

# From globalisation to slowbalisation: Maintaining our workforce and standards in critical care

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No conflict of interest to declare

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**Who are we?**

# Who are we representing?

**EfCCNa** represents **>25,000** critical care nurses (31 national organisations)

Number of **ICU beds** in Europe: **11.5/100,000 population** (4.2 – 30 beds)

Nurse:Patient ratio in Europe: **1 to 4 patients per nurse** (2-7 FTE nurse per ICU bed)

Europe has **746 million inhabitants**

With 2 nurses per bed: **>170,000 ICU nurses & >200,000 critical care nurses**

We do not know the right numbers of intensive and critical care nurses  
→ crucial to know where we come from

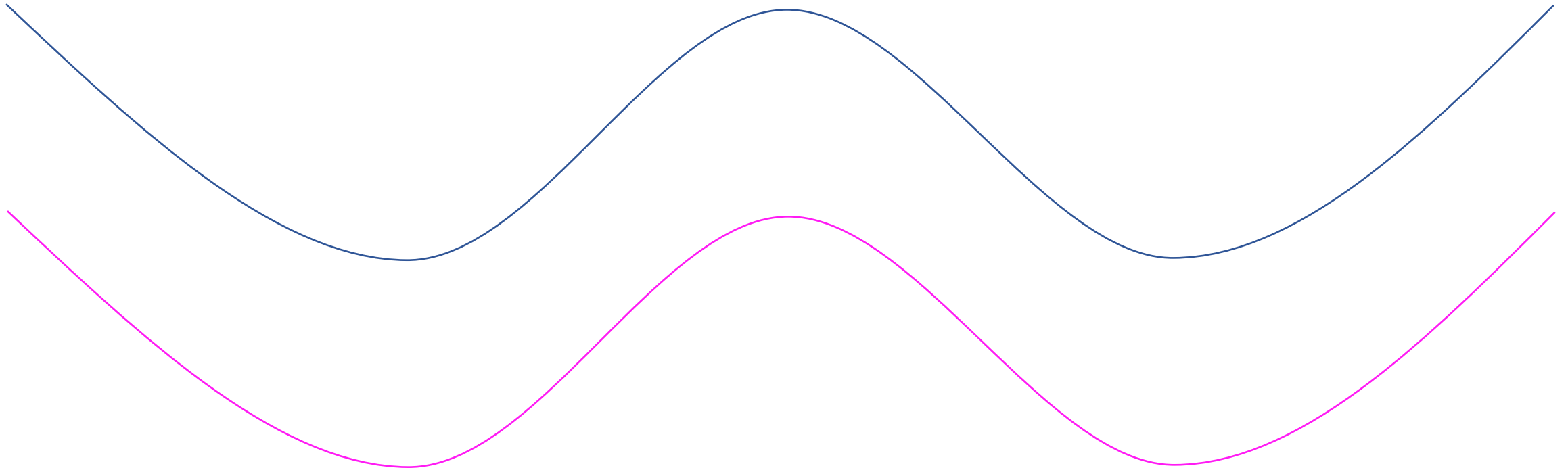


# Globalisation

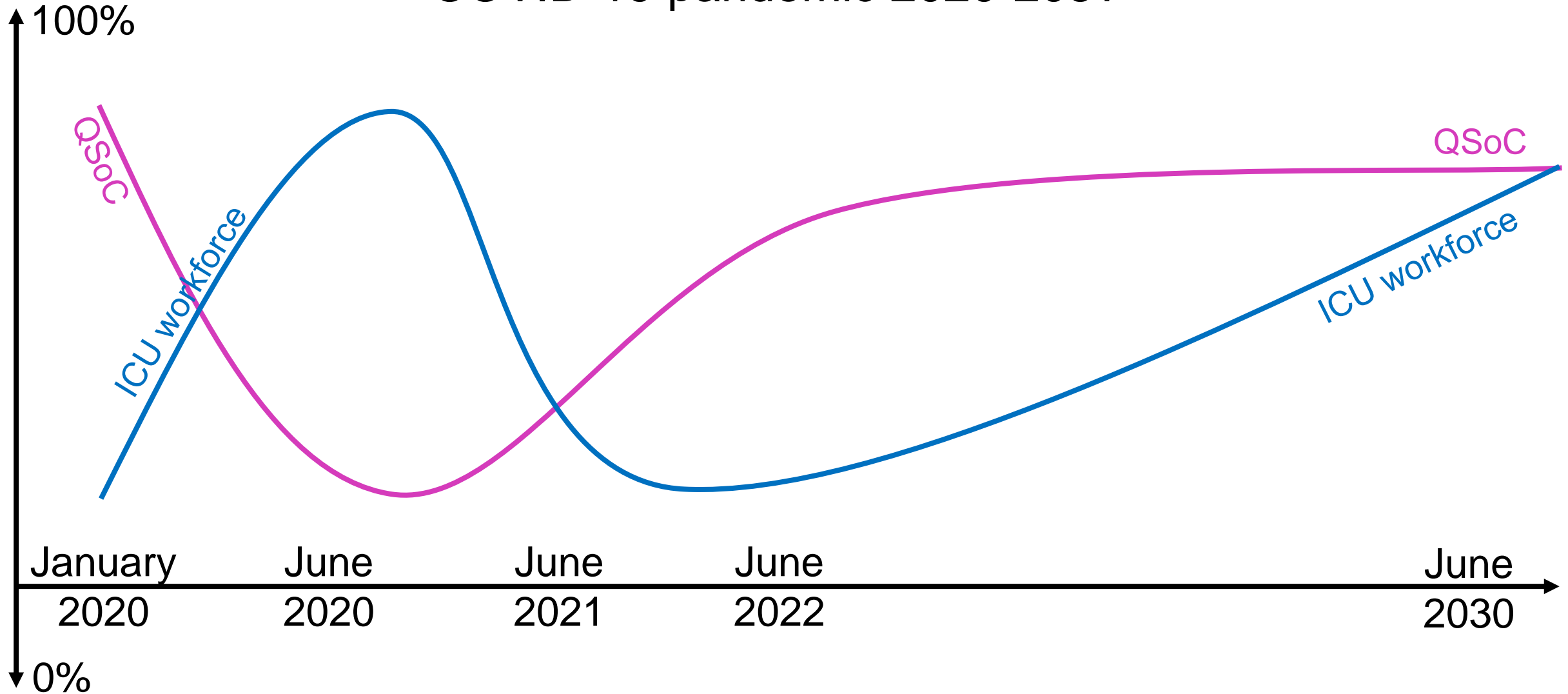
The background is a vibrant blue composition. On the left, a portion of a globe is visible, showing cloud patterns. Overlaid on the globe and extending towards the right are several layers of glowing binary code (0s and 1s) in a light blue/cyan color. A bright, intense light source on the right side creates a strong lens flare and illuminates the scene, casting a glow over the binary patterns and the globe.

# Where do we come from?

ICU Workforce & Quality and Safety of Care  
last three decades -> till COVID-19 hit us



# ICU Workforce & Quality and Safety of Care COVID-19 pandemic 2020-2030?







**PATIENTS**

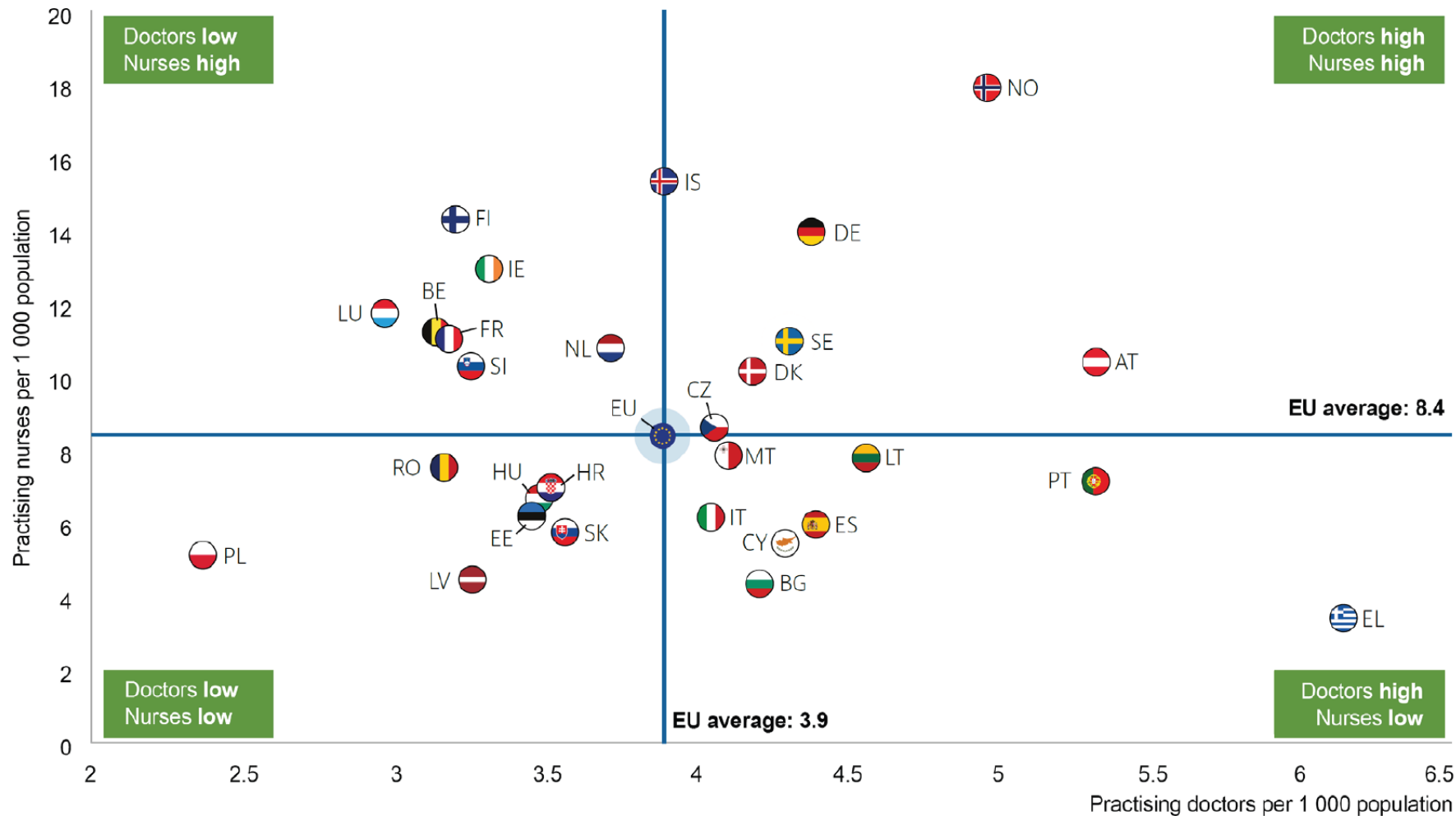




# Nursing Workforce

# Rethinking workforce

Figure 3.1. Doctors and nurses per 1000 population, 2019 or latest year available

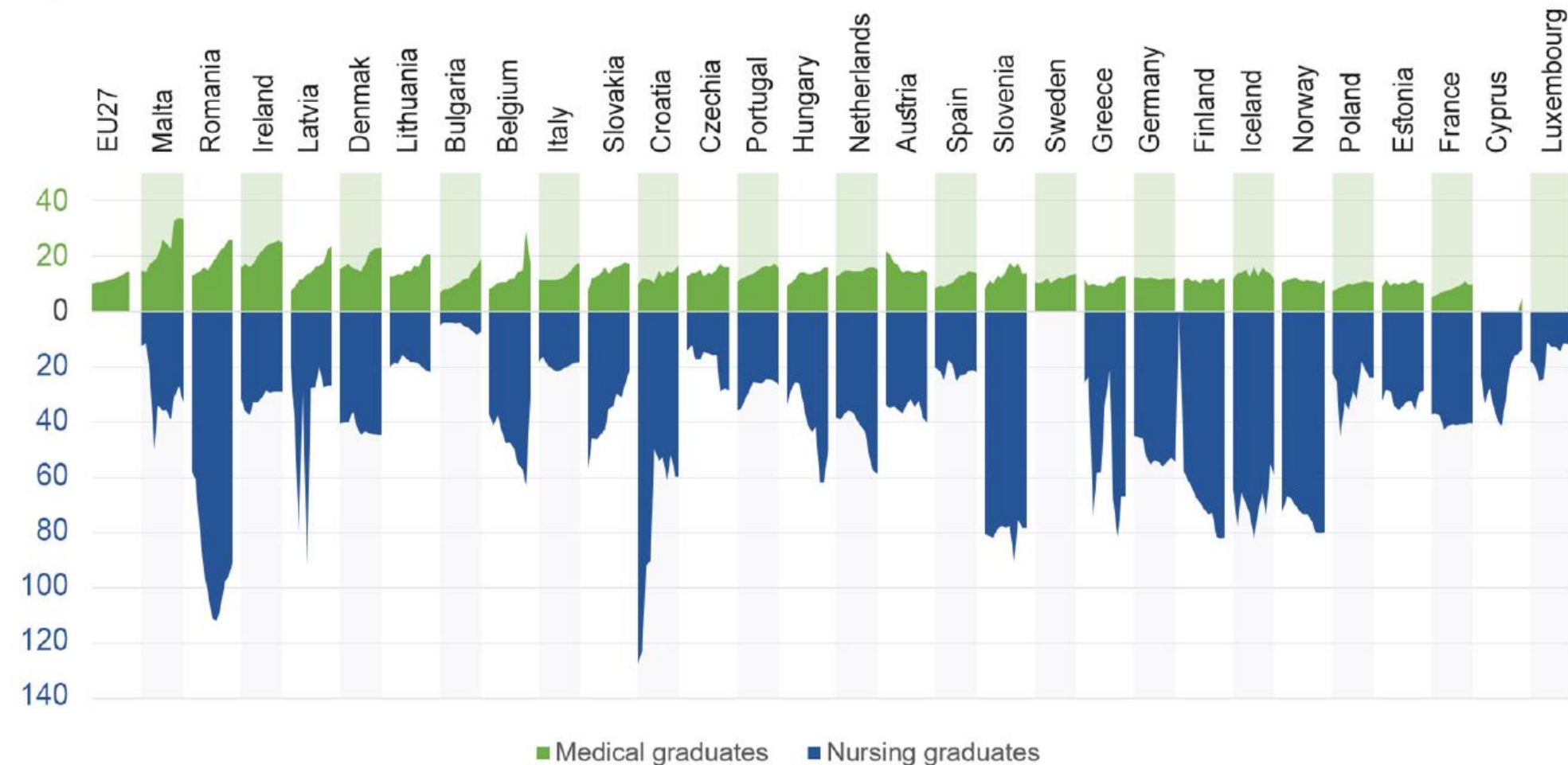


Note: In Greece and Portugal, data refer to all doctors licensed to practice, resulting in an overestimation of the number of practising doctors. In Greece, the number of nurses is underestimated as it only includes those working in hospitals.



# Better forecasting needed

Figure 3.3. Medical and nursing graduates per 100 000 population, 2009-2019



Source: Eurostat database. 2018 data for Denmark, Greece, France, Poland (both variables) Croatia and Slovenia (nursing graduates); no data on nursing graduates for Sweden.







## Impact of COVID-19



# To recap

Non-ICU workforce entered during COVID-19 the ICU

Non-ICU workforce after COVID-19 left the ICU

Nursing workforce after COVID-19 is **also** leaving

How to retain and recruit the nursing workforce?





Funded by the  
European Union



# Well-being, coping strategies and teamwork

Professor Jos Latour, University of Plymouth, UK  
ESICM member & Chair-elect Ethics Section



*The Intensive Connection*



# What we know *now*?

1-3% salary increase for nurses (due to COVID?)

>40% of ICU nurses have burnout and PTSD (COVID-19 survey studies)

>11% nurses sick leave; coronavirus accounting for 7.5% (UK, Jan 2021)

>180,000 healthcare workers died of COVID-19 (WHO, Oct 2021)

>20% ICU nurses are leaving the ICU (talking to many colleagues across EU)

# Slowbalisation



# The slowing factors in EU

No uniform training for intensive & critical care nurses (1999 Bologna Declaration)

No standardised job descriptions

No advanced career progression pathways

No standardised competency framework



# The slowing factors in EU

No legal / recognised cross border professional exchange

No perspective on health balance work and private live

Too many fragmentations in practice, education, research

## CONCLUDING REMARKS

### A resilient workforce needs better workforce planning and improved working conditions

The pandemic has revealed the urgent need to address health workforce shortages that existed already before the crisis hit in 2020. In response, a mix of policies have been put in place to develop a more resilient health workforce. More sophisticated health workforce planning methods lies at the core of achieving effective solutions to this longstanding challenge. It will help to create a more flexible and agile workforce well equipped to cater for surge capacity needs in future health crises. Greater investment in skill-mix innovations, improved working conditions for health workers and incentives to attract new talent (including through increased investment in training and education) will be key ingredients of successful health workforce strategies.



# Skill-mix Innovations





**Yes, we have standards of competencies for advanced ICU nursing practice across Europe**

# Competencies for advanced ICU nursing

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ELSEVIER

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

## Intensive & Critical Care Nursing

journal homepage: [www.sciencedirect.com/journal/intensive-and-critical-care-nursing](https://www.sciencedirect.com/journal/intensive-and-critical-care-nursing)

### Research Article

## Development of competencies for advanced nursing practice in intensive care units across Europe: A modified e-Delphi study

Ruth Endacott<sup>a,b,\*</sup>, Julie Scholes<sup>a</sup>, Christina Jones<sup>c</sup>, Carole Boulanger<sup>d</sup>, Ingrid Egerod<sup>e</sup>,  
Stijn Blot<sup>f</sup>, Katerina Iliopoulou<sup>g</sup>, Guy Francois<sup>h</sup>, Jos Latour<sup>a</sup>

# **Carole Boulanger**

## **Advanced Critical Care Practitioner**

See video:

<https://www.youtube.com/watch?v=hA88oB-EZOQ>

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# Competencies advanced ICU nursing (Endacott et al 2022)

Adult ICU nurses, working on **advanced practice level**, should **adopt** the newly developed **competencies** to assess the standards against their clinical practice

Adult ICU nursing competencies provide clear **definitions and standards** for professional advanced nursing practice and can be used to provide **standardised education** across Europe

Hospitals implementing the competencies are encouraged to **analyse the wider impact** of **advanced practice roles** on **adverse events, workforce resilience and patient outcomes**

A tortoise with a brown and yellow patterned shell is walking on a gravel road. In the background, there are green bushes, a yellow road sign, and a range of mountains under a cloudy sky. The text "The road back from slowbalisation to globalisation is slow" is overlaid in white.

**The road back from  
slowbalisation to globalisation  
is slow**

# What we must do *now* for intensive & critical care nursing in Europe?

Collaborate with all stakeholders to **improve well-being** of staff

Explore factors contributing to a **sustainable work climate**

Develop clinical and **academic career pathways**

Develop strategy for **age and aging in nurses and patients**





# United Forces

[www.caring4nurses.eu](http://www.caring4nurses.eu)

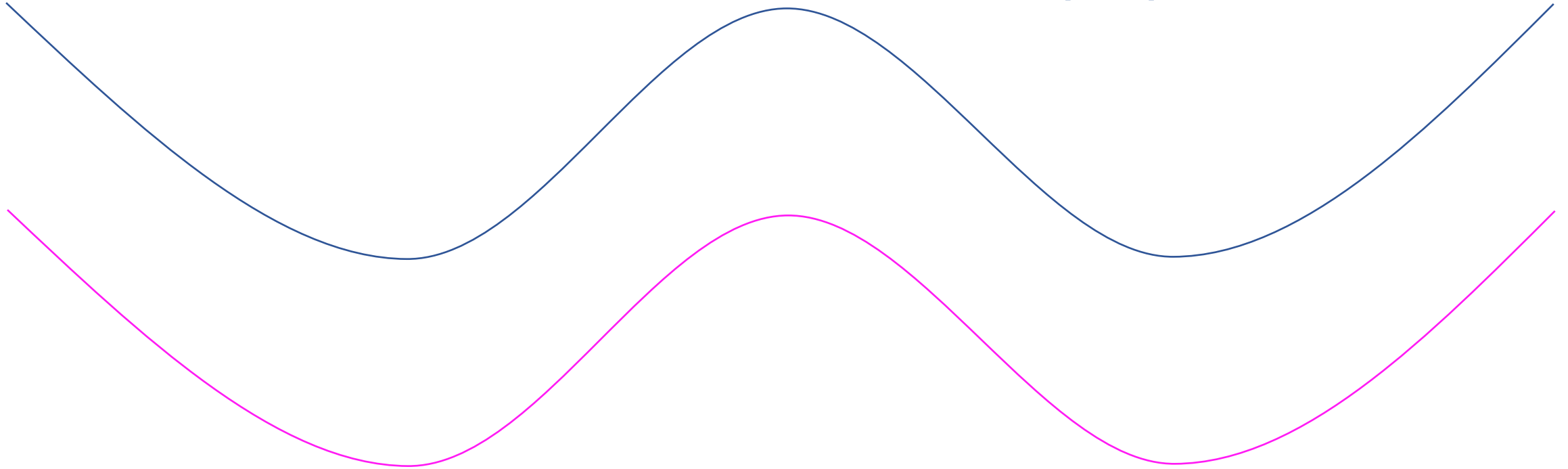
**See here for video:**

<https://www.youtube.com/watch?v=FsF30kk-uu0>



Our critically ill patients  
and their families  
deserve our best care

Critical care services  
across Europe deserve  
preparedness





# Flatten the critical care nursing exodus curve to maintain high quality and safety care

*Robust evidence why nurses leave.*

*Develop & deploy digital health technology.*

*Skill-mix roles, creativity & innovations,*

*Investment in training and education.*

*Unite, unit, uni, un, u...*





# Acknowledgement

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Ber Oomen, ESNO



# Thank you

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