World Health Organization
European Region

Policies and approaches to promote safe nurse staffing

Technical brief

Executive Summary

Nursing Action.

Funded by the European Union

World Health Organization
European Region

Policies and approaches to promote safe nurse staffing

Technical brief

Executive Summary

Nursing Action.

Funded by the European Union

Abstract

Recognizing the critical contribution of the nursing profession to health systems, this technical brief sets out the case for investing in safe nurse staffing. It equips policy-makers with evidence for strategic and operational implementation of safe nurse staffing. Examples from countries participating in the European Union-funded Nursing Action showcase country experiences, alongside global evidence to inform and guide the implementation of safe nurse staffing policies and practices. Improving nurse staffing practices serves to enhance patient care while also contributing to the retention and recruitment of nurses across the WHO European Region.

Keywords

NURSING
MIDWIFERY
HEALTH WORKFORCE
POLICY

Document number:
WHO/EURO:2026-13146-52920-82627 (PDF)

Suggested citation. Policies and approaches to promote safe nurse staffing: technical brief. Executive summary. Copenhagen: WHO Regional Office for Europe; 2026. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Contents

Background

Nursing is a safety-critical function that is fundamental to protecting population health. Nurses are not only providers of supportive care but deliver continuous clinical surveillance, detect early signs of deterioration, interpret complex information and intervene to prevent harm before adverse events occur. Their work involves constant surveillance of patients, risk assessment, decision-making, and coordination across different parts of the health and care system, often in environments of high acuity, social complexity and limited resources (*1,2*).

Evidence consistently shows that when nurse staffing levels are reduced in comparison to workloads, patient safety and quality of care is compromised, missed opportunities for care increase, and errors rise in frequency and health outcomes worsen. Safe nurse staffing is therefore not a "nice to have" but rather a "must have," and a core patient safety and quality-of-care requirement.

The urgency of addressing safe nurse staffing has intensified; persistent nurse shortages, an ageing nursing workforce, increasing care complexity and the long-term impacts of the coronavirus disease (COVID-19) pandemic have increased demand for health care, and exposed structural weaknesses in workforce planning and deployment. These challenges were highlighted in the WHO Regional Office for Europe report on the mental health of nurses and doctors (*3*) and the WHO State of the World's Nursing Report 2025 (*4*), both of which point to unsafe staffing and poor working conditions as key risks to workforce availability and long-term sustainability.

Recognizing the need to protect this important frontline of their health systems, all 53 Member States of the WHO European Region endorsed the Framework for Action on the health and care workforce in the WHO European Region 2023–2030 during the Seventy-third Regional Committee for Europe (*5*). In addition to the recently renewed Global strategic directions for nursing and midwifery 2021–2025 (*6*), which Member States endorsed during the Seventy-eighth World Health Assembly in May 2025, the two international commitments place sharp focus on the retention and recruitment of the WHO European Region's 11.2 million nurses. The EU4Health-funded "Nursing Action," led by the WHO Regional Office for Europe, represents an important opportunity to support European Union (EU) Member States to act on these commitments by implementing evidence-informed retention and recruitment policies. As of January 2026, 21 countries in the EU have officially nominated national Focal Points to work directly with the WHO Regional Office for Europe and social partners to improve recruitment and retention strategies in their countries. This work involves in-depth data analysis and knowledge sharing between 19 of these 21 countries (*7*).

This policy brief is one of several deliverables of the Nursing Action and focuses specifically on the Nursing Action countries' experiences in addressing safe nurse staffing challenges. It draws on international evidence and puts forward policy directions that can be applied in and beyond the Nursing Action countries.

Defining safe nurse staffing

"Safe nurse staffing" refers to the number and mix of staff required to deliver safe care in a specified workplace or environment. The availability of appropriately educated and trained nurses is associated with better patient outcomes, including lower mortality rates *(8).* Safe nurse staffing operates along a continuum from strategic to operational levels, which are distinct but inherently interconnected and mutually reinforcing.

"Strategic safe nurse staffing" refers to macro-, system-level decisions that shape the supply, distribution and sustainability of the nursing workforce. "Operational safe nurse staffing" refers to the meso-/micro-, facility-level decisions undertaken to shape the day-to-day organization and deployment of nurses within health and care settings.

Why safe nurse staffing matters

Nurses constitute the core of the health workforce both globally and in the EU, representing on average 55.9% of the active health workforce of the latter, the majority of whom are women *(9).* Safe nurse staffing is a foundational requirement for high-quality, equitable, and safe health and social care. Evidence – particularly with regards to Bachelor's degree-educated nurses – has shown that safe nurse staffing is directly linked to patient safety, nurse well-being and health system performance *(10).*

What are the enablers of safe nurse staffing?

Working conditions: Ensuring safe nurse staffing requires not only adequate supply of nurses but also employment conditions that foster retention and attraction The WHO European Region Mental Health of Nurses and Doctors survey in the European Union, Iceland and Norway report showed clearly that reporting depression was associated with taking more sick leave and a greater intention to leave among nurses and doctors. It also showed a range of workplace protective factors are strongly associated with lower depression and anxiety, including the assurance of social support from colleagues and supervisors, greater influence over work and better work–life balance, and workplace support structures.

Workforce planning: Strategic workforce planning requires addressing distribution, sustainability and the quality of employment. Workforce information systems that inform decisions on where nurses are needed most, combined with policies that ensure safe working conditions, are key enablers for the retention and attraction of nursing workforce.

Nursing education, training and research: Securing strong foundations is important during nurses' initial education. EU Directive 2005/36/EC (*11)* defines the minimum training requirements for general nurses responsible for general care (such as length of study, theoretical knowledge and clinical practice), and ensures the foundations of critical decision making and nursing knowledge required to deliver continuous clinical surveillance, and the capacity to detect early signs of deterioration, interpret complex information and intervene to prevent harm before adverse events occur, are in place.

Service delivery and nursing autonomy: Strong education systems and lifelong learning, and also supportive regulation, can facilitate timely clinical decision-making based on evidence, professional knowledge and expertise, thereby reducing unnecessary delays in care and optimizing service delivery across settings.

Leadership: The importance of leadership that can ensure the correct frameworks around safe nurse staffing policy comes with autonomy, and is important for policy development, implementation and delivery.

Implementing safe nurse staffing

Safe nurse staffing is implemented based on a series of policies that take place along a continuum of two domains: the “strategic” and “operational” domains,which make up a comprehensive framework that is put forward in this technical brief (Fig. 1). While distinct, they are inherently interconnected and mutually reinforcing.

The strategic domain refers to macro- and/or system-level policies that support safe nurse staffing. This includes governance arrangements, regulation, financing, education, and monitoring and evaluation. These policies are typically implemented at national, regional or municipal levels of government. Strategic safe nurse staffing policies benefit from oversight by Government Chief Nursing Officers (GCNOs)

The operational domain refers to meso-/micro- and/or facility-level policies that are pursued day to day in organizations, and the deployment of nurses within health and care settings. This includes shift structure and allocation, workload and workflow assessment, skill-mix decisions, real-time adjustments to staffing based on patient needs and professional judgement. Operational staffing benefits from oversight by senior nurses in facilities, services or settings.

Effective implementation of safe nurse staffing approaches depends on continuous feedback between these two domains of decision-making. Operational realities must inform strategic decisions to ensure policies are grounded in practice, while strategic direction sets the policy and regulatory frameworks, resources and expectations that enable safe staffing to be implemented locally. Please refer to the full document to understand how different countries are implementing the framework.

Fig.1. Framework for the strategic and operational domains for safe nurse staffing

Note: Risk and protective factors are not exhaustive, and are based on exposures measured through the *Mental Health of Nurses and Doctors survey in the European Union, Iceland and Norway (3).*

Implementation within complex systems

In the contexts of the Nursing Action countries, a continuum of approaches that recognizes the complexity of staffing as an interconnected issue with wider factors at all levels of a given country context is required. Interdependencies – such as digital systems, multidisciplinary teams, funding flows and changing models of care that affect staffing outcomes – also need to be factored into key decision-making in safe nurse staffing.

Reliance on a single approach to safe nurse staffing, while potentially definitive and clear-cut, is in many cases unlikely to be feasible given the complex realities of health systems. In many countries, a binary approach to staffing risks oversimplifying the multifaceted environments in which nurses work. Staffing approaches and tools should not only consider numbers, but also how nurses interact with these wider systems and with the patients and communities they serve. Recognizing this complexity requires a multidimensional lens.

Several types of complexity illustrate the layers that influence staffing requirements and outcomes. These include: clinical complexity, organizational complexity, rational complexity, social complexity and behavioral complexity.

Policy directions

While complex, effective safe nurse staffing is fundamental for patient safety, quality of care and positive health outcomes. It is also critical for the sustainability of the nursing workforce and ultimately the larger health and care workforce, of which the nursing workforce makes up to 55% in the EU. This brief has shown that safe nurse staffing requires a comprehensive approach. Based on a conceptual framework presented,this technical brief offers a framework to help Member States ensure effectiveness and an integrated approach. Strategic and operational measures cannot work in isolation from each another, and neither set of measures is more important than the other.

The analysis suggests eight main policy directions that are outlined below.

- **Recognize nursing as safety-critical**. Safe nurse staffing is inextricably linked with staff well-being and patient safety. Well-performing health systems recognize the safety-critical nature of nurses and adopt all necessary measures to avoid and reduce harm, including having adequate numbers of appropriately trained and supported staff. This includes implementing the seven policy actions from the WHO Mental Health of Nurses and Doctors survey in the European Union, Iceland and Norway report (*3*) to support countries in preventing mental ill health among the health and care workforce, while protecting and promoting mental health and well-being.

- **Manage system complexity.** By recognizing safe nurse staffing as being shaped by a multitude of factors – including digital systems, multidisciplinary working, funding flows and evolving models of care – but also understanding that patients themselves have complex needs, countries can factor all elements into key decision-making and develop a continuum of approaches for safe nurse staffing.

- **Secure vested support for sustainability**. Safe nurse staffing reforms are strengthened by structured and continuous engagement with nurses, regions, regulators, employers and unions, helping to secure shared ownership and effectiveness. Cross-sector working (for example, with financial and educational counterparts) is a key aspect of ensuring safe nurse staffing.

- **Build purpose-driven data systems.** The majority of countries use a combined volume- and patient/acuity-based; this requires investment in data systems and sufficient human resources to ensure accurate measurement, periodic re-evaluation and reduction of overburden with reporting. Digital tools and data systems for staffing, workload management and patient outcomes require automated and interoperable systems, avoiding burdensome manual processes. The sharing and use of national data to inform a harmonized European and EU database of nurse workforce data could in turn help strengthen national systems via a positive feedback loop.

- **Monitor for accountability.** Many countries have weak or absent monitoring, reporting and accountability mechanisms for safe nurse staffing, requiring the introduction of proportionate regulation, audit routines and transparent public reporting to adhere to safe nurse staffing standards.

- **Secure investment for safe nurse staffing**. The sustainability and political ownership of safe staffing policies depend not only on the source of funds, but also other tools like system-level conditional purchasing, financing rules and incentives that secure adequate staffing, which take the issue beyond individual facilitylevel discretion.

- **Strengthen education and training quality**. Safe nurse staffing requires effective implementation of approaches that are responsive to real-world clinical contexts. Nursing education and CPD provide nurses with the knowledge, skills and confidence to provide high-quality care, adapt to changing care demands and contribute to staffing decisions.

- **Strengthen nurse leadership**. Safe nurse staffing will benefit from supported nurse leadership that provides nurse leaders in, between and across facilities to make decisions that draw on evidence, and gives recognition to their professional autonomy and judgement.

References[1]

1. Leary A. The healthcare workforce should be shaped by outcomes, rather than outputs [blog]. In:BMJ Opinion; 31 May 2019 (https://blogs.bmj.com/bmj/2019/05/31/alison-leary-the-healthcareworkforce-should-be-shaped-by-outcomes-rather-than-outputs/).

2. Dall'ora C, Griffiths P. Safe Staffing: evaluating the evidence for mandatory nurse-to-patient ratios. London: Royal College of Nursing; 2025 (https://www.rcn.org.uk/Professional-Development/publications/rcn-safe-staffing-uk-pub-012-306).

3. Mental Health of Nurses and Doctors survey in the European Union, Iceland and Norway. Copenhagen: WHO Regional Office for Europe; 2025 (https://iris.who.int/handle/10665/383077). Licence: CC BY-NC-SA 3.0 IGO.

4. State of the world's nursing 2025: investing in education, jobs, leadership and service delivery. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381329). Licence: CC BY-NC-SA 3.0 IGO.

5. Seventy-third Regional Committee for Europe, Astana, Kazakhstan, 24–26 October 2023: framework for action on the health and care workforce in the WHO European Region 2023–2030. Copenhagen: WHO Regional Office for Europe; 2023 (https://iris.who.int/handle/10665/372563).

6. Global strategic directions for nursing and midwifery 2021–2025. Geneva: World Health Organization;2021 (https://iris.who.int/handle/10665/344562). Licence: CC BY-NC-SA 3.0 IGO).

7. Safe Staffing Levels Nursing Action – a WHO-led project funded by the European Commission. Policy Brief. Brussels: European Federation of Nurses Associations; 2025 (https://efn.eu/wp-content/uploads/2025/09/EFN-Policy-Brief-on-Safe-Staffing-Levels-30-07-2025.pdf).

8. Griffiths P, Saville C, Ball J. Nursing team composition and mortality following acute hospital admission. JAMA Netw Open. 2024;7(8):e2428769 (https://doi.org/10.1001/jamanetworkopen.2024.28769).

9. National Health Workforce Accounts data portal [online database]. Geneva: World Health Organization; 2026 (https://apps.who.int/nhwaportal/).

1 All references accessed 13 February 2026.

10. De Raeve P, Vanpoecke H, Ballota M, Xyrichis A, DeJonghe Y, Žilić I. Strengthening Healthcare through Safe Staffing Levels: A European Policy Perspective on Safe Nurse-to-Patient Ratios and Workforce Sustainability. Iris J Nurs Care. 2025;5(4):20025 (https://doi.org/10.33552/IJNC.2025.05.000616).

11. Consolidated text: Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of prefessional qualifications, 30.9.2005. Brussels: European Union; 2025 (Document 02005L0036-20251029, http://data.europa.eu/eli/dir/2005/36/2025-10-29).

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands (Kingdom of the)
North Macedonia
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
Türkiye
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

World Health Organization
Regional Office for Europe

UN City, Marmorvej 51,
DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00
Fax: +45 45 33 70 01
Email: eurocontact@who.int
Website: www.who.int/europe

Document number: WHO/EURO:2026-13146-52920-82627 (PDF)