

Where Are We? | Brief Number 2

# FROM FRAGMENTATION TO FOCUS

An Intentional Research Agenda for the  
Global Nursing Workforce

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## The State of Global Nursing

A catalyst for evidence-based workforce policy

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*A collaborative initiative between TruMerit\* and the International Council of Nurses*

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## About the Global Nursing Workforce Centre

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A joint initiative of the International Council of Nurses (ICN) and TruMerit™ (formerly CGFNS International), the Global Nursing Workforce Centre is a clearinghouse for research from around the world focusing on the nursing workforce. In addition to collecting and organizing nursing workforce research papers and publications, the Centre analyzes findings to identify trends, summarizes policy recommendations, and highlights data and policy gaps. Its goal is to influence policy, improve working conditions, and enhance the quality of patient care across diverse health systems.

## Contributors

**Howard Catton, RN, MA, BS (Econ) (Hons)**

Chief Executive Officer

International Council of Nurses

**Peter Preziosi, PhD, RN, CAE, FAAN**

Secretariat, Global Nursing Workforce Centre

President & Chief Executive Officer, TruMerit

**Julia To Dutka, EdD**

Chief, Global Health Workforce Development Institute

TruMerit

## Global Nursing Workforce Centre Strategic Advisory Council

**Nichola Ashby, PhD**

Director of Horizon Health and Axis Culture Group

(Former) Deputy Chief Nurse

Royal College of Nursing, UK

**Tereza Belay, BSc, MSc (Retired)**

National Nursing Education & Training Coordinator

Human Resource for Health Development & Improvement (LEO)

Federal Ministry of Health, Ethiopia

**James Buchan, PhD, DPM, MA (hons)**

Senior Visiting Fellow at the Health Foundation

Adjunct Professor, WHO Collaborating Centre, UTS, Australia



**Silvia Helena Cassiani, PhD, RN**  
(Former) Regional Advisor for Nursing  
Pan American Health Organization, Brazil

**Silvie Crawford, RN, BHScN, LLM (Health Law)**  
Registrar & CEO  
College of Nurses of Ontario, Canada

**Roy K. George, PhD**  
Academic Director, Baby Memorial Hospital  
Professor & Principal  
Baby Memorial Hospital, India

**Eileen T. Lake, PhD, RN, FAAN**  
Professor of Nursing  
Associate Director, Center for Health Outcomes and Policy Research  
University of Pennsylvania School of Nursing, USA

**Lisa Little RN, BNSc, MHS, FCAN**  
(Immediate Past) 1st Vice-President, ICN Board  
CEO, Lisa Little Consulting, Canada

**Abbas Al Mutair, RN, MSN, PhD**  
Research Center Director and Chairman of IRB, Almoosa Health Group,  
Almoosa College of Health Science, Alahsa, Saudi Arabia  
Clinical Professor, Medical-Surgical Nursing Department,  
Princess Nourah Bint Abdulrahman University, Riyadh, Saudi Arabia  
Honorary Professor, Queens University, Belfast, Ireland

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## Preface

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Over the last several decades, the nursing profession has assumed expanding responsibility for delivering care across diverse settings and contexts worldwide. Recognizing nursing's essential role in advancing health and strengthening health systems, the Global Nursing Workforce Centre was established under the joint auspices of the International Council of Nurses and TruMerit (formerly CGFNS International).

The future of health systems is inseparable from the future of nursing. Yet across high-, middle-, and low-resource settings alike, workforce decisions are too often made in environments where evidence is incomplete, difficult to access, or not comparable across countries and regions. Although substantial nursing workforce research exists, it remains fragmented and unevenly distributed—particularly in under-resourced regions. The challenge is not a lack of inquiry, but a lack of cohesion: there is no unified mechanism to systematically gather, analyze, and synthesize global evidence to inform nursing workforce policy, education, regulation, and practice.

That gap defines the Centre's purpose. As a global clearinghouse for nursing workforce research, the Centre curates and organizes existing studies, analyzes findings to identify trends, summarizes policy-relevant insights, and highlights persistent data gaps. By translating dispersed information into accessible and actionable knowledge, the Centre enables evidence to more consistently shape policy, improve working conditions, and strengthen the quality of patient care across diverse health systems.

This brief builds on the Centre's inaugural publication, which reviewed global nursing education pipeline research from 2014 to 2025 and identified critical gaps that must be addressed to adequately support and sustain the profession worldwide. Brief Number 1 revealed, for example, a lack of rigorous, country-level evidence on nursing education "sufficiency"—including data on schools, faculty, enrollment, graduation, and employment outcomes—and highlighted the uneven global distribution of research, with limited evidence from many low- and middle-income settings where needs are often greatest.

This second brief advances that work by presenting, as a standalone publication, the conceptual framework first introduced in the annex of Brief Number 1. The framework provides a structured and practical approach to organizing future inquiry in service of both the profession and the populations it serves. Developed in collaboration with the Centre's globally diverse Strategic Advisory Council, the framework spans four core domains—education, practice, regulation, and policy—while adding a fifth, systemic issues, to capture crosscutting challenges that shape all aspects of the nursing workforce. The framework includes 98 research questions, with particular emphasis on under-resourced regions where data gaps are most pronounced. Together, these questions are intended to guide scholarship, illuminate persistent challenges, and support more equitable and effective workforce planning worldwide.

Closing nursing workforce research gaps is, fundamentally, a capacity-building strategy for the global profession. Stronger, more accessible evidence enables educators to design and scale sustainable pipelines; regulators to modernize approaches that protect the public while supporting mobility and effective practice; employers and system leaders to improve retention, well-being, and care quality; and policymakers to invest with confidence—especially where resources are scarce and decisions carry the highest stakes.



We offer this framework as a call to collective action. Researchers, professional associations, governments, educators, regulators, employers, and partners all have a role in building the next generation of nursing workforce evidence. By working from a shared agenda, we can accelerate learning across borders and better prepare nursing to meet evolving population needs.

**Peter Preziosi, PhD, RN, CAE, FAAN**

President & Chief Executive Officer, TruMerit

**Howard Catton, RN, MA, BS (Econ) (Hons)**

Chief Executive Officer, International Council of Nurses

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# Framework Document

## 1. Education

### a. Pipeline issues

- i. What are the demographic factors pertaining to nursing education and leading to nursing workforce pipeline issues?
- ii. What evidence is there about the sufficiency of nursing education? Is there a sufficient number of nursing schools offering nursing programs at different levels to meet national nursing workforce needs?
- iii. Are there faculty shortages facing nursing education? Where do they occur (e.g., ages of faculty and retirement risk)? How have countries handled these challenges? How do faculty readiness and workforce capacity factor in this challenge?
- iv. What are some incentives for nurses to become faculty? What are models of innovations in the use of nursing faculty (e.g., should a PhD be required to teach undergraduate students)?
- v. What is the impact of student attrition in nursing programs, including suspension/return rates?

### b. Technology issues

- i. What technology is available and accessible to deliver and enhance nursing education? What are the challenges?
- ii. What are models of nursing education that incorporate training in the use of AI, remote monitoring tools, and telemedicine as part of nursing education and continuing professional development? What are the challenges and models of success?
- iii. What are the gaps in digital health education in low-resource countries? Are there success stories?

### c. Curriculum issues

- i. What are the globally recognized nursing competency frameworks? What are model efforts to standardize the curriculum to ensure quality?
- ii. What efforts have been made to align nursing curricula to meet evolving healthcare needs, including primary care, public health, population health, aging populations and chronic diagnosis, and emerging/existing health issues? How are special needs being prioritized and incorporated into the curricula of low- and middle-income countries?
- iii. What efforts are in place to align nursing curricula across countries and regions to focus on essential competencies? How can variability in clinical hours and settings in education programs be addressed to achieve better curricular alignment across countries?
- iv. What is the role of critical thinking in nursing curricula?
- v. What is the extent of leadership training in nursing curricula?
- vi. How are nurses prepared to be independent and critical thinkers capable of addressing complex healthcare issues?
- vii. What are models of innovations in nursing education to prepare graduates for interdisciplinary teamwork, leadership, primary care, and public health roles?
- viii. What are examples of global workforce education models that are based on unified competency standards to facilitate workforce mobility?
- ix. How are nursing programs sufficiently preparing students for the workforce?



- x. What is the level of training related to clinical experience, simulation training, online and blended approaches, and exposure to various healthcare settings? What are examples of collaborative framework between academic faculty and clinical experts to create a seamless education for nursing students?

## 2. Practice

### a. Scope of practice and role autonomy

- i. What are the disparities in the level of autonomy granted to nurses across different countries?
- ii. What are the barriers to expanding nurse-led primary care models?
- iii. Where is the evidence of the underutilization of advanced practice nurses (APNs) in clinical decision-making roles?
- iv. How can specialist roles be enhanced? How can RN prescribing be advanced around the globe?
- v. How has the team-based model of care delivery affected the role of nurses in the health system? How is the role of the nurse viewed in the healthcare team (e.g., as a leader)?
- vi. What are models of local efforts to challenge the status quo? Where are these success stories?
- vii. What are some examples of global harmonization of ethical and legal considerations in nursing practice?
- viii. What are the constraints related to regulated scope of practice vs employer-based scope of practice (e.g., not able to work to full or optimal scope of practice)?

### b. Access to continuing education and professional development

- i. How available, affordable, and accessible are high-quality continuing education programs for nurses worldwide?
- ii. What are the barriers for even distribution of opportunities for skills enhancement, particularly in rural and underserved areas?
- iii. What recognition mechanisms of specialized knowledge and skills are there to support career advancement for nurses?
- iv. What are examples of success with education providers offering continuing education on new models of care to address gaps in nursing education (e.g., digital transformation, application of AI)?
- v. What are the development opportunities for nurses to work effectively in primary health care and public health settings?
- vi. Where are the success stories and care models?
- vii. Are there opportunities to implement nurse practitioner programs across the globe? Where are the success stories?

### c. Workforce challenges

- i. What do we know about unemployment and underemployment among qualified nurses despite global shortages? How do these patterns, particularly in low- and mid-resource countries, affect nurse migration?
- ii. What are the persistent challenges related to nurse migration? What efforts have been extended to address inequitable workforce distribution? What are some solutions to address trafficking and unethical processes or policies?
- iii. What impact will the aging of the nursing workforce have on care delivery? How are countries

responding to this challenge?

- iv. What roles do stress, burnout, and mental health challenges play in the global nursing workforce? What effect do these conditions have on the quality of care and patient safety? What impact do these conditions have on the retention of nurses in the profession (e.g., driving nurses from the profession altogether or shifting from full-time to part-time/casual or agency nursing)? What are models of effective organizational interventions to reduce burnout?
- v. What is the impact of higher pay on nurse employment competition?
- vi. How do we ensure that nurses are sufficiently prepared to work effectively in interprofessional teams at multi-level opportunities?

**d. Transition to practice**

- i. What are examples of interventions to support nurse graduates in successfully transitioning to practice (e.g., mentorship, socialization into nursing, confidence building, management and leadership education)?

**e. Use of technology in practice**

- i. What are the levels of investment and regulation related to the use of AI, remote monitoring tools, telemedicine, and genomics?

**f. Evolving models of care**

- i. How do evolving models of care, including regulated and unregulated roles, impact the quality of patient care and the effectiveness of the healthcare team?

### 3. Regulation

**a. Mutual recognition and credentialing**

- i. What are the barriers to the mobility of nurses across countries and jurisdictions? How can training, as embodied by the curriculum, be agreed upon and accepted for specific levels of nursing practice across countries?
- ii. What standardized credentialing processes across borders are available? Is there a common standard and approach across countries? How do credentialing requirements differ for domestically prepared nurses vs internationally educated nurses?
- iii. What is the role of global certification in harmonizing standards across countries/jurisdictions?
- iv. What are the case studies of local and regional efforts (e.g., Compact in United States, EU, ASEAN) to facilitate nursing workforce mobility?
- v. What are best practices in regulation to support workforce mobility? What are models of right touch regulation? Are there examples of jurisdictions that offer the ability to remain licensed in a jurisdiction if the nurse migrates elsewhere?
- vi. Where are the success stories and evolving models?
- vii. What is the impact of the increasing role/influence of government in advancing regulatory control?
- viii. What are some models for changing credentialing requirements to alleviate nursing shortages?
- ix. How do international jurisdictions handle continuing competence for nurses?
- x. How do differences in scope of practice across jurisdictions impact health outcomes? Are these differences well documented?



#### **b. Standardized regulatory frameworks**

- i. Where is evidence of efforts to achieve a common accepted standard for nursing regulation and practice?
- ii. What impact does the absence of universal standards have on nursing education, regulation, and practice?
- iii. What are examples of international collaboration and global accreditation to establish standards and guidelines to bridge the gaps between education and practice?

### **4. Policy**

#### **a. Uneven distribution of the global nursing workforce**

- i. What are the distributions of the nursing workforce among countries based on income level?
- ii. What are the distributions of the nursing workforce based on geography (e.g., urban areas versus rural areas and remote regions)? What efforts have been directed to facilitating training opportunities to deliver need-based population care?
- iii. What are the demographic shifts of the world's populations that highlight the imbalance in supply and demand of the nursing workforce?
- iv. Which health workforce sectors do nurses gravitate toward for employment?

#### **b. Policy roles for nurses**

- i. What policies are there to address gender equity and diversity in the nursing workforce locally and globally?
- ii. What is the role of nurse leadership in health policy? How well are nurses represented in high-level health policy decision-making?
- iii. What efforts are there to prepare and position nurses for leadership roles in reference to the four pillars captured in this framework document?
- iv. Which strategies will allow nurses to participate in the formulation and execution of health policy?

#### **c. Workforce planning**

- i. What types of data are needed to shape workforce planning models? What are examples of effective workforce planning models?

### **5. Systemic issues**

#### **a. Recruitment vs retention**

- i. How are recruitment strategies for nurses balanced with retention efforts for existing nurses and those returning to the workforce?
- ii. What efforts (in terms of interventions and programs) have been made to improve workplace conditions and job satisfaction? What are models of flexible approaches to working hours, careers (e.g., children)?
- iii. How to develop nurse managers to lead retention policies/guidelines and protocols?
- iv. What are examples of interventions that address the mentor gap created by experienced nurses leaving the profession? This problem exacerbates new-to-practice nurses' stress, burnout, and intent to leave. Are extended residency programs a solution?

- v. How can evidence-based policies be developed to improve workplace conditions and job satisfaction in nursing, ensuring alignment and agreement among governments, regulators, professional bodies, and trade unions?

**b. Migration vs unemployment, underemployment, and overemployment**

- i. What role does nurse migration play in managing workforce recruitment and retention?
- ii. What are sustainable solutions to manage nurse migration without depleting source countries of an already-scarce human resource?
- iii. What role do nursing unemployment and underemployment in local settings play in building a sufficient nursing workforce globally?
- iv. What is the impact of overemployment in local settings? What is the impact of access to education, good terms, conditions, and pay relevant to decision-making in nurse migration?
- v. Is the quality of care impacted by migration?

**c. Workforce environment and support**

- i. What is the role of the nursing workforce in delivering primary care or general practice? What is the link between investment in nursing and health system outcomes and population health status/outcomes? What is the impact of having more nurses working in primary care on health system outcomes and population health status/outcomes?
- ii. What is the impact of rising trends in RN substitution on the quality of care?
- iii. What are the persistent issues in pay and gender equity for nurses?
- iv. What are models of successful interventions to reduce stress and burnout, to support manageable workload, to mitigate violence in the workplace, and to decrease the rate of nurse suicide?
- v. How has the relationship between the quality of nursing care and patient health outcomes been documented?
- vi. How do nursing shortages, including insufficient budgeted positions for nurses or difficulty filling existing positions, undermine patient safety and quality of care?
- vii. How does psychological safety in healthcare work environments influence patient safety, and what strategies can be implemented to enhance it?
- viii. What is the impact of climate change, war zones, and humanitarian scenarios on nursing work environments?

**d. Education and competency development**

- i. What efforts have been made to recognize nursing excellence? What venues and processes are available?
- ii. What policy efforts have been made to standardize global nursing curriculum competencies to facilitate international mobility and role alignment, especially as virtual nursing models evolve?
- iii. What initial nursing education and continuing professional development are available to support independent thinking and lifelong learning for nurses?

**e. Leadership and policy engagement**

- i. What strategies have been used to enhance nursing representation in policy and leadership roles?
- ii. What career-pathing guidance, mentorship, and training opportunities are available to equip nurses with political, strategic, and tactical readiness for active participation in health



governance? Which of these approaches are most effective?

- iii. How does the recognition of nurse leaders in government decision-making roles influence healthcare policy and the representation of nursing perspectives in shaping national healthcare strategies?
- iv. What are examples of nurse-led models of care in health governance structure?

**f. Availability of data**

- i. What efforts can be undertaken to generate and synthesize comparable data across jurisdictions?
- ii. How does the lack of longitudinal data tracking nurses across the lifespan of their career, from education to retirement, impact workforce planning, policy development, and nursing outcomes?
- iii. How can improved and consistent data on international nursing mobility enhance workforce planning, policy development, and the global nursing workforce's effectiveness?

**g. Diversity, equity, and inclusion**

- i. How do competencies and education related to diversity, equity, and inclusion impact the effectiveness of nurses in supporting a diverse workforce and providing culturally competent care to diverse patient populations?
- ii. How do cultural competence and ethical dilemmas in nursing practice vary across different global contexts, and what impact do these variations have on patient care?
- iii. How do interprofessional collaboration competencies and models vary across the globe?

**h. Perceptions of the nursing profession**

- i. How do perceptions of the nursing profession vary culturally?
- ii. How does the understanding of the values of the newer generations influence the long-term desirability and sustainability of the nursing profession?

**i. Disparities in healthcare infrastructure and resources**

- i. How do disparities in healthcare infrastructure and resources across the globe affect access to care, patient outcomes, and healthcare equity?