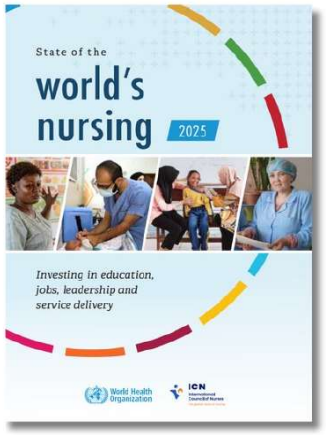
Efficiency is not fewer nurses. It is the right nursing capacity, deployed well, delivering safe care.

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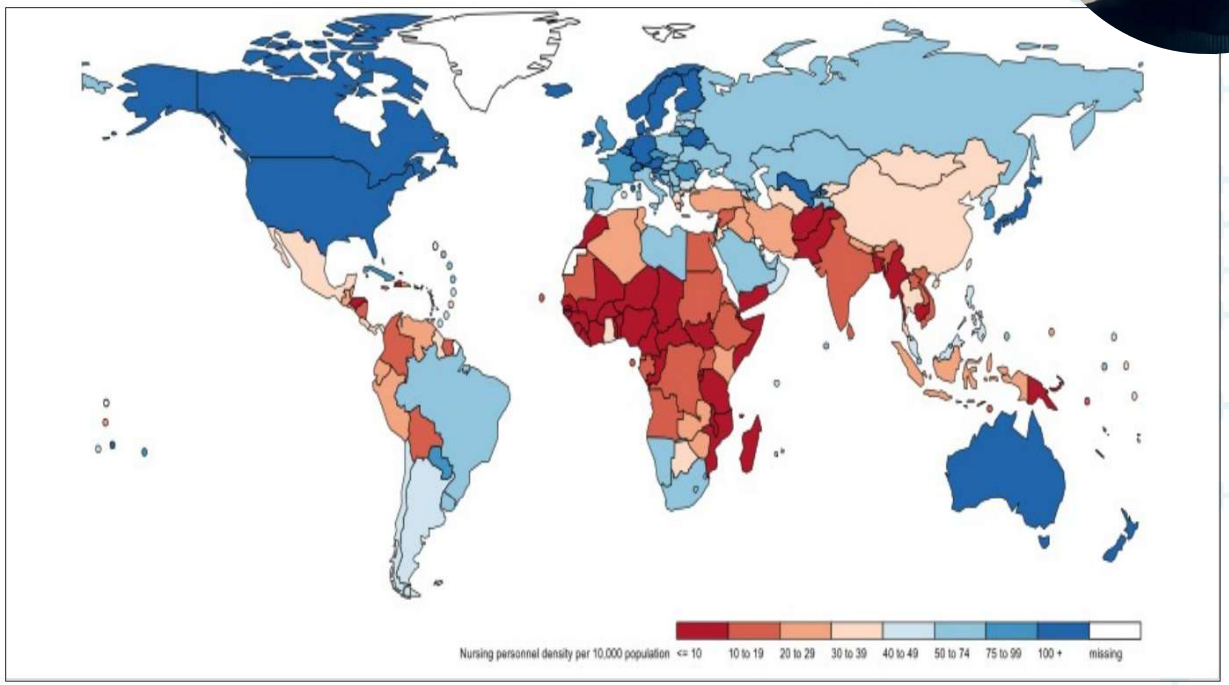
Current stock, distribution, density, shortage



- 29.8 million nurses
- Density and distribution highly inequitable
- Global shortage 5.8 million nurses (decrease from 6m in SOWN 1 2020)
- Many countries no growth from 2020-2023
- Forecast 4.1m 2030



Density of nursing personnel per 10,000 population (2023)



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A growing gap:
Increasing demands, insufficient supply



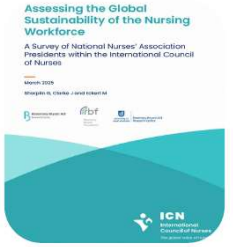


Figure 3. **Change in the demands placed on the nursing workforce since 2021.**

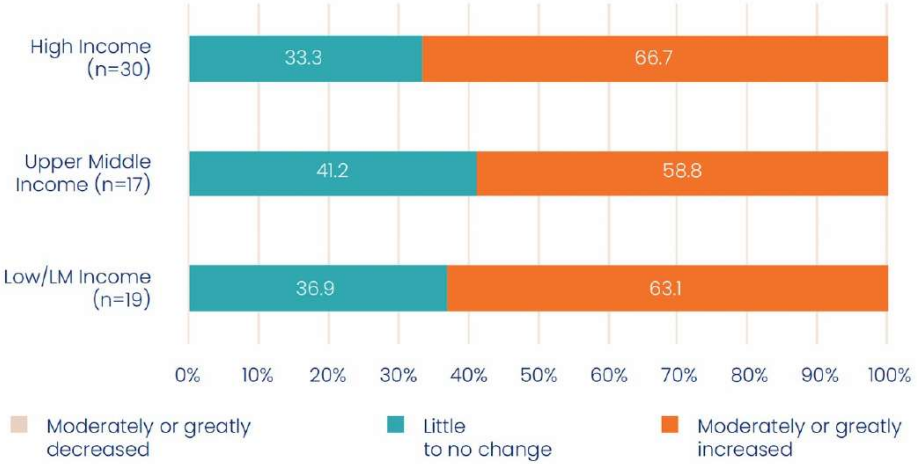
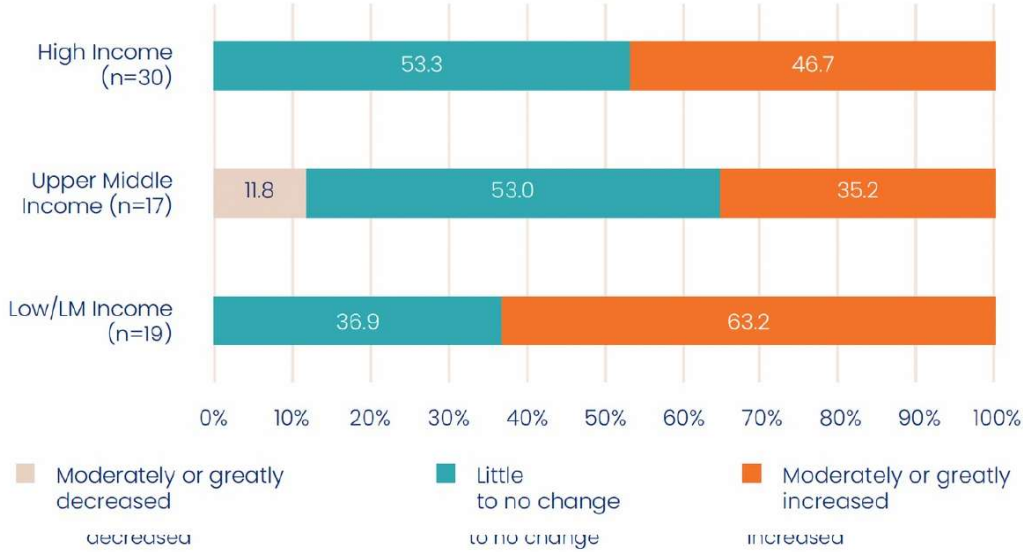
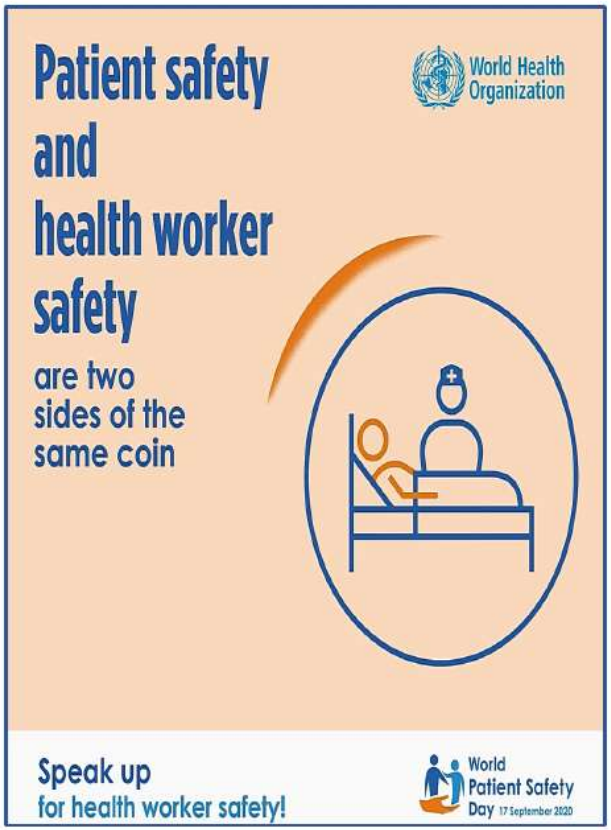
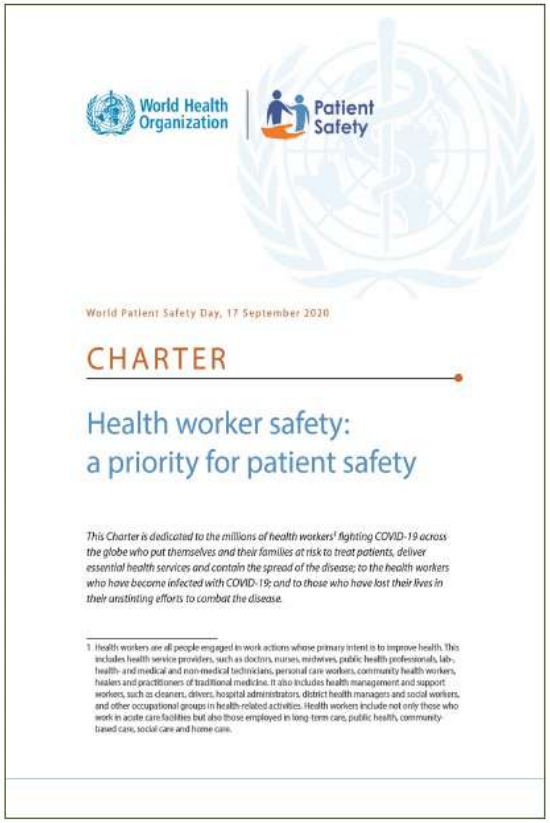


Figure 8. **Change in the gap between supply and demand of the nursing workforce since 2021.**



Patient safety and health worker safety







ICN International Council of Nurses

Why nurse staffing matters



Patient safety

- Higher **hospital-acquired infection** rates
- More **falls**
- Increased **medicine errors**
- Poorer patient experience
- “Failure to rescue”
- Missed care and **increased patient morality** rates



Nurse safety

- **Lower stress** levels
- **Lower illness** rates
- **Lower absence** rates
- **Better morale**
- **Improved retention** rates
- **Lower burnout** rates

World Patient Safety Day 17 September

Safe staffing – latest evidence

Penn Nursing Science
University of Pennsylvania School of Nursing

Replacing Registered Nurses with lower wage staff in hospitals – such as non-RNs, licensed practical nurses, unlicensed assistive personnel – is linked to more deaths, more readmissions, longer hospital stays, lower patient satisfaction and higher costs.

Study based on 6.5 million Medicare patients in 2,676 General Acute US Hospitals found:

- 10% fewer RNs resulted in 7% more patient deaths
- Estimated 11,000 avoidable deaths across the US
- Cost of readmissions and increased lengths of stay = USD68.



Reference: Lasater K et al (2024) Alternative Models of Nurse Staffing May Be Dange
High-Stakes Hospital Care. Medical Care 62(7):p 434-440, July 2024.

Evidence from USA

Lower hospital patient to nurse ratios are associated with:

- Lower mortality
- Fewer readmissions
- Shorter length of stay
- Fewer ICU admissions
- Fewer health care associated infections
- Fewer falls with injuries and pressure ulcers
- Greater patient satisfaction
- Greater nurse job satisfaction, less burnout, greater intent to stay

JAMA. 2002 Oct;288(16):1987-93. doi: 10.1001/jama.288.16.1987.

Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction

Linda H Aiken [1], Sean P Clarke, Douglas M Sloane, Julie Sochalski, Jeffrey H Silber
Affiliations + expand
PMID: 12387650 DOI: 10.1001/jama.288.16.1987



Unsafe staffing: a structural root cause of burnout



Clinician Burnout Is Structural: Why Staffing and Work Design Matter More Than Wellness Programs

Lynne S. Moronski, PhD, RN | Global Nursing Workforce Centre (GNWC) | TruMerit | ICN

New article using data from large multi-site studies across countries echoes ICN's longstanding messages

"Burnout is fundamentally linked to modifiable features of hospital work environments, not individual emotional resilience."

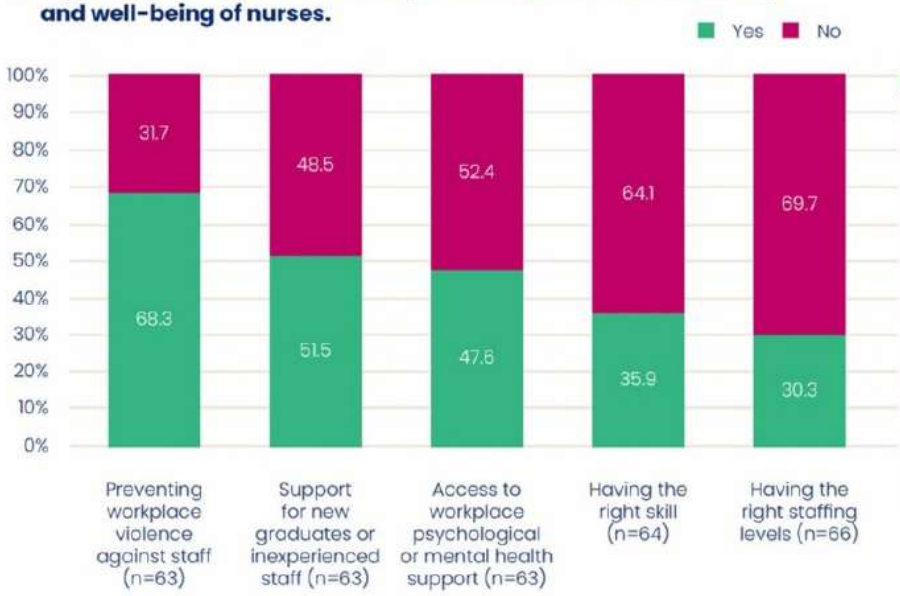


Policies nurses need most are least prioriti





Figure 12. **Presence of workforce policies in place to ensure safety and well-being of nurses.**



ICN NNA Presidents Survey

Even where there are policies in place, most NNAs gave **ratings of only poor or fair to staffing policies (66.6%)** and **skill mix policies (53.3%).**

A practical workforce planning cycle

1. Measure need

- Population health
- Patient acuity
- Service demand
- Geography
- Emergency readiness

2. Model capacity

- RN hours
- Competencies
- Skill mix
- Full scope
- Education pipeline
- Attrition

3. Implement safely

- Roster to real-time need
- Escalation triggers
- Nurse leadership
- Staff participation

4. Learn and adjust

- Patient outcomes
- Missed care
- Overtime • Turnover
- Costs of harm
- Equity

Use staffing numbers as guardrails, then adjust for acuity, complexity, competence and local context.



Correcting health policy and workforce misalignments - from quick fixes to syster solutions.



✗ Ineffective short-term fixes

- Overreliance on international recruitment
- Cutting education/shorter routes into care
- Substitution by less-qualified workers or overreliance on lower-skilled workforce
- Using technology to replace, not augment, care
- Overreliance on individual wellness & resilience techniques

✓ What health systems need

- Workforce self-sufficiency & co-investment
- Strong, high-quality nursing education
- Safe skill mix with clear, complementary roles
- Technology that supports & empowers nursing care and judgement
- System-level change: Safe staffing, protection, fair working conditions & compensation



Safe staffing is not a cost to contain.

It is infrastructure for patient safety, workforce retention and economic resilience.

The goal is not simply more staff.
It is the right number, the right skills, in the right place, at the right time, with the authority and support to deliver safe care.

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THANK YOU!

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