

# Regulations and International Mobility of Nurses Survey Report

## Summary

Drawing from the qualitative data of two surveys conducted in 2021 and 2023 on the regulations and international mobility of nurses, the findings of this report disclose several general trends along with notable differences among the involved international delegations.

Most organizations are constituted by disciplinary, regional, and national bodies, reporting a common commitment to safeguarding public welfare and regulating standards in the nursing profession.

Various similarities can be identified in their prerequisites for obtaining professional certification, or in procedures to gain access to further training and secure recognition of specializations.

They also exhibit resemblances in respect to the conditions of self-employed nurses, the processing of workplace violence against nurses, and the legal mobility of nurses within EU countries while collaborative projects and cooperative efforts have been observed between non-European countries.

The most discernible disparities appear to be found in the respective density of nurses per 1,000 inhabitants, the fee structures, and the implementation or lack of advanced practice nursing systems (APN).

Overall, these findings offer valuable insight to refine and harmonize global regulatory standards in the nursing profession.



# 1. Introduction

The present summary report aims to provide an overview of the state of the nursing profession as well as country-specific insights on existing regulatory bodies, the density of nurses, education requirements for nurses, potential nursing specializations, and existing mobility agreements based on a survey that has been shared with international delegations in 2023.

This makes it possible to compare the governance and processes by which nurses are regulated between the surveyed countries, and will shed light on the future endeavors that are needed to improve and harmonize regulatory processes around the globe.

In accordance with that, the Global Regulatory Atlas on nursing regulation, education and practice (for further consultation and data on additional countries see [here](#)) identifies seven distinct categories along which change of regulatory processes must happen:

1) governance, 2) processes, 3) licensure and registration, 4) workforce, 5) education, 6) fitness for practice, and 7) technology[1].

This document may thus serve as an initial starting point for further discussion on the efforts required to enhance and harmonize regulatory procedures worldwide.

The following part sheds light on the methodology of the data collection and is followed by the results of the survey.

## 2. Methodology

### **Data Collection**

The findings are based on qualitative analysis of data that has been collected through a survey which has been shared with 14 international delegations in September 2023. Out of these 17 delegations, N = 7 responded. Precisely, the data was compiled for the following eight international delegations:

- Albania
- Belgium
- Brazil
- Canada (Québec)
- Canada (British Columbia)
- Croatia
- Portugal

[1] National Council of State Boards of Nursing. (2020). A global profile of nursing regulation, education, and practice. *Journal of Nursing Regulation*, 10(4), 1-116.



The survey contained 11 items covering subject matter such as the nursing regulatory bodies' structure, its role, and its relationship with the respective government, the density of nurses in the country relative to the population, the minimum training period for nurses, the entry requirements for studying nursing as well as continuous professional development requirements, specific requirements for self-employed nurses, potential nursing specializations and advanced practice nurses, questions related to whether nurses suffer violence and potential measures put in place to counteract this violence, and existing agreements on international mobility. The complete questionnaire can be found in Appendix A.

In addition to that, six questions out of the 11-item questionnaire were backed up by data collected through a survey that has been shared with N = 9 international delegations, i.e. Belgium, Croatia, Finland, Germany, Lithuania, Malta, Slovakia, Czech Republic, and the UK in 2021. Questions of the respective 2021 and the 2023 surveys were matched based on content so that the qualitative analysis of question 3, 4, 5, 6, 8, and 9 of the 2023 survey was based on both, respondents of the 2021 and respondents of the 2023 survey, comprising N = 17 respondents in total.

## 3. Main Results

### 3.1 Organizational structure, mission, and relationship with government

#### *Mission, Objectives, and Professional Representation:*

Most organizations mention that their mission is to protect public interest and ensure public safety, especially by maintaining standards in the nursing profession. There is also a common theme of these orders acting as a representative for professionals in nursing, indicating a trend towards advocacy for the profession.

#### *Organization Structure*

Many organizations have a structured approach with regional and national bodies, such as Portugal having 5 regional and 8 national bodies, indicating a decentralized approach to governance. In several cases, such as Canada (BC), Croatia, and Albania, the nursing orders or regulatory bodies are overseen by the Ministry of Health or equivalent governmental departments, showing government involvement in these professional bodies.

#### *Registration and Fees*

Registration with the respective nursing order or regulatory body is compulsory in all the countries mentioned except Belgium, which does not have a nursing order but still requires registration.

The fee structure varies significantly from a low monthly fee in Portugal (9 euros) to a significant lump sum in Canada (average 706 CAD). Croatia's fee is a percentage of the salary (0.3%), and Albania has a total fee for a 5-year period (103 euros). Brazil: While registration is compulsory, the specific membership fee was not found.



### **3.2 Disciplinary Bodies**

When the structure is an order or a body dependent on political authorities, the organization has a disciplinary body. All listed countries have a disciplinary body, although they vary in structure and designation.

### **3.3 Density of Nurses**

The reported densities range from as low as 0.342 nurses/1,000 inhabitants in Croatia to as high as 14.2 nurses/1,000 inhabitants in British Columbia, Canada. Answers from the same countries between the 2021 and 2023 reports vary; however, prioritizing the data from the 2023 report, the average density is 8.14 nurses/1,000 inhabitants. With the EU average being 7.01 nurses/1,000 inhabitants (N = 8), North America 10.95 nurses per 1,000 inhabitants (N = 2), and South America 12.7 nurses per 1,000 inhabitants (N = 1).

However, when comparing these figures with the WHO 2020 report, there are notable disparities: The WHO report suggests lower densities in some countries, like Portugal with 6.7 nurses per 1,000 inhabitants. For Canada, the WHO report does not provide data for Quebec or British Columbia specifically but gives an average for the country as 9.9 nurses per 1,000 inhabitants. Croatia's reported density is significantly higher in the WHO report at 8.1, contrasting sharply with the initial figure of 0.342. Albania's density is also higher in the WHO report at 7.4. Belgium and Brazil's densities are higher in the WHO report, with Belgium at 18.3 and Brazil at 10.1 nurses per 1,000 inhabitants.

### **3.4 Training period**

The training period seems to depend on the status and potential specialization of nurses; but, all countries confounded, the training to become a nurse lasts on average 3 to 4 years. They can go up to 5 years if the person wishes to specialize. For countries working with ECTS (European Credits Transfer System), a minimum of 180 to 210 ECTS must have been validated.

### **3.5 Becoming a nurse: entry requirements**

For all countries, individuals must have completed secondary education in order to access nursing training programs. Countries with national exams at the end of secondary school, giving access to higher education, also present the passing of said exams as a condition to access nursing training.

### **3.6 Continuous professional development**

The majority of countries indicated that their country obliges nurses to participate in continuous quality assurance training for ongoing professional development except for Portugal. In fact, Portugal does not oblige nurses to undergo continuous training but instead uses an Credit Award system to encourage nurses to voluntarily participate in professional development programs.



For other countries, the continuous training obligation can take the form of additional certifications or renewal of the work license. Responsible for these verifications are either a regulatory body such as the national orders of nurses or can also be the employers themselves.

Some countries apply a distinction between the nurses responsible for general care, that are not under any obligation of continuous training, and other nurses that are under such obligation. This is the case of Belgium for example.

### **3.7 Self-employment of nurses**

All of the surveyed countries indicate to have no specific conditions in place for self-employed nurses for setting up in the area (length of practice, geographical area of installation, etc.). Croatia specifies that the MoH is the responsible body for self-employed nurses, Portugal declares that self-employed nurses only need to be registered to the Ordem dos Enfermeiros (national Order of nurses), Canada (British-Columbia) mentions that self-employed nurses have to obey the rules around marketing of nursing services.

### **3.8 Nursing specialization**

Whereas the majority of surveyed countries indicate to possess nursing specializations, their specific nature and the ways to obtain these differ among countries. Albania is the only country that does not have nursing specializations.

Concerning the nature of specializations; while some of them are very recurring in the answers of countries (pediatrics, intensive care, psychiatry, geriatrics, palliative care...), other specializations are more rare and specific (genetics, intellectual disability, community health...).

Concerning the requirements to obtain such specializations; all countries indicated that specialist training is part of academic programs (i.e. Master's or college training) except for the British-Columbian province of Canada (BC) where specialized nursing qualifications are employer-driven. Countries have varying requirements as for the obtainment of the specializations: nurses have to hold the title of nurse for at least 4 years (Portugal), have a master's or post-master's degree (Canada, Québec), undergo additional specialist training during or after their Bachelor studies (i.e. Belgium), have the option to go through horizontal continuous or complementary training (Croatia), some countries also systemize nursing specializations through the validation of professional competences acquired over years (Malta).



### **3.9 Advanced practice nursing (APN) system**

Countries present very disparate results regarding any advanced practice nursing system. Some countries already have an APN system in place, with nurses having to obtain a Master of Nursing Sciences (Portugal or Canada), and/or having to become certified by acquiring added competences throughout the course of their careers after gaining enough experience (sports nursing, mental health, and stomal therapy, etc.). Despite the presence of an APN system, most countries still require more harmonization in terms of definition and regulation.

Some countries seek to implement an APN system; this is the case in Belgium for example where an APN title was introduced in 2019, but is yet to be implemented.

Finally, some countries do not have any APN system (Croatia, Albania) or are at the beginning of the regulation of such a system.

### **3.10 Violence in the workplace and prevention measures.**

All countries report varying degrees of violence against nurses. Nurses face all sorts of violence (psychological and physical) in the workplace: from patients' relatives to patients themselves.

Nurses associations or regulatory orders are charged with dealing with the prevention of violence against nurses, such as the Ordem dos Enfermeiros in Portugal.

In some countries, like Albania, nurses go through a specific and regular training to learn how to react in violent situations. There also appears to be efforts to foster prevention and sensibilization of the general public, as it is the case in Croatia.

### **3.11 Promotion of international mobility, equivalences and international agreements.**

International mobility & agreements: While there seems to be no proactive promotion of the international mobility of nurses, the European countries in this survey adhere to the EU-conformative approach with free legal mobility within EU countries in accordance with EU directives and standards. For example, the Directive 2005/36/EU and Directive 2013/55/EU. There also exists specific international agreements (e.g., Treaty of Friendship, Cooperation, and Consultation between Portugal and Brazil) and research projects conducted through collaborative efforts between other non-European countries (Australia, NZ, and Ireland, etc.), as well as continuous discussions between Latin American and Mercosur countries.