

Nurses' Health: A survey of national nurses associations

Introduction

This report contains an analysis of a brief survey carried out by C3 Collaborating for Health (www.c3health.org) at the ICN Council of National Representatives (CNR) in Barcelona in May 2017. The survey focused on the involvement of national nurses associations (NNAs) in promoting and supporting nurses' own health. Building on past nursing projects and this analysis, C3 Collaborating for Health is launching the Healthy Nursing Collaborative, a network of nurses and nursing organisations which aims to encourage sharing of evidence, resources, materials and experiences to support nurses in leading healthier lives. You can join the Healthy Nursing Collaborative today by completing [this sign-up](#).

Background

Nurses form 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 2030](#) refers to the availability, accessibility, acceptability and quality of the health workforce. A new global campaign, [Nursing Now!](#), is being 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. Nurses' health tends to reflect that of the general population so the increasing prevalence globally of non-communicable diseases (NCDs), such as cardiovascular disease, diabetes, cancers and lung disease, is of significant concern, especially in countries with an ageing nursing workforce. Through their role in every setting and across the lifespan, nurses are uniquely placed to make a significant contribution to prevention. However, this can be undermined if nurses are unable to overcome the barriers that prevent them from leading healthy lives themselves.

C3 Collaborating for Health is a global charity, based in London, focused on enabling people to live healthier lives and avoid premature or preventable deaths from non-communicable diseases. C3 has a particular focus is on the NCD risk factors: unhealthy eating and drinking (including harmful alcohol use), lack of physical activity, and tobacco use. Founded by Christine Hancock, former ICN President and former CEO of the Royal College of Nursing (UK), C3 is interested in sharing evidence and good practice to support, encourage and enable nurses to lead healthier lives by addressing the risk factors as their health and wellbeing impacts not just on themselves as individuals but on their families, patients and communities. C3 is keen to work with nurses from across the world to form a Healthy Nursing Collaborative with an informed, engaged and healthy nursing profession focussed on living and promoting healthier lives. The C3 nursing programme is led by Pat Hughes, former Chair of RCN Council and former ICN Nurse Consultant.

NNAs are particularly well placed to advocate for nurses' health and to support nurses in leading healthier lives. Some NNAs are already doing significant work in this area and the opportunity now exists to learn from each other, share materials and resources, and promote that work with a range of stakeholders including nursing and health organisations, policy makers as well with individual nurses and their employers.

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Findings

C3 asked members of CNR representing around 100 NNAs to complete a questionnaire describing their contribution to promoting and supporting nurses' own health. 35 NNA representatives from 33 different countries responded. Results found that:

- 22 countries have identified the health of nurses as an issue of concern;
- 23 NNAs are currently involved in initiatives to improve the health of nurses; and
- Six countries' NNAs are not currently and have never been involved in initiatives to improve the health of nurses.

Each of the 10 countries that said that health of nurses has not been identified as an issue of concern stated that health of nurses should be.

Table 1: Countries represented by respondents

1. Andorra	12. Iceland	23. Myanmar
2. Bahamas	13. Iran	24. Nigeria
3. Barbados	14. Ireland	25. Norway
4. Brazil	15. Jamaica	26. Portugal
5. Chile	16. Lebanon	27. Slovenia
6. Croatia	17. Lesotho	28. Sweden
7. Cuba	18. Malawi	29. Switzerland
8. Denmark	19. Malaysia	30. Thailand
9. Dominican Republic	20. Mexico	31. The Netherlands
10. Ethiopia	21. Mongolia	32. United States
11. Germany	22. Montenegro	33. Zimbabwe

Why nurses' health is important

Respondents identified a variety of reasons why they think nurses' own health is important. These include:

Nurses as individuals: 'Nurses are not immune from NCDs'

NNA representatives described nurses' health as important for the sake of nurses themselves. Acknowledging that even nurses can develop non-communicable diseases, a respondent elaborated by suggesting that cancer is a major problem amongst nurses in Thailand. Another response referred to the connection between nurses' health, their motivation and mental wellbeing by stating that nurses 'provide essential services, they should be motivated in many ways so that they continue to feel the value of their work.' This was reinforced by a further response that contended that healthy nurses have a 'greater motivation to promote health and well-being among the population.'

Nurses in professional practice: 'No care without healthy nurses'

The linkages between nurses' own health and the care provided were also identified. Responses opined that nurses should be fully protected to ensure the safety of patients, nurses' families, the country, and of visitors. Other comments contended that as providers, nurses must take care of their own health to in turn deliver efficient, quality care to patients. As one respondent noted, 'The health of individual or groups of nurses will determine the quality of healthcare which in turn is a determinant of the wealth of the nation.'

Nurses as employees: ‘increased productivity, less absenteeism’

The bi-directional relationship between nurses’ health and workforce issues was highlighted by the respondents. One NNA representative described that improving nurses’ health can increase productivity and reduce absenteeism. Other respondents focused on the effect poor working conditions (e.g., inflexible shift work, pay and staffing levels, devaluing an ageing workforce) have on nurses’ health, leading to physical (e.g., musculoskeletal issues, injuries) and mental (e.g., ‘moral distress’, stress, burnout) health issues. One respondent suggested that employing more nurses, reducing the overtime work and improving the work environment were key to improving nurses’ health. Another respondent stated that nurses’ health should be identified as an issue of concern in countries especially due to NCDs, HIV, TB and the scare of Ebola.

National Nurses Association initiatives to improve nurses’ health

23 NNAs are currently involved in initiatives to improve the health of nurses, which can be categorised into five themes: care and support; education; evidence and data collection; working conditions; and lobbying and advocacy.

Care and support

NNA initiatives provide care and support, ranging in depth from initiating a conversation about the importance of nurses’ own health, to hosting a ‘nurturing day’ that addressed healthy lifestyle initiatives, to a grand challenge to improve the health of nurses and to improve the health of the nation (Healthy Nurses Healthy Nation in the United States). Lesotho Nurses Association described having a wellness centre for nurses, other health care workers and their close family members; a centre that ‘is well appreciated by nurses as care-of-carers!’ and that provides free health services for nurses. The NNA in Malawi has developed a ‘caring for caregivers programme’ and is in the process of fundraising to build a wellness centre. Other supportive initiatives include funds for sick nurses; ensuring access to health insurance; professional working groups; assistance with smoking cessation; support groups for nurses; programming for elderly/retired nurses; workshops on management, relaxation and laughter therapy; and a ‘Nursing the Nurse’ programme delivering assistance with health screenings for early reporting, detection and seeking treatment.

Education and information

Educational initiatives focus on providing information throughout the country to NNA members, either in the form of an annual check-up, promotion of healthy living through activities and community programmes, or provision of information for maintaining and improving health. For example, the National College of Nurses of Mexico hosts monthly seminars about health and healthy lifestyles.

Evidence and data collection

Several respondents indicated that studies related to nurses’ own health were either recently completed or in progress. One national study, to be done soon, will assess health problems among nurses, involve discussions with the Ministry of Health and hospitals, and explore the effect of work environments on nurses’ health. Others have completed studies of nurses on work and stress, low back pain, and the health challenges of nurses.

Working conditions

NNA representatives commented that working conditions are also being addressed to improve nurses' health. Examples included reducing weekly work hours due to difficult work; focusing on night shifts, aggression, and burnout; ensuring benefits such as access to health insurance, disability compensation and establishing a retirement age; a healthy back strategy; and a positive practice environment project. Another example was of a 'health risk appraisal survey to help nurses identify personal areas for abstention. Policies to promote rest, good nutrition, prevent fatigue, reduce risks of injury etc. in the workplace.'

Lobbying and advocacy

The fifth and final theme of the NNA initiatives was lobbying and advocacy with government officials and employers for the wellness of health workers and improved working conditions. One respondent commented that they 'work together with the government and employer in a letter of intent/understanding with 15 bullets to get a healthier nursing staff', while another has initiated a proposal to the government to introduce a health insurance scheme for nurses. Another NNA representative shared that they have come up with a wellness policy document and are negotiating for improved socio-economic status for nurses in their country.

Barriers

Despite promising initiatives, respondents also revealed the barriers they are facing when focusing on nurses' own health. One respondent indicated the 'need for more support programs for nurses'. Another stated that they have no funds and must fundraise to support their initiative, that the 'government is not supportive yet' and there are no policies in place supporting nurses' own health. However, having 'government at the forefront' was identified as imperative to the success of nurses' health initiatives. One respondent commented that more study was needed in their country, as existing studies did not differentiate the findings about absenteeism between the health professions. There was also uncertainty from one respondent about whether study findings had been acted upon.

Issues

This brief survey of 33 NNAs highlights the importance of nurses' health, with 100% of respondents saying that it is or should be identified as an issue of concern and almost 70% engaged in a variety of initiatives to improve the health of nurses.

The wide range of initiatives shows the breadth of the challenge and the multiplicity of factors that impact on nurses' health. Opportunities exist to support and enable nurses to lead healthier lives but there are also many barriers to overcome.

Building on this survey and our previous (www.c3health.org/nursing) and ongoing work with nurses (www.c3win.org), C3 would like to provide an opportunity for interested individuals and organisations to work together to co-create an overarching framework within which to support nurses in leading healthier lives. Such a framework would make it easier to develop and share evidence, resources, materials and experiences; and to target information, education and communications appropriately (e.g. to nurses themselves, to employers and to policy makers), about supporting healthy behaviours to counteract NCD risk factors for nurses themselves, in their professional roles with their patients, families and communities, and in their workplaces.

To help avoid duplication of effort and to promote shared learning, C3 would be pleased to facilitate an exchange of information and promote and co-ordinate the development of such a framework, over the next three years.

Next steps

C3 is exploring the level of interest among nurses, nursing organisations and others in engaging in a network i.e. the Healthy Nursing Collaborative, to promote nurses' health by sharing ideas, information experiences and materials through a variety of means including regular e-newsletters, briefings and social media.

If you or any of your colleagues would like to be involved in this initiative to help nurses to lead healthier lives you are invited to please complete the online [short questionnaire](#). If you are unable to complete it online, please complete the form in Appendix A and return it to sarah.clarke@c3health.org.

Acknowledgement

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Appendix A

Healthy Nursing Collaborative

1. About you
 - a. Your title (Mr/Ms/Dr/Professor):
 - b. First and last name:
 - c. Job title:
 - d. Email:
 - e. Country where you are currently employed:
2. Are you joining the Healthy Nursing Collaborative as an individual or as the representative of an organisation?
 As an individual (nurse)
 As an individual (not a nurse)
 As the representative of an organisation
3. If you are joining as the representative of an organisation, what is the:

Organisation website:

Organisation postal address:

4. What areas are you particularly interested in and from which perspective/s:

Nurses' health in terms of:	Nurses as individuals (e.g. helping nurses to stop smoking)	Nurses in professional practice (e.g. training nurses to run smoking cessation programmes)	Nurses as employees (e.g. employers offering opportunities for nurses to participate in smoking cessation programmes)
Care and support			
Education and information			
Evidence and data collection			
Working conditions			
Lobbying and advocacy			

5. Are you aware of any national nurses associations (NNAs) or other initiatives to address the following:

NCD risk factors	Nurses as individuals	Nurses in professional practice	Nurses as employees
Improving what we eat and drink			
Avoiding harmful alcohol use			
Stopping tobacco use/smoking			

6. What are the **top three** things that you would want from this collaboration?

- a. Newsletters
- b. Webinars
- c. Twitter chats
- d. Opportunities to connect with others
- e. Q&A forum about projects, ideas, best practice
- f. Sharing of resources and materials
- g. Links to research articles
- h. Blog posts; briefings, case studies

- i. Other (please state):
7. Even though you're very busy, you would find time to read about and share information with the Healthy Nursing Collaborative if it was shared through (please select your **top two** choices):
- a. Email
 - b. Twitter
 - c. Facebook group
 - d. LinkedIn group
 - e. Website
8. How involved would you like to be with the Healthy Nursing Collaborative? (Please check all that apply)
- a. I'd like to be an observer for now and just receive information until I see what it's all about and then I may get more involved.
 - b. I'd like to be a voice in the discussion by sharing information, experiences and/or resources.
 - c. I'd like to be an influencer by encouraging all my nursing colleagues to join the Collaborative.
 - d. I'd like to actively shape the direction of the Healthy Nursing Collaborative (e.g., by being involved with the creation of the framework, identifying discussion topics, influencing the HNC's format).
9. Do you opt-in to being a member of the Healthy Nursing Collaborative and to receiving relevant communications? ___ Yes
10. Any additional comments?

Thank you!