Challenges facing nurses' associations and unions: A global perspective

Paul F. CLARK* and Darlene A. CLARK**

Health care systems around the world are facing very significant challenges as they restructure and "reinvent" themselves in an effort to make more efficient use of available resources (ICN, 2001). As health care is a labour-intensive industry, the stresses experienced by these systems inevitably affect their employees.

Nurses, as the most highly trained caregivers with regular patient contact, are at the heart of any health care system. Widespread anecdotal evidence suggests that the problems in health care have had a particularly negative effect on the workplace experience of nurses.[1] News accounts regularly report on the challenges nurses face in the workplace. These range from low pay in Ireland, to safety and health problems in South Africa, to emigration in the Philippines, to mandatory overtime in the United States. These stories suggest that nursing is a profession in crisis and that this crisis extends around the world. However, there is little systematic, comparative evidence available as to the nature and extent of the problems nurses face and the strategies they employ to deal with those problems.

This article reports the key findings of the World Nurses' Associations and Unions Project, which was conceived to gather information systematically about the employment issues nurses face worldwide and the strategies their organizations employ to address those issues. The first and second sections of the article provide some background information on the worldwide crisis in health care and on the historical development of nurses' organizations. Following an outline of the sample

* Department of Labour Studies and Industrial Relations, The Pennsylvania State University, University Park, PA. ** School of Nursing, The Pennsylvania State University, University Park, PA.

[1] For the purposes of this study the term "nurse" refers to a "registered nurse", as is the practice in most of the countries included in this survey.

of organizations that participated in the project, the third section analyses the data collected by the survey in order to identify not only the problems facing nurses but also the priorities and strategies of their organizations in dealing with those problems. A final section offers some concluding comments.

The crisis in health care

Health care systems around the world are in crisis. On all continents, in developed and developing countries alike, health care systems are unable to meet the medical needs of the people who depend upon them. This crisis is caused by a number of factors.

Many health care systems are experiencing shortages of trained medical personnel. Both developed and developing countries appear to be facing a serious shortage of nurses (and physicians). Developed countries, however, are in a better position to attract health care professionals from abroad, thereby exacerbating the shortage in less developed countries (RCPSC, 2001).

Epidemics are also contributing to the crises some health care systems are experiencing. In 2002, for example, AIDS was the leading cause of death in Africa and the fourth leading cause of death worldwide (WHO, 2002a). In recent years, there has been a significant increase in the incidence of tuberculosis in eastern and central Europe, as well as in developing countries around the world (WHO, 2002b); and malaria is on the rise worldwide, having caused some 60,000 deaths in recent years (WHO, 2002c). Such epidemics place significant stress on health care systems, particularly in less affluent countries.

Environmental problems (air pollution, water contamination, etc.), natural disasters, and the consequences of war (civilian casualties, refugees, etc.) continue to burden health care systems around the world. And changing demographics, particularly an increase in the elderly population, have also placed greater demands on health care systems (WHO, 2002d).

Finally, health care reforms introduced around the world, including privatization and the introduction of market-based approaches to health care, have brought new pressures to bear on health care systems and health care workers (Clark et al., 2001; WHO, 2002e).

While the crisis in health care is a multifaceted phenomenon, the root of the problem can ultimately be traced to economics. Developing nations do not have the resources to provide even basic care to their citizens. In developed countries, neither the public nor the private sector can keep up with the rapidly increasing cost of health care. In short, the demand for health services exceeds the supply.

When health care systems are stressed financially, greater demands are inevitably placed on the individuals providing care, particu-

larly the medical professionals. This can result in very low salaries for caregivers or, in some cases, the inability to pay salaries at all. And it may also mean that fewer health care professionals are employed to provide higher levels of care, resulting in the deterioration of working conditions for those still at work in the sector.

As a result of this work environment, many health care employees leave their jobs, while fewer and fewer people are attracted to take their place. This puts greater stress on the system, which then squeezes its human resources even more. This, in turn, encourages still more people to leave the health care professions and discourages even more from entering (AFT, 2001).

While many employees have exited the field, many of those who have chosen to continue to work in health care have turned to collective representation as a means of improving the conditions under which they work. The organizations they have formed pursue a number of strategies to defend their interests, including collective bargaining, political action, legislative advocacy and community organizing. In many countries, the entire range of health care employees – from non-medical support workers (e.g. maintenance, dietary, and housekeeping employees), to non-professional medical personnel (e.g. nurse aides and technicians), to professional caregivers (e.g. technologists and physicians) – engage in collective action. One of the most extensively organized health care professions is nursing.

The background of nurses' organizations

Since the late 1800s, nurses around the world have been organizing to promote the interests of their profession and its members. Most of the earliest nurses' organizations took the form of professional associations, with trade unions being a more recent development (Quinn, 1989).

Most nurses' associations were originally established to set professional standards for training, licensing, and practice. The American Nurses Association (ANA), for example, was founded in 1897 "to establish and maintain a code of ethics; to elevate the standard of nursing education; to promote the usefulness and honor the financial and other interests of nursing" (ANA, 2002).

The earliest nurses' associations pursued their goals by working with government agencies, educational institutions and other professional associations in the health care field. Over time, most have adopted collective bargaining and many have resorted to strikes or other forms of industrial action as additional means of moving their profession forward and protecting the interests of their members. Today, there are nurses' associations in more than 124 countries around the world (ICN, 2002).

In many countries, at least some nurses have pursued a different path and have created trade unions as a means of gaining greater influence over their working lives. Often, this has occurred where nurses' associations were either slow to engage in collective bargaining and industrial action or not sufficiently aggressive in their use of these strategies (Quinn, 1989). Most trade unions employ collective bargaining as their primary strategy and are less reluctant to strike than are associations.

In some cases these unions represent only nurses. In other cases, nurses may belong to a union that also represents other health care workers, ranging from physicians to nurses' aides/assistants.[2] A third, less common, scenario is where nurses belong to a union whose members primarily work in a non-health care industry or industries.[3]

It is not unusual for countries to have both a nurses' association and one or more trade unions that organize nurses.[4] Where this is the case, these organizations may compete with one another for members. In some countries, the nurses' association also serves de facto as the nurses' union (ICN, 2001).[5]

Survey sample and data analysis

Data for this project was gathered through a worldwide survey of nurses' associations and unions. Most of the organizations included in the survey were identified through the membership lists of the International Council of Nurses (ICN), a world body of nurses' associations, and the Public Services International (PSI), a world federation of public sector unions. Additional associations and unions were identified by an extensive Internet search.

The survey questionnaire was constructed in consultation with ICN, PSI and numerous nurses' associations and unions around the world.[6] The questionnaire was mailed to 298 nurses' organizations in

[2] Organizations responding to the survey were asked to classify themselves as either a union or an association. It is possible, however, that the terms may have different meanings in different parts of the world.

[3] There are numerous examples of this in the United States: the Teamsters, the United Steelworkers, the United Mine Workers, and the United Auto Workers all represent bargaining units of nurses.

[4] This is the case in the United Kingdom where the Royal College of Nurses (an association) and UNISON (a union) both organize registered nurses.

[5] This is common in Europe: the Danish Nurses' Organization, for example, functions both as an association and as a union.

[6] These include the American Nurses Association, the Federation of Nurses and Health Professionals (American Federation of Teachers), the New Zealand Nurses Organisation, the Nurse Alliance (Service Employees International Union), the Royal College of Nursing (UK), and the United Nurses of America (American Federation of State, County, and Municipal Employees).

157 countries. All of them received a copy in English, and organizations in French- and Spanish-speaking countries also received a copy in their respective language. Follow-up mailings and email communications were sent as reminders.

Useable responses were received from 56 nurses' associations and 49 nurses' unions in 76 different countries. The sample had relatively good geographical representation, with every continent except Oceania represented by at least nine responses.[7] Figure 1 shows the breakdown by geographic region.

It should be pointed out that this sample is not necessarily representative in a statistical sense, nor was it intended to be. The purpose of the survey was to gather as much information as possible on the working experiences of nurses around the world and on the strategies their organizations employ to address the problems nurses face in the workplace.

One of the aims of the survey was thus to identify the workplace problems that nurses face and the degree to which these problems are shared by nurses in different countries. Accordingly, the questionnaire asked nurses' associations and unions to identify the problems they face and to rank them in terms of their seriousness. It also asked them to provide their assessment of nurse/members' work-related priorities.

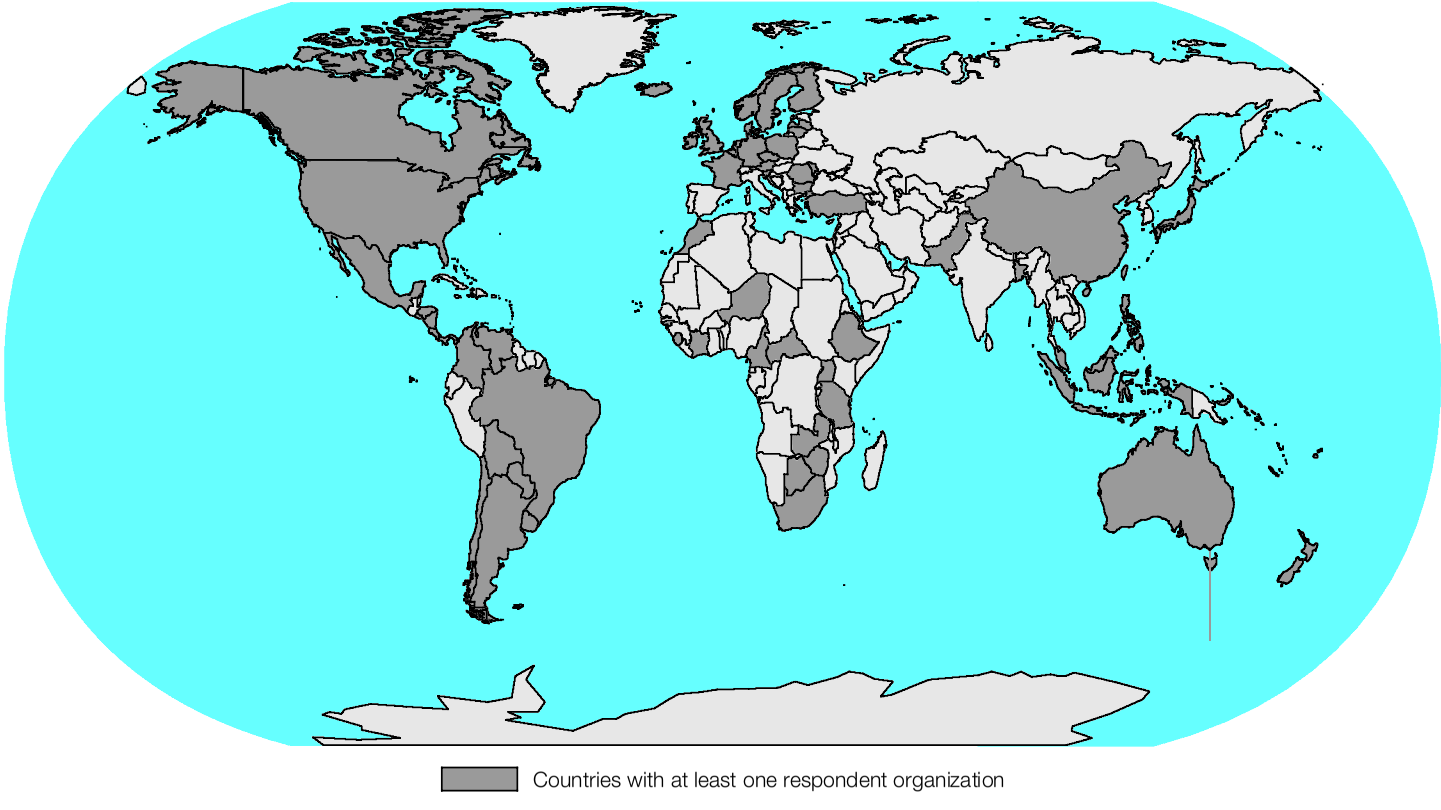
Problems facing nurses

The nurses' organizations participating in the survey were asked to indicate whether they experienced each of 11 different problems identified in pre-survey discussions with international nursing experts. Respondents were also asked to indicate the level of seriousness of each problem on a four-point scale ranging from "not serious" to "extremely serious". Table 1 provides the aggregate mean responses (based on 105 respondents) for each of the 11 problems by geographic region. Figure 2 shows the assessments of problems by all organizations worldwide.

The aggregate means for all respondents suggest that six of the 11 problems are viewed as moderately serious to very serious in most regions of the world. Understaffing is rated as the most serious concern globally and is viewed as a very serious to extremely serious concern by nurses' organizations in North America. In Central and South America, and in Africa, understaffing is seen as a very serious problem. This issue is less of a concern to nurses in Asia, Europe and Oceania, but it is still seen as a moderately serious problem.

[7] Only three responses were received from Oceania.

Figure 1. Geographic distribution of nurses' organizations in sample



Notes: Africa 18; Asia 16; Central America 14; Europe 31; North America 14; Oceania 3; South America 9.

Table 1. Mean assessment of problems facing nurses in the workplace

Problem	Africa (n=18)	Asia (n=16)	Central America (n=14)	Europe (n=31)	North America (n=14)	Oceania (n=3)	South America (n=9)	Overall (n=105)	All associations (n=56)	All unions (n=49)
1. Understaffing	2.7 (sd=.89)	2.3 (sd=.87)	2.9 (sd=.73)	2.3 (sd=.97)	3.5 (sd=.65)	2.3 (sd=.58)	2.8 (sd=.83)	2.7 (sd=.92)	2.6 (sd=.93)	2.7 (sd=.91)
2. Safety and health issues	2.8 (sd=.81)	2.0 (sd=.97)	2.2 (sd=.73)	2.1 (sd=.73)	2.7 (sd=.65)	2.3 (sd=1.15)	2.2 (sd=.83)	2.3 (sd=.83)	2.3 (sd=.89)	2.4 (sd=.71)
3. Mandatory overtime	2.2 (sd=1.08)	1.9 (sd=1.06)	2.2 (sd=1.17)	1.8 (sd=.81)	3.3 (sd=.97)	2.0 (sd=1.0)	2.0 (sd=.89)	2.1 (sd=1.6)	2.2 (sd=1.1)	2.1 (sd=1.1)
4. Privatization	1.7 (sd=.85)	1.8 (sd=1.03)	2.8 (sd=1.13)	1.6 (sd=.70)	2.8 (sd=.94)	2.3 (sd=1.15)	3.3 (sd=.95)	2.1 (sd=1.06)	2.0 (sd=1.0)	2.2 (sd=1.1)
5. Floating	2.3 (sd=.69)	1.6 (sd=.93)	1.9 (sd=.83)	1.6 (sd=.82)	2.9 (sd=.79)	1.5 (sd=.71)	2.5 (sd=1.01)	2.1 (sd=.93)	2.1 (sd=.97)	2.0 (sd=.91)
6. Assignment of nursing assistants	2.0 (sd=1.17)	2.1 (sd=.70)	1.9 (sd=.90)	1.6 (sd=.78)	2.1 (sd=.99)	2.0 (sd=.00)	2.8 (sd=1.09)	2.0 (sd=.96)	2.1 (sd=.97)	1.8 (sd=.95)
7. Bullying	2.1 (sd=.70)	1.4 (sd=.72)	1.7 (sd=.47)	1.7 (sd=.78)	2.5 (sd=.87)	1.7 (sd=.58)	2.1 (sd=.93)	1.9 (sd=.82)	1.8 (sd=.77)	2.0 (sd=.85)
8. Emigration of nurses	2.2 (sd=.95)	1.4 (sd=.63)	2.2 (sd=1.05)	1.2 (sd=.51)	2.1 (sd=1.0)	2.3 (sd=1.15)	1.7 (sd=.82)	1.7 (sd=.91)	1.6 (sd=.88)	1.9 (sd=.95)
9. Part-time nurses	1.5 (sd=.78)	1.2 (sd=.44)	1.0 (sd=.00)	1.2 (sd=.43)	2.1 (sd=1.2)	1.0 (sd=.00)	2.5 (sd=1.30)	1.5 (sd=.82)	1.2 (sd=.59)	1.7 (sd=.92)
10. Agency nurses	1.8 (sd=.93)	1.7 (sd=.98)	1.5 (sd=.67)	1.6 (sd=.77)	2.5 (sd=.82)	2.0 (sd=1.0)	2.1 (sd=1.93)	1.8 (sd=.91)	1.4 (sd=.72)	2.2 (sd=.94)
11. Replacement nurses	1.3 (sd=.52)	1.7 (sd=.95)	1.3 (sd=.67)	1.3 (sd=.72)	1.3 (sd=.49)	1.0 (sd=.00)	1.0 (sd=.00)	1.3 (sd=.68)	1.4 (sd=.66)	1.3 (sd=.96)

4.0 = Extremely serious. 3.0 = Very serious. 2.0 = Moderately serious. 1.0 = Not serious.

Figure 2. Assessment of problems facing nurses in the workplace (all respondents)

The survey data also suggest that safety and health problems are seen as serious in all geographic regions. These issues are seen as most problematic in Africa and North America and less problematic in Asia and Europe.

Overall, mandatory overtime and privatization are perceived by nurses' organizations around the world to be moderately serious problems. North American nurses view mandatory overtime as a particularly serious problem, while South American nurses are more concerned with privatization than are nurses in other parts of the world. As with the issues discussed earlier, nurses in Asia and Europe expressed the least concern with these issues.

Floating – i.e. the short-term transfer of nurses to parts of a health care facility with which they are unfamiliar (e.g. from obstetrics to the emergency room) – and the assignment of nursing assistants are also seen as serious problems across the world. "Bullying" or workplace violence, while generally not deemed to be as problematic as other issues, is a serious concern in North and South America and in Africa.

Because nursing skills are transferable from one national health care system to another, nurses are increasingly leaving their home countries for better paid jobs abroad. The survey results indicate that nurses in Africa, Central America and Oceania – regions with many developing countries – see emigration as a serious problem. There also appear to be significant differences as to the seriousness of this problem within regions. While not seen as a problem in most western European countries, emigration is viewed as more problematic in eastern Europe. In North America, Canadian nurses' organizations are much more concerned about this issue than are organizations in the United States (Adcox, 2002).

While a concern of some nurses' associations and unions, the use of part-time, agency and replacement nurses (nurses employed as replacements during strikes) is not seen to be as serious a problem by the nurses' associations and unions participating in this survey as the other issues outlined above.

Because of the broad range of occupational health and safety problems experienced by nurses, a more detailed analysis of this question was conducted. Nurses' associations and unions were asked to indicate which of ten occupational safety and health issues they considered significant problems in the health care facilities in which their members worked. As the overall results in table 2 suggest, stress is clearly seen as the most serious safety and health problem facing nurses around the world. Nurses' associations and unions on every continent identified this issue as the leading safety and health problem experienced by their members. The next four issues, by order of importance, were back and musculoskeletal problems, needlestick injuries, excessive overtime, and workplace violence.

Table 2. Safety and health problems identified by nurses' unions/associations, 2001 (percentage of unions/associations that identified issue as a significant problem in the facilities in which their members work)

Issues	Africa (n=18)	Asia (n=16)	Central America (n=14)	Europe (n=31)	North America (n=14)	Oceania (n=3)	South America (n=9)	Overall (n=105)
1. Needlestick injuries	94.4	81.3	71.4	51.6	94.4	100	100	77.4
2. Stress	94.4	93.8	100	100	94.4	100	100	98.1
3. Back/musculoskeletal problems	77.8	62.5	92.9	90.3	77.8	33.3	77.8	83
4. Toxic substances	72.2	37.5	64.3	54.8	72.2	66.7	66.7	56.2
5. Workplace violence/bullying	88.9	43.8	71.4	58.1	88.9	66.7	66.7	69.5
6. Latex allergies	77.8	31.3	64.3	51.6	77.8	66.7	44.4	41
7. Exposure to radiation	66.7	37.5	50	25.8	66.7	33.3	44.4	40
8. Travelling to work	88.9	37.5	57.1	12.9	88.9	0	55.6	41.9
9. Contagious diseases	94.4	37.5	71.4	51.6	94.4	33.3	55.6	59
10. Excessive overtime	88.9	50	78.6	61.3	88.9	66.7	55.6	71.4

Table 2 also provides an assessment of safety and health problems broken down by continent. The data indicate that nurses' organizations in some parts of the world perceive more occupational safety and health issues to be problematic than do their counterparts in other regions. A high percentage of nurses' organizations in Africa and North America see all ten of the issues as significant problems, while those in Asia and Oceania see far fewer of these issues as serious concerns. Still, the data suggest that nurses' associations and unions in every part of the world feel that their members confront numerous occupational safety and health problems.

The survey included one additional question regarding the workplace problems that nurses face. Specifically, this question asked nurses' associations and unions whether their country was currently facing a shortage of nurses. Ninety nurses' organizations, representing 69 countries and every geographic region of the world, reported shortages in their countries. This suggests that the shortage of nurses is a worldwide phenomenon.

The emigration of nurses exacerbates this problem in some parts of the world. Forty-four nurses' associations and unions in 31 countries reported that the outflow of nurses to other countries was a serious to extremely serious problem. This concern appears to be particularly acute in Oceania, Africa, Central America (including the Caribbean), and in central and eastern Europe. Several Canadian nurses' organizations also indicated that emigration was a concern in their country. Nurses' associations and unions reporting the outflow of nurses to other countries as a serious problem are listed in Appendix I.

Priorities

In an effort to gain insight into the priorities of nurses globally, the survey asked the respondent organizations to rank a series of issues based on their assessment of their nurse/members' concerns. The analysis of these data suggests that economic (salaries and benefits) and patient care issues are generally the top priorities of nurses, followed by professional development, voice in the workplace, safety and health, political action, and prescriptive authority (see table 3). This ranking does vary to some degree by geographic region, but the results were generally consistent across regions.

It should be noted that the data on problems and priorities are aggregates of the responses of all 105 respondents. And while we found a fair amount of consistency globally, there were individual countries whose assessment of problems and/or ranking of priorities differed from the prevailing pattern.[8] Still, these results suggest that nurses around the world face similar problems and have similar priorities.

Strategies

A third objective of the survey was to gather information on the strategies that nurses' associations and unions are pursuing to address the problems they face. To this end, respondent organizations were asked whether they had found effective strategies to deal with the problems identified in the earlier analysis.

Table 4 shows the percentage of organizations that indicated they had found an effective strategy for dealing with a given problem. These responses are reported both for the overall sample and by region. As the table indicates, in most regions only a minority of associations and unions have found an effective strategy for dealing with most of the 11 problems. The only exception relates to safety and health concerns. At least 50 per cent of organizations in five of the seven geographic regions reported finding an effective strategy to deal with this type of problem. European nurses' organizations generally reported greater success in overcoming the problems their members face than did organizations in other geographic regions.

Appendix II lists the strategies most often cited by respondents as being effective in dealing with five of the most common problems nurses experience globally. These problems are understaffing, safety and health, mandatory overtime, privatization and bullying. Because of the

[8] An analysis was run comparing western European countries with countries in central and eastern Europe. While the results were generally consistent, it is notable that western European countries together ranked salaries and benefits as their highest priority and professional development fourth, while central and eastern European countries ranked professional development first.

Table 3. Ranking of nurse/member priorities by geographic region

Issues	Africa (n=18)	Asia (n=16)	Central America (n=14)	Europe (n=31)	North America (n=14)	Oceania (n=3)	South America (n=9)	Overall (n=105)	All associations (n=56)	All unions (n=49)
1. Salaries and benefits	1	2	2	1	1	2	1	1	2	1
2. Patient care issues	2	1	1	2	2	2	2	2	1	2
3. Professional development	5	3	3	4	5	1	3	3	3	5
4. Voice in the workplace	3	4	6	3	3	5	5	4	4	3
5. Safety and health	4	4	4	5	4	6	4	5	5	4
6. Political action	6	7	5	6	6	4	5	6	6	5
7. Prescriptive authority	7	6	6	7	7	7	6	7	7	7

Table 4. Strategies for addressing problems facing nurses in the workplace (in percentage)

Effective strategy found to deal with:	Africa (n=18)	Asia (n=16)	Central America (n=14)	Europe (n=31)	North America (n=14)	Oceania (n=3)	South America (n=9)	Overall (n=105)	All associations (n=56)	All unions (n=49)
1. Understaffing	19	40	14	56	39	33	44	38	28	49
2. Assignment of nursing assistants	36	57	20	54	27	33	43	33	32	37
3. Safety and health issues	63	43	50	61	42	50	56	54	49	59
4. Bullying	36	38	20	45	39	50	13	35	27	42
5. Mandatory overtime	25	40	20	50	36	50	20	36	32	40
6. Floating	25	22	0	33	25	0	50	27	21	31
7. Agency nurses	0	13	20	1	25	50	25	26	17	33
8. Part-time nurses	33	13	0	27	20	100	33	17	8	21
9. Replacement nurses	28	25	0	33	100	0	0	29	36	25
10. Emigration of nurses	0	17	43	0	14	50	33	15	26	8
11. Privatization	25	25	0	46	18	50	33	26	16	37

different economic, social and cultural contexts in which nurses' organizations around the world operate, strategies effective in one country may not be effective in another. The strategies listed do, however, suggest a range of options that nurses' associations and unions might consider in addressing the particular problems their members face.

Most of the specific strategies with which nurses' organizations are having success fall into three broad categories – collective bargaining, political and legislative advocacy, and community organizing/outreach. Nurses' unions and associations may depend on one of these approaches to deal with a problem or they may use multiple approaches.

In the case of understaffing, for example, many nurses' organizations argue that in order to address this problem it is necessary to stem the tide of nurses leaving the profession, attract former nurses back into the workforce, and encourage more young people to make nursing their career. The New Zealand Nurses Organisation (NZNO) has taken the position that increasing salaries and creating "a work environment that promotes job satisfaction" are the best ways to reduce turnover and recruit new nurses (NZNO, 2002). They have used the collective bargaining process as a means of attaining those goals. The Irish Nurses Organisation (INO) has pursued similar goals through bargaining, going as far as to threaten industrial action when hospital managers have failed to address chronic understaffing (INO, 2002).

Another approach that nurses' organizations are taking to address the problem of understaffing is political and legislative action. One of the goals of these efforts is to establish minimum nurse/patient ratios by law. Associations and unions in the United States have devoted a great deal of effort to this approach in recent years. In 1999, the California Nurses Association (CNA) was instrumental in the passage of the first-ever staffing ratio legislation in the United States (DeMoro, 2001). Although the law has run into some difficulties at the implementation stage, other American nurses' organizations have stepped up their efforts to win such protection in other states.

The use of public pressure and community support is a third approach nurses' associations and unions have taken to deal with the problem of understaffing. For example, in 2001, the Canadian Federation of Nurses Unions (CFNU) undertook an extensive media campaign to inform the public about the nationwide nursing shortage and the consequent understaffing of health care facilities (CFNU, 2002).

In an extension of this campaign, the British Columbia affiliate of the CFNU held a public demonstration in 2002 in which it presented British Columbia Premier Gordon Campbell with the "Health Care Demolition Award" in recognition of his government's funding cutbacks and the resulting understaffing in the province's hospitals (BCNU, 2002). These efforts have helped the CFNU garner significant public support, which, in turn, has helped it to influence government policy and to bargain collectively over provisions for staffing.

As in Canada, many nurses' associations and unions have used all three of the approaches outlined above in campaigns to address the problem of understaffing, as well as the other major problems their members face. In fact, the responses received in the World Survey

suggest that those organizations that are having the most success in addressing these problems have employed multiple strategies. The coordinated use of these approaches seems to magnify the impact each would have if used individually.

However, it is important to reiterate that the majority of the 105 nurses' associations and unions that responded to this survey indicated they had not found successful strategies to deal with ten of the 11 major issues facing their members. This suggests that most organizations are still looking for effective approaches. In this process, they should first look to those of their counterparts that have developed successful strategies and attempt to adapt those approaches to their own circumstances. Clearly, learning from the experiences of other, similar nurses' organizations is a more efficient and less costly approach than trial and error.

Differences across nurses' associations and nurses' unions

In many countries nurses' associations and unions see themselves as distinct from one another. In order to examine the differences between the two types of organization, respondents were asked to identify themselves either as an association or as a union. Separate analyses regarding workplace problems, priorities and strategies were conducted for each of the two categories. The results of the analyses were then compared.

As shown in the last two columns of tables 1 and 4, this comparison found little difference in the identification of problems nurses face in the workplace, or in the strategies they employ to address their problems or pursue their priorities. This does not necessarily mean that substantial differences may not exist between some associations and some unions, particularly between those operating in the same country. However, the results do suggest that on a global scale the differences between the types of organization are minimal.

There was a somewhat more substantial difference between associations and unions in their assessments of member priorities (see table 3). Associations reported that their members' first priority was patient care issues, while unions reported salaries and benefits to be their members' top concern. Professional development was ranked as a higher priority by associations than it was by unions, while voice in the workplace and safety and health were ranked as higher priorities by unions than by associations.

Concluding remarks

The foregoing analysis suggests that despite differences in economics, politics, culture and health care systems across countries, nurses

around the world face very similar problems and hold very similar priorities. Understaffing, safety and health, mandatory overtime, privatization, floating and the assignment of nursing assistants are seen as serious problems by the overall sample. Bullying, nurse emigration and the use of part-time, agency and replacement nurses were not seen as seriously problematic by the entire sample, though they were considered serious problems in certain regions of the world.

Nurses' associations and unions in North and South America rated the issues facing their members as being more problematic than did organizations in other parts of the world. Conversely, nurses' organizations in Europe and Asia assessed these issues as less problematic than did their counterparts elsewhere.

In discussions with the leaders of several nurses' associations and unions, a number of explanations were offered for these findings. In North America, the most consistent explanation was that the implementation of "managed care" – and its business-like approach to health care in the United States – is responsible for the perception that nurses in that region face very serious problems in the workplace.

At the other end of the spectrum, the leaders of nurses' organizations speculated that European associations and unions perceived the issues they were questioned about as less serious because those organizations are among the world's oldest and most effective. As a result, they have had greater success in addressing issues of concern to nurses.

Organizational leaders offered a different explanation for the view among Asian associations and unions that the issues they face are less problematic. Both Asian and non-Asian leaders speculated that this finding was partly related to the region's culture. They suggested that Asian nurses were generally reluctant to be critical of their health care system and their employer and, therefore, tended to be less negative when assessing the state of their workplace.

The analysis also indicates that nurses' associations and unions in some regions have been more successful at finding effective strategies to deal with the problems of their members than were organizations in other regions. Nurses' organizations in Europe and Oceania generally reported the greatest success in dealing with their members' workplace problems, while African and Central American organizations reported the least success.

The leaders of nurses' organizations, again, point to the fact that the European nurses' associations and unions are among the oldest and most effective in the world. It therefore makes sense that they should generally be the most successful in finding effective strategies to deal with the problems facing nurses. The same explanation was offered for the reported success of nurses' organizations in Oceania. Nurses' associations and unions in Australia and New Zealand are also among the most longstanding in the world and are perceived to be particularly effective.

By contrast, African and Central American nurses' organizations are among the most recently established in the world. Most of the countries in these two regions are developing countries without the resources to address the problems with which their nurses must contend. Nurse leaders suggest this issue lies at the heart of the inability of organizations in these regions to make more progress.

In sum, it must be reiterated that a majority of nurses' organizations are still searching for effective responses to the workplace problems nurses face. Finding effective strategies presents a substantial challenge to nurse leaders. Such efforts, however, can be aided by awareness of the successes and failures of similar organizations in other parts of the world. These lessons may have to be adapted to fit the circumstances different nurses' associations and unions face, but the time, effort and resources that can be saved through this approach are substantial.

Unfortunately, the opportunities for the leaders of nurses' associations and unions to learn from one another are limited. The most effective forum for communication between nurses' organizations is the ICN. The ICN has 124 members and, through meetings, conferences and publications, it facilitates communications between nurses' organizations around the world. Unfortunately, the ICN Constitution limits its membership to one nurses' *association* per country (ICN, 1999). This means that nurses' organizations that identify themselves as unions, or are not the designated association in a country with more than one association, are unable to participate in this world body. Our research found at least 174 nurses' organizations that fall into this category.

This situation suggests a need for an organization that would bring together all of the 300 or more associations and unions that represent nurses worldwide. This body could take the form of an expanded ICN; alternatively, it could be an entirely new body similar to the Education International, a world body that brings together 311 teachers' associations and unions (Education International, 2002).

In any event, nurses, and the organizations that represent them, are confronted with a multitude of problems as they endeavour to care for patients at the beginning of the twenty-first century. The challenges they confront are significant and complex. And they appear to be common to nurses around the globe. For this reason, nurses' organizations need, at a minimum, to learn from one another. They also may need to consider confronting those problems on a global basis.

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Appendix I

Nurses' associations and unions reporting the outflow of nurses as a serious to extremely serious problem

Extremely serious

Canadian Nurses Association

Health and Other Service Personnel Trade Union of South Africa

Public Services Association of Trinidad & Tobago

Sierra Leone Health Services Workers Union
St. Vincent and the Grenadines Nurses Association

Very serious

Alliance of Filipino Workers
Asociación Nacional de Enfermeras de Panama
Asociación Nacional de Enfermeras de Colombia
Barbados Registered Nurses Association
Bermuda Public Services Association
British Columbia Nurses Union
Bulgarian Nurses' Association
Colegio de Enfermeras de Costa Rica
Colegio de Enfermeras del Uruguay
Democratic Nursing Organization of South Africa
Manitoba Nurses' Union
New Brunswick Nurses Union
New Zealand Nurses Organization
Nurses Association of Moldova
Samoa Nurses Association
Syndicat unique de la santé et de l'action sociale, Association nationale des infirmières du Niger
Trinidad and Tobago Registered Nurses Association
Zambia Nurses Association

Serious

East Central and Southern Africa College of Nursing
Ethiopian Nurses Association
Fédération nationale des travailleurs des services sociaux et de santé et Union nationale des infirmières de Centrafrique
Government Workers Association (Zimbabwe)
Lithuanian Trade Union of Health Care Employees
Malayan Nurses Union
National Union of Public and General Employees (Canada)
National Union of Public Workers (Barbados)
Nova Scotia Nurses Union
Nurses Association of Botswana
Nurses Association of Jamaica
Nurses Association of the Commonwealth of the Bahamas
Philippine Nurses Association
Saskatchewan Union of Nurses
Singapore Manual and Mercantile Workers' Union
South African Municipal Workers Union
Swaziland Nurses Association
Trade Union for the Municipal Sector – KTV (Finland)
Trade Union of Health and Social Care Employees of Latvia
Uganda National Association for Nurses and Midwives

Appendix II

Effective strategies for addressing common problems

Understaffing

- establish minimum nurse/patient ratios by contract or legislation
- increase salaries and benefits
- establish on-site childcare
- pay significant shift differentials to attract nurses to less popular shifts
- improve professional image and respect for nurses through advertising campaigns, and television and newspaper features
- provide part-time nurses with benefits
- use above to attract former nurses back to the profession
- use demonstrations, picketing and strikes to publicize understaffing and the danger it presents to patients

Safety and health

- seminars, continuing education, expert advice and training, and preventive action
- strong contract language on safety and health issues
- provision of appropriate technical equipment in workplace
- legislative guarantees of safe work environment
- health and safety committees for both labour and management
- contractual or legislative ban on mandatory overtime
- public campaigns, action days, demonstrations, etc.

Mandatory overtime

- contractual ban on mandatory overtime
- contractual provision for greatly increased overtime pay
- lobbying for government restrictions
- campaigning for 32-36-hour work week
- use of "assignment despite objection" forms
- contractual provision for right to refuse except in *bona fide* emergency

Privatization

- increase public awareness and activism
- solidarity by nurse union
- negotiation and strikes
- education and legislation
- non-strike action/demonstrations and hunger protests
- lobby with state and county officials and mobilize the public
- work with other unions/agencies to lobby governments

Bullying/workplace violence

- contractual provision that "employer must provide safe work environment"
- increased security at workplace
- regular training programmes on how to deal with violence
- meetings with employers to increase awareness
- report and charge violent individuals
- work with community activists to inform the public and develop solutions