

Caring in Crisis

The Impact of the Financial Crisis on Nurses and Nursing



**A Comparative Overview of
34 European Countries**



Executive Summary

Since the onset of the global financial crisis in early 2008 the EFN and its 34 member associations have been observing the effects on nurses and nursing with watchful vigilance. The effects are obvious; an actual reduction in nurses' posts across Europe, nurses' pay cuts and salary freezes, diminished recruitment and retention rates, and observed compromises in quality of care and patient safety. In particular:

- **Over half** of EFN members report pay cuts, pay freeze and rising unemployment for nurses;
- **Over a third** of EFN members report concerns about quality of care and patient safety;
- **Over one fifth** of EFN members report downgrading of nursing and substitution of nurses with unskilled workers.

Effectively, this has resulted in nurses all over Europe working harder than before to maintain quality standards, while being asked to provide more for less. As nursing is a primarily female dominated profession, women are unequally and hardest hit.

Crucially, nurses face the dilemma of providing safe and quality care in an environment dominated by a cost containment discourse which carelessly overlooks the real implications for patient care. Lack of equipment, reduced supplies and inadequate staffing are placing patients' lives in danger on a daily basis all over Europe.

Through this publication, the nurses of Europe call for attention to an area crucially affected by the financial crisis but to date grossly and mistakenly overlooked. While nurses across Europe struggle to maintain the high standards of care they are trained to uphold, some come to realise it is a losing battle. The EFN members urge the EU to take notice before the battle is lost.

Key Message

The 34 National Nurses Associations represented through EFN
would like to:

Remind – Health and productivity go hand in hand!

Suggest – Investing in the health of the European citizens
may well provide the much needed boost to the
economy and provide the means out of the recession!

Warn – Unless action is taken, this crisis will lead to an
unequal and unjust exclusion of thousands of women
from the labour market!

Urge – Protect nurses, protect women, protect health!

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Facts & Figures and the Overall Impact on Nurses and Nursing: a comparative overview from 2009, 2010, and 2011

The following is a country-by-country account of the impact of the economic crisis on nurses and nursing in Europe. It is based on input received from the European Federation of Nurses Association's (EFN) members at Tour de Table discussions during the EFN General Assemblies in 2009, 2010, and 2011.

It is being released in the hope of illustrating the current and future challenges facing the nursing profession, and to offer readers, not only a view of the specific dynamics in each country, but also a concrete report that may be used as a tool to take action and tackle these challenges.

The 34 cases are presented in alphabetical order to aid the reader. The challenges that all the EFN members continue to face, however, are of equal weight and concern.



AUSTRIA

At the beginning of the financial crisis, Austria was facing budget cuts in the areas of public health and education, which meant that there was no pay for specialised nurses or specialist posts and less educated workers were entering the healthcare sector. In spite of this, the new government announced plans of creating 2000 new posts for nurses by 2010. In 2010, the unemployment rate in Austria was 4,7%, the second lowest rate within EU27 at the time. There was a reported increase of 20000 part-time jobs but the exact same decrease of full-time jobs. Nurses with a diploma were earning a gross salary of 1893,40 € per month at the beginning of their career (Source: Professional Association of the Employers for Health and Social Business) and of 63000 vacant jobs, 2400 of them were in the healthcare sector (Source: Public Employment Service of Austria).

The Federal Ministry of Labour, Social Affairs and Consumer Protection proclaimed, in 2010, that 68000 people were employed in the healthcare sector, of which 17000 were in long term care, 3400 were in community care and the rest were in acute care (an estimated 80000 people were employed in the social care sector). At that time, the Ministry dealt with the shortage in the healthcare sector by recruiting nursing students from the Public Employment Service in Austria. It was reported that they wanted to acquire 6000 people with nursing or social care qualifications in this way.

As of 2011, although nursing is considered safe employment, there remains a shortage of specialist nurses. This may well be because the role of nurses, job descriptions, skills and tasks and competencies are no longer in line with the current education and training programmes in Austria, as reported by the Austrian National Institute for Health in 2009. However, model of competences are being brought in and a new system has been approved on advanced roles for nurses. Unfortunately, while there are no reported patient complaints, there is evidence that nursing errors have risen. A trend which is worrying given the evidence which suggests that politicians are trying to downgrade nursing in the current health system.



BELGIUM

In 2009, it seemed that Belgium was not feeling the negative effects of the financial crisis, as instead, several positive trends were noted. A project was underway to establish a Belgian Regulatory Body and nurses' salaries increased. Moreover, a budget of 2.5 million€ for nurses over a 5-year period was announced, while the financing of nurse specialisation and of Professional Associations was expected to be increased. The creation of a university-level master's degree for nurses and the implementation of an agency for quality control for nurses and midwives were also in the pipeline at the time, along with a study on nursing needs and skill needs.

In 2010, Belgium reported a somewhat stable situation, but although the country was not facing any notable shortages of nurses, the hospitals were having problems recruiting, as nurses were working more in community care, where the working conditions were considered better. In the context of the Directive 2005/36/EC on the recognition of professional qualifications, a working group had been set up to review the number of training hours in Belgium, in order to comply with the requirements of the Directive.

Today, although following a period of national crisis, Belgium continues to see the same trends as in previous years. There are around 110000 active nurses, and the current ratio is 12-13 nurses per 1000 inhabitants so there is no evidence of a shortage. However, hospitals are still experiencing problems in recruitment; only 8-9% of nurses are in hospitals and homecare and as a result, around 1% of nurses in hospitals are considered less-or non-qualified. Finally, specialist nurses have more recognition and nurses continue to work in community care rather than hospitals, due to more favourable working conditions.



BULGARIA

The financial crisis has affected the healthcare system in Bulgaria very severely. In 2009, Bulgaria had successfully achieved a 100% salary increase in hospitals, although this only amounted to 350€ and 10% for primary care nurses. In fact, 10000 nurses had quit the profession altogether while 2500 nurses had moved out of the country in search of better working conditions. Recruitment of nurses was not a priority for the government at the time, and a block had been instilled on specialisation. On top of this, a lot of people were reportedly without health insurance.

Following the Government elections in 2009, the financial crisis continued to affect the Bulgarian healthcare system a great deal. Extremely low salaries for nurses and midwives were reported (10% to 25% decrease and an average salary of about 220€). In 2010 alone, at least 836 nurses migrated to other countries in search of better salaries, and about 1000 nurses left the profession because of the unclear future and low salaries. Moreover, the Government cut the health budget for 2010 and 2011, and reforms in the pension system had still not been agreed by social partners. Salaries for nurses and midwives had not increased since 2007, and as a result of a reform in the hospital sector, some of the smaller hospitals in the country were closed or transformed to health centres, and about 200 nurses lost their jobs.

Today, there is no evidence on replacement of nurses by non-qualified staff in the hospital sector. The nurses have to work overtime and in the home care sector, non-qualified staff members usually look after the patients. In addition to this, every year, around 1200 nurses leave the country (mainly to UK, Italy, Malta, Canada and USA) to look for a better career and salary. Nurses in Bulgaria can't establish a high quality of care because of the reduced staff, low motivation and low salary; in 2010-2011, there were 2 official patient complaints for nurses' misconduct. In addition to this, there are new challenges for the Bulgarian nurses in the fields of emergency care and home care, and many courses have been organised to prepare them for the new roles in the community. Reforms in the primary and community care sector are at an early stage, but changes in health legislation are expected in the field of home and social care, as well as the regulation of the nursing centres in the community by the end of 2011



CROATIA

A set of reforms of the healthcare system were set in motion in Croatia at the beginning of the financial crisis, which seriously affected the nursing profession. In addition to a challenging financial climate, there was a shortage of nurses and an increase in nurses' workload that raised serious questions about the issue of patient safety within healthcare service delivery. The Government was limiting budgets in hospitals and overtime was not being paid. In 2010, the situation continued as the average salary was decreased (incentives were, however, kept). The Croatian nursing profession was not receiving replacements for nurses on maternity leave, and the healthcare budget had been further cut.

Today, that same pattern continues and whether or not the country will see any evidence of new health reforms depends entirely on the mandate of the recently elected officials in the National Parliament.



CYPRUS

In 2010, Cyprus was facing an increase in unemployment rates for nurses. 264 nurses had graduated that year and many were unemployed. This trend continued due to an increase of nursing graduates from nursing departments of both state and private universities. This increase was, at the time, explained by the Government's policy to get more nurses, the attractiveness of the profession, the high academic education in nursing, and the good working environment and salaries. This, in turn, meant that the Ministry of Labour was not renewing visas for nurses from third countries, while the public hospitals did not offer opportunities for nursing graduates, as almost all of them did not have empty posts. Graduates, on the other hand, were reluctant to be employed in the private sector, so the unions decided to embark on negotiations for higher salaries for nurses in the private sector. Nurse to patient ratios were expected to improve gradually in 2011 by amending relevant legislation, and this was expected to lead to better quality care and patient safety.

Today, the situation has slightly worsened. While the economic crisis is still affecting the country, the Government has been convinced by the National Parliament to proceed with legislative proposals on cuts of salaries and certain financial benefits of all public employees, including nurses. Thus, salaries of newly-employed staff have decreased by 10%, and new recruitment for the public sector has been suspended for six months. Due to the financial crisis, the private sector has asked for exclusion of the liability to hire nurses according to the provisions of the legislation and so, the Cyprus Nurses and Midwives Association has met with the unions and has proactively voiced its opposition in a strong letter to the Ministry of Health. Unemployment rates for nurses are still high due to the oversupply of graduating nurses, yet the nursing education continues to attract more students. Moreover, there are many nurses coming in from Greece, Romania, and Poland but there is no evidence of Cypriot nurses emigrating.



CZECH REPUBLIC

In 2009, the Czech Republic didn't report any serious effects of the financial crisis on the nursing profession. At the time, it seemed that large cities were actually benefiting from it, and that unemployed people were coming to work in the hospitals. However, there was a reported increase in the nursing workload, as well as cuts on the health budget.

Due to the already low limits set by health insurance companies on the number of bedside nurses, significant cuts in posts for bedside nurses were not planned in the Czech Republic in 2010. Reorganisation of work places in acute care facilities, however, was taking place in order to save finances, but this was seen as a positive step since nurses in units with lower bed occupancy would usually join other units. The strengthening of primary and home care nursing was still very slow, underestimated and the lack of resources was expected to hinder any improvements of the situation. The Czech nurses also reported that there was no more money to develop the primary care sector significantly. While there were no significant cuts in salaries or nursing posts, the new "pro-reform" government, in their attempt to save the country's finances, suggested the removal of the salary classes; a step that would significantly affect the nurses' salaries, especially those of nurses with extensive work experience. This, in turn, was expected to negatively influence the transfer of skills and knowledge to the new generation of nurses. At the time, however, the Czech Republic did not expect these measures to be implemented fully.

Today, positions for nurses are not being reduced on a large scale. However, because of the financial crises, the healthcare facilities that previously had numbers of nurses above the limits given by the insurance companies have started to decrease those numbers of nurses and other healthcare workers. Nurses with higher education (specialists, MA degree) are more expensive for healthcare facilities, and the threat of unemployment of nurses has helped to decrease their fluctuation. In addition to this, there is increasing pressure to use equipment efficiently and to prevent wasting it, which indirectly supports nursing research of nursing equipment efficiency. The Czech nurses report that an orientation towards community and primary care is mentioned often by the Government, but with few concrete actions. Moreover, the reduction of acute beds is planned and necessary, and while there have been no large cuts, some nursing posts are being replaced with nursing assistants. Yet, although it is hard to find jobs for some nurses, the nursing profession is still viewed as desirable.



DENMARK

In 2009, the Danish Nurses Organisation was cooperating intensively with the Confederation of Professionals in Denmark (FTF) to make it possible for unemployed adults who wanted to start an education as a nurse to have the financial possibility to do so. With the political willingness to make it possible, it seemed that the efforts would be successful. The instability in the private sector, at the time, caused many nurses to move to the public health sector instead of working in temporary employment agencies or private clinics, and there was a reported increase in applicants for jobs in the public health sector. However, the unemployment rate was increasing, and many private companies had closed, which was expected to cause a reduction in tax income, making it difficult to maintain or develop the public health sector. Moreover, the private hospitals, most of which are publically financed, were starting to downsize.

By 2010, the consequences of the financial crisis were evident in the health sector, with staff reductions and the closure of hospitals and departments. Since 2009, the unemployment rate of nurses had increased from 0.24% to 0.82%, and the situation was expected to deteriorate by the end of the year. Unemployment among newly graduated nurses was seriously high, with 25% not obtaining a nursing position after graduation. Needless to say, the staff reductions caused a high level of uncertainty and fear among hospital staff, and the consequences of the downsizing were high stress levels, deterioration of working environment and threats to patient safety. Furthermore, the closure of a number of private hospitals continued to attract health professionals to the public healthcare sector instead. Most alarming was the future lack of health professionals due to a large portion of the workforce retiring. The Danes reported that there are not enough young nurses to take over, and with the high rates of unemployment, the nursing profession would not seem a tempting option for high school students. Indeed, one nursing school had already reported only one applicant for the following semester.

Denmark has seen a small increase in nurses employed in the hospitals from 2009-2011, and a further decrease in nurses working in private entities. Unemployment continues to rise in many sectors (5.3% overall), and small entities are closing, while big entities are downsizing. With the new government, it will be difficult to push reforms, as there is no big majority. The situation will probably remain unchanged, with many nurses unemployed and many newly educated nurses emigrating from Denmark to Sweden.



FINLAND

In 2009, the overall economic situation in Finland worsened. The growth in health budgets decreased, and some smaller healthcare units were closed. Permanent posts were not automatically filled and personnel were advised to change their bonus holiday pay to days off. Employers willingly accepted unpaid days off when requested, and nurses reported cases when they were asked to work over-time and were not paid extra compensation for it. However, there were increasing amounts of nurse student applicants at universities of applied sciences that educate nurses. In 2010, in an attempt to counteract the effects of the financial crisis, some services were privatised to provide greater flexibility. Also, while increases in salary were deemed unlikely, Finland reported other new and interesting possibilities (e.g. a limited right to prescribe medication and the chronic care model) for nurses to advance their careers.

This year, the general trend is that labour market solutions for future salary increases will remain low. A striking result from the RN4CAST study is that 49% of the Finnish nurses intend to leave the profession within the year, while other reports suggest that about 10000 educated nurses have already left the profession in Finland. This might be because nursing is not considered a high profile profession in Finland, the salary is low, and the work is demanding. The national unemployment rate for the public at large is 7,8%, and 1.1% for nurses. On a positive note, the number of nurses and midwives working in the health services in the municipalities has risen in the last few decades, as has the amount of graduated nurses and midwives in the 2000s. The healthcare cuts, however, have created negative impacts on the waiting times and increased the number of patients on waiting lists. Inadequate resources in the public health sector will be a problem in the future, especially in primary healthcare and mental health. This only adds incentive to adopt e-health tools to increase productivity. In 2008, there were about 3770 Finnish nurses working abroad and in 2010 about 3500. Finland has traditionally not been a receiving country; only 0.9% of nurses are of non-Finnish origin, which might be explained by the language, climate, hard workload, and low salary level. Due to the lack of physicians, advanced tasks have been given to nurses, especially in primary healthcare centres. The Finnish Nurses Association, together with the Ministry of Social Affairs and Health, is involved in developing a new case manager model with advanced practice nurses, and, in 2010, nurses received the limited right to prescribe. The Finnish Nurses Association has introduced a Clinical Competence Certification for Nurses in order to recognize special know-how in clinical nursing and to enable career advancements and possible salary increases.



FRANCE

The French national nursing association has, since 2009, been actively participating in the discussions on education reform in France. By the end of 2009, a move towards an all degree level for nurses had been established, with the nursing profession requesting a Bachelor degree to enter the profession, as well as the establishment of Master and Doctoral degrees. The French Nursing Regulatory Body has also been implemented, along with several reforms. The effects of the economic crisis on the health of the wider population have resulted in an increased workload for nurses, both in hospitals and community care. This is further aggravated by the shortage of nurses and physicians. Discussions in the National Parliament to reform the healthcare provisions led to the introduction of the law HPST (“Hôpital, patients, santé, territoires”) in 2009. The law is a project of health organisation rather than funding. Specifically, it should allow the setting up of a care package that is of improved quality, accessible to all, and which meets all health needs.



GERMANY

In Germany, the effects of the financial crisis became evident very quickly as many nurses left their jobs, leading to a shortage of personnel. This, and other threats to the nursing profession, led to on-going talks on an educational reform in an attempt to drive nursing into higher education. Because of the increasingly difficult situation for nurses, the German national nurses association (DBfK) launched a campaign to 'Show the yellow card' to the Chancellor for her bad health politics, in November 2010. Indeed, nurses have been facing increasing pressure due to a heavy workload and the rising shortage of nurses. Also, some private employers in community care are requiring a Green Card for nurses and simplified recognition processes. Conversely, the shortage seems to have supported innovation. The number of universities offering pre-registration education has been increasing continuously, and there have been talks of creating Nursing Councils as self-regulatory bodies. Moreover, in 2010, the economy was doing surprisingly well as unemployment was at a long time low level. However, financial pressure on the health sector was increasing, as the Government did not succeed in reforming healthcare and the long-term care insurance.

As a result of the decreasing working conditions (workload, shortage of nurses, etc.) there has been an increase in members of the national nurses association (DBfK), whose biggest problem is to find a balance between addressing the problems of the profession and attracting nursing students. This year, the financial crisis continues not to have a major impact on the health sector in Germany. Unemployment is quite low and the economy is still doing well. As the health sector is primarily financed by contributions based on salaries and not by taxes, there is no problem and no added pressure financially. However, for several years there has been an increasing pressure on health insurance as well as long-term care insurance due to increasing expenditure. This has caused a reduction of nursing posts in hospitals and problems financing care in nursing homes (what is not covered by the insurance but has to be paid by the client or social welfare). Finally, in community care, nursing salaries are lower than in hospitals or nursing homes.



GREECE

In 2009, notwithstanding a reported increase in early retirement for nursing personnel, low salaries, and a low nurse/patient ratio, the precise effects of the financial crisis on the healthcare sector in Greece were not yet clear. By 2010, some important repercussions for the nursing profession as a result of the financial crisis were evident. All new nursing positions were frozen in spite of the fact that the need for nursing personnel was significant (an estimated 85000). Although a number of trained nurses existed, no hiring of new personnel was allowed. At the time, a government decision decreed that for every 5 retiring nurses, only one would be hired to replace them. The organisational and administrative structure of the public sector to which healthcare belongs has a lot of inefficiencies, which meant that an exact number of the nurses needed could not be established. The Greek nurses also reported low salaries and pay cuts (about 40%), which, coupled with a 30% increase in taxes, significantly impacted on the general conditions of the profession. Due to changes in the pension scheme, enforcing retirement age limits, and under the threat of pension reduction, a lot of nurses have chosen to retire early. Moreover, since state hospitals are unable to pay their debts to suppliers, these companies have either suspended or limited the supplies delivered.

About 1/3 of graduate nurses remain unemployed for 3-4 years after their graduation, and because of the lack of nursing personnel, nurses are forced to work not only with fewer expected days off per week but also more than the formal duty hours. The nurses' workload prevents them from providing the necessary care to patients, even to gravely ill patients. Moreover, patient complaints have been received on the quality of care, the waiting lists, health costs, health facilities, and the cost of medicine. Finally, a high rate of nurses' mobility is reported, but no concrete data is available on this yet. Since 2010, there has been a significant gap between nursing theory and nursing practice with no real effort being made to close it. Nursing stakeholders in Greece have repeatedly pointed out these problems and have even appealed to the European Court in order to safeguard the labour rights of nurses. The poor collaboration between nursing stakeholders and the Hellenic Regulatory Body, which represents the regulatory nursing profession institution in Greece, remains a significant problem. Although this Body has the power to solve some of the problems stated above, its administration has opted for a policy of conflict with the remaining nursing stakeholders, leading to no tangible results since its establishment in 2005. The lack of a Chief Nurse Officer in the Greek Ministry of Health has only worsened the situation as nurses are not included in the relevant political decision-making or involved in the planning for policies that directly concern them.



HUNGARY

The negative changes in Hungary in the past 20 years have resulted in a decrease in the number of people that choose nursing as a profession. Moreover, the changes in the educational system structure in 2010 did not encourage people to become nurses. Many schools that used to train nurses on a secondary level have closed, and the focus of nursing education has been mainly theoretical, instead of practical, which does not help nurses gain the necessary skills for practicing the profession. The wages in healthcare are extremely low; the starting salary of a registered nurse with a degree is only 340€ per month. Furthermore, hospitals are closing, and the worrying financial status of healthcare and hospitals has resulted in the dismissal of many employees, while a lack of retention at the workplace forces nurses to cope with extremely high workloads. In some cases, one nurse has had to provide care for 51 patients during one shift.

In the past two years, due to the government's tax amendments, there has been an 8-10% cut in wages. The government attempted to compensate for the cuts in salaries, but this was only realised in the state sector. The cuts in nurses' salaries are manifested not only in nominal value, but also in purchasing power. The financial crisis has not led to any cuts in nurses' posts, but there are many vacant posts due to the lack of sufficiently trained applicants. From 1 January 2012, new structural reforms are expected in Hungarian healthcare: institutional alterations and fusions are expected that can have an unknown impact on the number of nurses' posts. There have been no reported changes in the quality of care compared to the past years, but longer waiting lists in accessing healthcare have been noted. Thus, there have been no specific impacts detected on patient safety. The mobility within the country as a result of the crisis remains unchanged, with very low rates. However, migration trends have increased in the past year, as primarily young, independent nurses that speak languages take the opportunity to migrate. Their numbers in absolute value are not significant, but the increase in the number of nurses asking for a certificate from their employer does raise attention. On 1 October 2011, a reform on the structure of Hungarian healthcare facilities was introduced. Its main purpose is establishing an institutional system that is state-owned and state-regulated, meaning that the out- and in-patient professional care will be state property. Primary care (community care) remains the responsibility of the municipalities, but the state wishes to improve these services. By restructuring the healthcare system the government is expecting to ensure the provision of a better quality care while expenses can be optimised. This can be an answer to patients' complaints about the lack of sufficient experience by healthcare providers.



ICELAND

In 2009, the Icelandic nurses, partly due to a fear of their spouses losing their jobs, increased their positions from 75% to a near 100%, leading to a situation in which all positions were filled. However, the health sector was facing 10% cuts that year, with an additional 10% in the following two years. As a result, the situation for graduating nurses was quite unsecure as there were no available positions. Moreover, health centres were being closed down and their services moved out to homecare, while the shortening of patient stays in hospital was leading to sick patients being attended to in their homes.

Since the economic recession hit the country in October 2008, a number of hospitals and hospital units have been merged and many head nurses have lost their jobs. Around 1,5% of nurses in Iceland are on the national unemployment list each month, and for the past two years no overtime has been allowed unless permitted by the head of division beforehand. This has led to a severe decrease in nurses' salaries and increase of working hours. As a result, the nurses' workload has increased due to many changes, and nurses have expressed their worries that the quality of care will suffer, and in some cases, that patient safety will be jeopardised. In 2010, the Icelandic government declared severe cutbacks in funding the healthcare system for 2011. As a result, and since salaries make up around 75-80% of the operating expenses of healthcare facilities, high numbers of healthcare workers were expected to be laid off.

This year, there have been no reported cuts in basic salaries, and no overtime allowed. Management positions have been cut, while an increase in the number of nursing posts and a decrease of working hours has been reported. There has also been an increase in the number of nurses looking for jobs abroad for short periods (2-3 weeks), mainly in Norway. Finally, the number of hospital beds has decreased extensively, and the number of patient complaints to the Directorate of Health in the last year was 252, with the main cause of complaint being wrong or insufficient treatment.



IRELAND

In 2009, the Irish Nurses and Midwives Organisation (INMO) reported a moratorium on recruitment (no replacement/recruitment of any new staff for any reason) which led to the loss of 4000 nursing posts, 1200 new graduates without jobs, and the closure of beds and hospitals. By 2010, the economic situation in Ireland was extremely bad and had led to cuts to all public sector jobs and salaries. It was also estimated that another 1000 nurses/midwives would retire in 2011 without being replaced. The Government set a target for 6000 employees to take voluntary retirement before the end of the year, which caused great concern about the effects on the health service. Moreover, salaries in the public sector were cut on average by 14% and employees had to contribute an extra 6% to pension funds.

Nurses, in the last 3 years, have suffered dramatic reductions in pay including a pension levy on gross earnings of 3% to 10% depending on salary, a pay cut of 5% to 10% according to salary scale, and a loss of shift premium, overtime and allowance. The public sector has lost 2800 nursing and midwifery posts since the Government imposed a moratorium on all public sector posts in 2008. Ireland has 1500 new graduates who are not getting contracts because of the moratorium and the majority of these are emigrating to the U.K, Australia and U.S. In addition to this, around 800 nurses retire from the public service each year without being replaced. The INMO is continually negotiating for contracts for new graduates and an exemption from the moratorium for front line nursing staff. The cuts to healthcare budgets and the need for hospitals to keep within the budget have resulted in severe austerity measures, ward closures, hospital closures, curtailment of services, and re-configuration of services. This, together with the reduction in the number of posts, has resulted in increased workloads, increased waiting lists, overcrowding in emergency services, and as a consequence, an increasing risk to patient safety and an impact on the quality of care. Nurses are continually communicating their concerns and in one hospital INMO nurse members have taken part in industrial action (i.e. work stoppages) in an emergency department because of overcrowding and insufficient nurses to give safe care. On a positive note, nurses are now independent prescribers of medications and ionizing radiation (x-ray), following enactment of legislation. The number of nurse prescribers is increasing continually and evidence shows that they are having a very positive impact on patient care. Ireland has had a continuing trend of healthcare reform over the past 10 years and now, with the economic recession and a new Government, anticipates further changes both to the delivery of care and the funding of healthcare. Finally, patient satisfaction surveys are very positive, particularly for in-patient care. Evidence shows the majority of complaints are about emergency services, waiting times and inadequate community support.



ITALY

In Italy, in 2009, many retiring nurses were not replaced; a measure that was a direct result of the Government's decision to cut costs on healthcare. There was also increased recruitment of lower-paid nurses from abroad, while limited nursing posts were announced. Moreover, nursing education was under-financed as most available funds were going to medicine, and hospitals and units were closing down to save money.

By 2010, the general rate of unemployment was 9%, while cuts in nursing posts and research were also affecting the profession. No new posts were being created and retiring nurses were still not being replaced. In addition to this, Italy was facing an immigration problem because the Government couldn't control the movement. As a result, the home care and elderly care sectors were being led by immigrants without any qualification. This, of course, prompted the Italian national nurses association to stress the necessity for a legislation of recruitment of health professionals to be put into practice. Moreover, while the Bologna process was offering new possibilities of educational development for nurses, any future career (in education, administration, and clinical areas) seemed certain to be halted by the sheer lack of posts for more educated nurses. At the time, Italian nurses also stressed the importance of defining standards, skills and competences.

Today, while there have not been any cuts in salary, the cost of life is increasing. Furthermore, nurses are receiving a measly pay for working on holidays and nights, and a lack in career development, especially in clinical fields and nursing education, is affecting the profession as a whole. Sometimes, nurses working overtime do not always get reimbursement for their extra hours. In general, the situation is chronically very different in each Italian region and health trust. Fewer nurses are being employed as beds are gradually decreasing in number, and the few open competitions for permanent positions as "general nurse" in public hospitals (mostly in the North of Italy) are attracting the interest of hundreds or thousands of nurses. Ironically, these data are being used to show that Italy does not have a shortage of nurses, which shows the poor leadership at different levels as the main cause of the weakness in the system. Finally, increasing workloads seem to be affecting quality of care, while the shortage of nurses and the goal of reducing costs are leading to a drastic reduction in the number of beds, which in itself is a worrying sign for the future of healthcare in Italy because it is not balanced by adequate home care (i.e. family nurses, community nursing, primary health care services).



LATVIA

Since the financial crisis, the national nurses association in Latvia has been asking for international support regarding the effects of the crisis on nurses, nursing and the patients. Concretely, in 2009, 13 hospitals were closed with many nursing jobs at risk, healthcare staff was not being paid overtime, the healthcare budget had been reduced by 40%, hospital prices had risen (150%), and a lack of financial and administrative support prevented primary healthcare from being implemented.

Since then, the nurses' salary has decreased 20-40% (the previous salary was around 500€, but now it is 400€), and there is 5-6% unemployment in nurses (14% general unemployment). As a result, the Latvian national nurses association has decided to decrease its membership fees in an attempt to keep their organisation alive. Latvia also faces severe problems in nursing recruitment due to the low salary, the fact that there is no free movement of professionals within the country, and the high level of recruitment and movement to the UK, Germany, Norway and Ireland. An added problem is that the nurses who decide to work abroad do not end up working as a nurse but as an assistant nurse. There is therefore a strong need for more developments and focus on education programmes with European Social Funds. On a positive note, 2011 has seen a slight improvement as unemployment has decreased by 0.5% and primary sector GP's are working with 2 nurses. Moreover, the nursing profession is very popular in Latvia but strong efforts still need to be made to counteract the effects of the crisis, so that the interest in the profession can be maintained.



LITHUANIA

In 2009, the Lithuanian National Nurses Organisation (LNO) announced that the country was facing a 6% decrease in the healthcare budget, and that nurses' salaries were to be decreased after discussions with the Ministry of Health had yielded few positive results. In addition to this, migration in nurses was on the rise as an increasing number of nurses were enquiring about the procedures for working in another country.

In 2010, budget cuts continued as salaries of nurses and other health professionals were cut by 10% for the second time since 2009. The nurses' salary was very low with an average of 300€, and nurses' posts were also being reduced (in 2010 alone, 200 posts were cut). Moreover, retiring nurses were not being replaced leading to an increase in the nurses' workload, while nurses' replacements during holiday periods were not being refunded or paid. A worrying report stated that the salaries of nurses were not only being decreased, but in some hospitals, they were being paid late. The LNO received information from one hospital that nurses had to write requests asking for their salaries to be paid on time, specifically indicating the reason why they needed the money. At the time, the LNO published an article on all the nursing problems, describing the low salaries and the increase in workload in some healthcare institutions and hospitals. This, coupled with intense pressure on the Government through strikes etc., eventually led to the adoption of a decision that stated that workloads should be regulated to ensure safety of nursing services, developments should be made in primary healthcare and in controlling nurses' workloads, and social dialogue and the participation of the nurses in the decision making process should be promoted. However, thus far, this has yielded little to no results.

The financial crisis has strongly affected nurses and nursing in Lithuania as the crisis coincided with healthcare institution reforms which resulted in the closure of some departments, a decrease in salary and unemployment. In the past couple of years, reductions in salary have gone from 5% to 15%, and it is only this year that the nurses saw a slight increase in their wages, bringing them back to 2009 figures. There is still a shortage of nurses in Lithuania as the government does not provide additional funds and does not create additional vacancies. This directly relates to the increased workload and low salaries which continues to affect the nurses in Lithuania.



LUXEMBOURG

Luxembourg appears to have emerged from the financial crisis relatively unscathed with regards to nurses' salaries and posts. However, the national nurses association in Luxembourg has reported other nursing-related problems. In what appears to be a reaction to the increased cost of medicine and medical care, patients are now choosing to self-administer and to make fewer calls to nurses. Moreover, quality and safety has been compromised by added costs to homecare patients and the hiring of low- or non-qualified staff. A restriction of roles, especially in elderly care homes and homecare, has resulted in a lot of under-qualified people performing tasks that should be performed by qualified nurses. In terms of migration, few nurses leave the country but a lot arrive from abroad: 66% of the nursing population in Luxembourg are foreigners, commuting every day from Belgium, France and Germany. Finally, a January 2011 health reform has led to, and continues to lead to, increasing costs for patients and administrative problems for nurses.



MACEDONIA

The Former Yugoslav Republic of Macedonia has experienced the same effects of the financial crisis as many of the Eastern European countries and new EU Member States. Nurses' education is of a very low level in terms of degree level, requirements and public estimation. Moreover, due to a shortage of posts, less qualified nurses are in competition for resources with higher qualified nurses, and recruitment is almost always on a temporary basis. The Macedonian Association of Nurses and Midwives also reports a seriously low salary for nurses. Of course, as a non-EU Member State, the country's nurses cannot take advantage of the free movement of persons and workforce, leading them to stay and deal with the poor working conditions.



MALTA

In 2009, the Malta Union of Midwives and Nurses (MUMN) expressed their concern about the emergence of “hybrid” healthcare workers, who were taking over the nursing posts, and the low nurses’ salary structure. Moreover, due to the lack of recruitment, nurse managers were seen as wasted resources because they weren’t working directly with the patients, and nurses were losing some of the privileges that normally go hand in hand with specialisation and management roles. At the time, geriatric and primary care were the areas most affected.

Malta has been faced with a lot of problems as a result of the recession, namely the recruitment of nurses from India and Pakistan, which has left young Maltese people, wanting to work as nurses, forgotten. As of 2011, the MUMN has been trying to get a sectoral agreement for nurses on continuous professional development (CPD) to address certain workforce issues. Finally, quality of care has suffered recently, as the building of new hospitals is leading to a shortage of beds.



MONTENEGRO

As a non-EU Member State, the crisis is much deeper in Montenegro than in many other European countries. Much like its neighbours, the country is facing cuts and restrictions in a number of areas, namely healthcare, affecting nurses and other health professionals alike. In addition to being a small country that cannot, at present, benefit from the open borders and the free movement in the EU, the nurses in Montenegro are suffering from extremely low salaries (the salary of a nurse is about 300€/month), and a high rate of unemployment. Increasing efforts have been made to have a regulatory body, but a trade union for nurses is not yet a reality. The national nurses association cannot foresee any quick solutions or immediate improvements on the situation because, while a reform of the health system is on-going, many steps have been halted due to the crisis, leaving the nurses and their hopes of progress temporarily paralyzed.



NETHERLANDS

In 2009, the national nurses association in the Netherlands (NU'91) predicted that 2010 would be the year when the impact of the financial crisis would become visible, as they expected budget cuts and reductions in social funds and pensions. It was foreseen that 1/3 of the finances would be reduced and a rescue plan would be developed.

The NU'91 was correct in its predictions, as in 2010, it became evident that the Netherlands was also seriously affected by the recession. Due to an increased demand for care and an ageing population, the system was becoming increasingly expensive, and the government was expected to make a 30 million€ cut on healthcare for their 2011 budget. These cuts were both the result of and pre-cursors for certain trends taking place in the Netherlands. In addition to an erosion of care, particularly in elderly care, and a shift in healthcare personnel, a 5-tier care system was set up, which divides nurses into 5 different categories. Only level 4 and 5 are allowed to call themselves nurses, level 2 and 3 are caretakers and level 1 is help or support staff. The difference in levels indicates the tasks and responsibilities you are trained for, and this leads to the aforementioned erosion of care, as healthcare professional are working with indications of care and far less with an overall budget with which to provide care. The resulting trend, in 2010, was to let lower-skilled staff do the job of the staff one level above them. While these factors were perhaps not a direct impact of the recession, they started many years ago as measures for keeping healthcare affordable.

Today, all nurses' salaries remain unchanged in spite of inflation, and while a shortage of 25000 nurses is still expected by 2020, there is a growing interest in nursing schools. Maintaining or improving quality of care is a difficult task, as cuts in the healthcare sector are affecting everybody. The biggest resulting trend at the moment is that nurses aren't being replaced. While no research or data is available on patient safety outcomes, it is easy to imagine the potential negative effects occurring as a result of the decreasing number of operational nurses and the increase in nurses' workload. Finally, the economic situation is also significantly decreasing Dutch nurses' mobility, while there has been a small rise in the number of complaints.



NORWAY

Norway is probably one of the least affected countries when it comes to the effect of the financial crisis on nurses and nursing. In 2009, the Norwegian nurses were in discussions over pensions, and the Norwegian government had launched a number of recession initiatives. As Norway had a large oil fund in reserve, it was decided that some of these resources would be invested in public expenditure, such as construction and maintenance of buildings, schools, nursing homes, hospitals etc. Thus, no cuts or downsizing were made in the healthcare sector, as the public funds were used to counteract the financial/economic crisis.

In 2010, the situation remained the same in terms of cuts, and even improved in some areas as the hospital and municipal sectors managed to negotiate an increase of 3,4% in nurses' salaries. In addition to this, a new regulation entered into force on 1 January 2010, which introduced a graded remuneration for inconvenient working hours for workers involved in shift work and rota work, who work at least every third Sunday. It was estimated that over 30000 employees would receive a reduction in statutory working hours, most of them working in female-dominated occupations, particularly as nurses and nursing auxiliaries. However, it was a condition for practical enforcement of the statutory amendment that the social partners agree on corresponding reductions in working hours in their collective agreements. As a result of this, when implemented, this would represent an overall improvement in conditions for nurses in Norway, as they would see a gradual reduction in working hours during weekends and nights.

Today, while the Norwegian nurses continue to report no real evidence of cuts in salaries or nursing posts as a result of the crisis, there are still certain developments towards cost reductions and maximising efficiency in the healthcare sector. There have been large mergers in the hospital sectors, and the current debate in health politics revolves around the issue of closing down smaller hospitals, in favour of centralising healthcare services. "The coordination reform", which is to be implemented from January 2012, is a major reform which aims to move human resources, tasks and services from the hospital sector to the municipalities, closer to the patients. The main objectives of the reform are ultimately to cut costs, maximise available resources and create a more efficient health sector.



POLAND

In 2009, the Polish nurses protested against nurses' salaries to no avail. Overtime wasn't being paid and there was a severe shortage of primary care nurses, which led to nurses not retiring although they had reached the retirement age. At the time, there were also concerns about the low interest in nursing education and the potentially alarming implications of this on the nursing profession in Poland. In 2010, government cuts were posing a number of challenges to the healthcare sector, particularly nurses. Many nurses would work without being paid because they wanted to provide patients with the care they needed, and although an Act had passed in the Polish Parliament which would provide an increase in nurses' salaries, many were still reporting cuts of up to 10% in salaries. Moreover, the Polish nurses were still reporting a large gap between nurses' and physicians' salaries. As regards posts, the Polish Nurses Association (PNA) objected to a regulation which fixed staffing at 1 nurse per 20 patients, stating that the formulation of arbitrary norms for nurses' staffing could not be accepted because each hospital ward differs. The PNA also worried about the impact of the changes in hospitals status from public to commercial companies on nurses' posts and salaries. Another problem is that it is quite common for nurses in Poland to work two jobs, but not only is this dangerous, it also gives the Government the false impression that nursing care is adequately provided.

Today, nurses' salaries have increased slightly but there is still a big gap between nurses and physicians. Since 2010, a new law has been introduced which says that an employer is obligated to increase salaries of health personnel with no less than 40% if the health institution gets a higher payment from National Authorities (3/4 of this amount should go to nurses' and midwives' salaries). However, this year, another law has been introduced which allows the transformation of public health institutions into civil entities, and the common practice after transformation seems to be a reduction in salaries. Moreover, shortage of nurses, bureaucracy, more patients under nurses' care, lack of equipment and multiple jobs affects the quality of care. In many cases, the patients' family has to perform nursing duties as the nurses themselves don't have enough time to spend with the patients. The PNA, with support from the EFN, has voiced its concerns to the Polish Government about the nurses' contracts (civil contracts), which allows them to work more than one job, as this is considered one of the main factors affecting quality of care and patient safety. Finally, in terms of education, there are numerous fields in which nurses can specialise themselves, and although many decide to further their education with a master's degree or some other form of post-graduate degree, a lot of the competencies acquired are not recognized in practice.



PORTUGAL

In Portugal, the financial crisis brought on some new trends such as a halt in recruitment of new nurses and unpaid overtime. This unfortunately meant that there were no jobs for the newly graduated nurses, leading most of them to offer to work on a voluntary basis. Most specialised nurses would continue to work as general nurses because the hospitals no longer supported or paid for them. In 2010, the Portuguese Government announced a third national Growth and Stability Pact in a short period of time, which introduced measures that some expected to significantly worsen the living conditions of the vast majority of the population, nurses included. Some of the measures at national/institutional level were: a cut of 12,3% in the overall budget of the Ministry of Health, with a special incidence in lowering the reimbursement of the cost of medicines; stopping the implementation of financial incentives planned for a new type of care delivery organization in primary care; and a reduction of the number of nurses per shift (hospitals and “public/private partnerships”). Some of the announced measures that were expected to have greater impact on the individual life of nurses were: salary cuts from 3,5% to 5% (bigger cuts for higher salaries – max 10%); general hiring freeze; non-renewal of individual fixed term contracts; suspension of promotions; tax increases for nurses working independently; and a 10% cut in overtime and “supplementary and inconvenient hours”. This obviously led to a number of consequences such as high levels of unemployment for newly graduated nurses, decrease in quality of care, and a freeze in replacements (leave of absence, retirement, etc.).

This year, no direct salary cuts have been observed but the big increase in everyday taxes, the freeze on wages for public servants, and the special taxes are indirectly reducing the salaries. Newly qualified nurses continue to have difficulties in finding a job, and as one of the main criteria of getting a permanent job is professional experience, many of them are accepting very low wages in private companies/agencies that supply temporary nursing services in order to get the professional experience that they need. Retiring nurses are not replaced, and in some hospitals the number of nurses on shifts/teams has been reduced. Due to the hiring restrictions in the public service, outsourcing contracts of nursing services are not being renewed and many nurses have been laid off. Many factors are contributing to an almost certain decrease in the quality of care: less nurses, long working hours, high turnover, non-payment of overtime, and lack of/or poor quality materials. Finally, as regards migration, especially newly qualified nurses are leaving the country in search of better working conditions, and as many other European countries can provide them with this, it is seen as a "safe ticket" to get out of the country and away from the effects of the crisis.



ROMANIA

Romania has been feeling the effects of the financial economic crisis since 2009. It has affected many people, especially the elderly and those with low income. As a result, the Government took some measures in early June, 2010: VAT was increased from 19% to 24%, and the salaries of all those working in the public sector, including nurses, doctors and all staff working in the healthcare sector, were decreased by 25%. At the time, the Ministry of Health urged the Government to approve the opening of posts in the health sector, in units such as ICU, emergency medicine, radiology, etc. and hospitals in areas where there were considerable shortages. The Ministry of Health attempted to unblock 2322 positions and local authorities were making efforts to create an estimated 750 jobs. However, the Romanian healthcare system was facing further problems as hospitals were decentralised, forcing the Ministry of Health to pay the debt to drug and medical suppliers. The situation was difficult as sometimes patients would have to buy their own medicine, when being treated in hospitals.

This year, the salaries of nurses have increased by 15% but the tax increase remains the same. Many jobs have been cut, and although there are many available nurses, there is not enough money to pay them. Moreover, pensions are now contributing to health systems, and there is a significant lack of material and medicine in the hospitals. It is no wonder that many nurses migrate to other countries in search of better working conditions and salary. The Government has announced its intention to create more jobs, but whether this will actually happen and whether it will improve the situation that the Romanian nursing profession currently finds itself in, remains to be seen.



SLOVAKIA

In 2010, the Slovakian state budget lost over 84,9 million€ as a result of the crisis. At first, it was unclear which sector this loss would affect the most, so the Slovakian nurses kept a firm eye out on the changes in the financing of healthcare systems, which was mostly covered by the healthcare insurance. The biggest health insurance company had a debt of over 46 million€ and aimed to decrease its expenses about 2,5 %, which meant about 5,5 million€ per month. As a result, healthcare providers obtained 5% – 17% less financial resources for their operations, which meant less money for salaries. The Government maintained that the decrease in health insurance taxes of state employees would not affect the patients, but did concede that it would affect healthcare workers and the healthcare environment. Consequently, nurses working in healthcare facilities in municipal hospitals earned in average about 212€ less a month than in university hospitals (sometimes up to 400€). In small regional hospitals, nurses with 20 or 30 years of experience earned about 412€ a month. The Slovakian Chamber, along with other professional organisations, asked the Government and the competent Ministries to adopt changes in remuneration and systematic steps to declare a labour price for nurses and midwives, so they will have a legal entitlement to a salary which adequately reflects their education, level of profession, and physical workload.

Today, the Slovakian nurses haven't had an increase in salary for two years, and the lack of measures aiming to put an end to extremely low salaries has triggered trade unions to demand a salary increase of 5%. However, there have been no mass layoffs of nurses because the national Slovakian nurses association has prescribed a minimum staffing normative. Nurses from closed down departments have been transferred to other departments in need of staff. On the other hand, nurses are downgraded to lower positions (i.e. carer) despite the fact that they perform the duties of a nurse. Moreover, the lack of nurses is often compensated by carers who are not professionally qualified. The poor organisation of hospital beds and the lack of financial resources is causing extended waiting times for patients and hospitals to buy medical supplies of lower quality. Needless to say, these factors influence the quality of healthcare and patient satisfaction. Access to healthcare has been reduced which is directly threatening the safety of patients. Also, patient's fees are among the highest in the EU, in spite of Slovakia's low economic and social status. Finally, although there is a shortage of nurses, many find it difficult to find jobs across regions (due to low salaries, difficulty finding accommodation etc.) so there is an increasing number of nurses who leave Slovakia to work abroad, as this often leads to better working conditions and higher salaries.



SLOVENIA

In 2009, there were 2 nursing universities and 6 nursing schools in Slovenia, which led the national nurses association to believe that newly graduated nurses would find it difficult to find a job. At the time, the Health Ministry was trying to establish a new law for nurses and a new regulation system, the implementation of which would start with specialist nurses. The financial crisis had not lead to any direct cuts in funds as regards health but they were expected to be reduced. Certain hospitals had to cut jobs to remain economically viable, and it was becoming increasingly obvious that there were serious issues in the inadequacy of workforce planning at national level. Due to limited resources, the elderly were being taken care of by their families.

Since then, rather than seeing a trend of direct cuts in nurses' jobs, the downsizing has been taking place quietly by reducing the number of employees through retirement, or not replacing nurses on maternity leave or sick leave. While trade unions strive to maintain the agreed level of wages for nurses, the recession in Slovenia seems to have sparked an opportunity to promote the importance and role of nursing and midwifery services in the health system. However, in addition to Government cuts on health services, the Slovenians still face a difficult challenge in both the shortage of nurses and the unemployment of newly graduated nurses. One problem doesn't necessarily offer a solution to the other, as one would expect, so we may soon see an increase in the number of nurses leaving Slovenia, as observed in its neighbouring countries.



SPAIN

In 2009, the crisis was affecting nurses in Spain in terms of employment and workload; the increase in workload being mainly due to a rise in social deprivation issues. Management roles in primary care were reduced in some regions, and the private sector was recruiting less qualified nurses, while nurses were asking for less sick leave days as they were afraid to lose their jobs. The Health Ministry decided not to cut the health budget, and the government was analysing social funds for pensions, as people were expected to work much longer to get their pension.

By 2010, there was an increase in the public deficit and a general unemployment rate of 22% (although unemployment had not affected the health sector). 250000 nurses did, however, suffer a 5% decrease in their salaries, and although a study revealed that 90% of nurses would accept a salary decrease if helpful for tackling the economic crisis, the situation shed new light on the need for new human resources strategies, specifically to reach the same rates of health professionals as in the rest of Europe (70% nurses, 30% physicians). It also led to the signing of an agreement to carry out a competences reform to give more responsibilities to nurses (in chronic diseases, prescribing and diagnosis).

This was particularly relevant as it is becoming increasingly evident that there is a need in the current health system to give new responsibilities to nurses. This development specifically led to a regulation on nurses prescribing. However, with a regional deficit of €20 billion in the healthcare system and a new Government, these trends will most likely spread and quality and certainty will start to erode.



SWEDEN

In the period between 2009 and 2010, there had been a halt in investment in new nurses in Sweden, and some jobs were being cut which, consequently, was threatening quality of care and the health of the nursing workforce. However, no real link could be made between figures and the financial crisis for the health sector, as in reality, the health sector in Sweden had been suffering cuts in the budget every year since 1990. The most important issue was the shortage of specific nurses; the reason for the shortage being that there is no relevant difference between the salary of a specific nurse and a general one.

This year, there have not been any cuts in the salary of newly graduated nurses in Sweden specifically related to the economic crisis. The starting level of salary negotiations in the healthcare sector however, depends on the level set by the industry, so since the salary negotiation level has fallen, the financial crisis can be said to have had an indirect negative effect on the salary scope. Moreover, the number of specialist nurses has decreased over the last ten years but this cannot solely be explained by the economic downturn. The lack of specialist nurses does affect the quality of care; this is particularly clear in psychiatry-, elderly-, medicinal-, surgical-, ambulance- and primary care. A new law on patient safety was also introduced in 2011, which states the patient's right to be involved in his/her own care. In contrast to other European countries, the economic downturn seems to make Swedish nurses less mobile, while they also experience difficulties in getting permanent employment. On a positive note, in Sweden, the tendency is moving towards a more patient-focused health system and this shift is related to the new law and to a political discussion about health promotion. These new changes also include task shifting and further development of e-health.



SWITZERLAND

In Switzerland, health is financed by a tax so the impact of the economic crisis on health and nursing is relatively low. However, in 2009, it was estimated that in the long-term the crisis and the nursing shortage would have a big impact on nursing as qualified nurses would be replaced by under- or non-qualified workforce and nurses would start to migrate out of the country. In 2010, there was no evidence of any cuts in salaries or nursing posts, but there was pressure on the health system and workforce to control health costs, despite the existence of chronic diseases and increased rates of ageing. At the same time, there had been new developments in education, specifically with regard to the qualifications of professionals.

This year, although there is still no evidence of a shortage of posts, a new reform in 2012 is expected to lead to up to 10-15% cuts in nursing posts. There is an increased willingness to take on less-qualified or even non-qualified staff as a response to the foreseen shortage, but according to the Swiss nurses, this is a step fuelled by financial interests more than anything else.



UK

In 2009, there were job losses and pay cuts, especially in the private sector and primary care. A Royal College of Nursing (RCN) survey from 2008 revealed that almost 75% had to get a second job so they could afford to study. Nurses were dropping out of their studies prematurely because they couldn't make ends meet and there were worrying signs of an emerging recruitment and retention crisis with around 25% of student nurses dropping out of university and 180,000 nurses due to retire within the decade. In 2010, while there had been no pay cuts, a national 2-year pay freeze for all staff working in the public sector earning above £21,000 had been instilled as a response to the extraordinary economic circumstances.

This year, in addition to the 2-year pay freeze, inflation has been rising at a steep rate and the RCN is concerned that nurses are struggling with commitments like childcare, housing costs, heating, and other household essentials. Employers have also attempted to erode national terms and conditions locally by asking their employees to work one day for free in order to deliver cost-savings. Moreover, the Government recently put forward a proposal to increase average NHS pension contributions by over 3% between 2012 and 2015 for nurses and other healthcare staff. Thus, the healthcare system in the UK is under tremendous pressure to deliver efficiency savings in an economically constrained climate while also responding to increasing patient demand, rising costs for drugs and an ageing population. The RCN's Frontline First (FF) campaign was launched in July 2010 to monitor the impact of the austerity measures on the NHS by asking nurses to identify workforce and service cuts, highlight waste that can be avoided, and provide innovative ideas on where improvements can be made. An update on the FF campaign in November 2011 highlighted that approximately 48,029 posts are at risk in England; with 56,058 posts at risk across the UK. Similar cuts are evident in Northern Ireland (4,000 posts at risk), and in Scotland (4,029 posts earmarked to be lost over the next few years). In Wales, vacant posts are not being filled and maternity and sickness cover are not being provided. There is increasing evidence of substituting regulated nursing jobs with unregulated healthcare assistants and assistant practitioners. Moreover, changes to UK immigration policy has led to reduced numbers of non-EU nurses and healthcare assistants seeking employment in the UK, while an increasing number of UK nurses are leaving to work overseas. Finally, the commissioning and provision of healthcare services in England is undergoing major reforms as the government seeks to increase patient choice, reduce bureaucracy and give clinicians more freedom in the commissioning of services for their local communities (Coalition Government's White Paper on NHS reforms).

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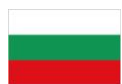
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