Commentary

Investing in Young Nurses Worldwide: If Not Now, When? The Importance of Promoting the New Generations in the Healthcare System

Floriana Pinto[1], Andres De Juan[2], Sana Gul[3]

[1] *Fondazione IRCCS Cà Granda Ospedale Maggiore Policlinico, Milano, Italy (mail: floriana.pinto89@gmail.com)*
[2] *Hospital Clinic of Barcelona, Barcelona, Spain*
[3] *Sandwell and West Birmingham NHS Trust, Birmingham, United Kingdom*

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The world stands at a decisive crossroads in the aftermath of a global pandemic that exposed the fragility of health systems and highlighted the indispensable role of nurses. The question before us—if not now, when? —is not rhetorical. It is a call to action, a challenge to political leaders, academic institutions, and healthcare organizations to invest, meaningfully and sustainably, in the next generation of nurses.

According to the World Health Organization (WHO), the world will face a shortage of nearly 13 million nurses by 2030 if current trends continue (Buchan J, Catton H, Shaffer F, 2022; WHO, 2020; WHO, 2016). The crisis is not only quantitative but profoundly qualitative: young nurses are entering the profession amid burnout, moral distress, and systemic under-recognition. Many nurses leave within the first five years of practice (De Vries N, et al., 2024). The result is a self-perpetuating cycle, one that threatens the very fabric of healthcare delivery, especially in low- and middle-income countries.

Investing in young nurses means far more than recruiting more staff. It means creating environments where early-career professionals can thrive, not merely survive. Competitive compensation, opportunities for advanced education, structured mentorship, and pathways to leadership are fundamental. Equally essential are supportive workplaces where mental health is prioritised, professional autonomy is respected, and diversity and innovation are actively encouraged (Abdul Rahim H et al., 2022, WHO, 2021).

We also need to rethink how we train nurses for a world that is changing quickly. The health challenges of the 21st century such as climate change, antimicrobial resistance, digital transformation, and global mobility, require a workforce equipped with critical thinking, adaptability, and cross-cultural competence. Academic programs must integrate evidence-based practices with ethical leadership and policy advocacy. Young nurses should not be

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trained to follow but to lead.

This investment is not optional. It is the foundation for resilient health systems and equitable care. Each nurse represents a bridge between science and humanity, between policy and practice. When young nurses are empowered, the benefits ripple outward: strengthening communities, improving health outcomes, and inspiring trust in health institutions (American Nurses Association, 2022).

The world applauded nurses in 2020, the International Year of the Nurse and Midwife. Yet applause, without action, fades quickly. The moral imperative now is to transform recognition into investment and commitment into sustained change.

If not now—when?

The Spanish Situation

These global trends are not abstract. They materialize with intensity in national contexts, where demographic shifts, workforce shortages, and structural limitations collide. Spain illustrates this dynamic vividly and reflects a broader European challenge. It is expected that in the next 10 years around 50,000 nurses will retire. Although the number of new professionals has remained steady in the country, with around 10,000 new nurses graduating each year, the projected retirements will not be enough to reach an adequate workforce, as there is already a current shortage of 100,000 nurses. Furthermore, many nurses leave the profession for different reasons, worsening the lack of healthcare personnel (Galbany-Estragués P., 2024; Zamora J., 2024). This shows the critical situation currently faced, and it is just another example of what is happening in other European countries.

In this context, newly graduated nurses face a dual situation: on the one hand, thanks to progress, there are many opportunities for professional growth due to the increasing professionalization of the profession; on the other hand, unfortunately, there is a widespread sense of pessimism about the current and future outlook (Gutiérrez Martí R. et al., 2023).

This raises the question… who will replace those nurses who have been leaders in the profession and who have helped transform nursing, driving it forward significantly in just a few years? Who will be the next referents of the profession? Who will ensure the transfer of this legacy? With the retirement of many senior nurses, one problem is becoming increasingly evident: a great deal of experience and knowledge in teaching, clinical practice, and management is being lost, and there are not enough emerging talents to receive it.

This leaves us with a twofold challenge: on the one hand, the clear need to increase the number of nurses, but at the same time, the need to also promote the talent of new generations, as both a response and a solution to future challenges and to the advancement of the profession (Oliete C. et al., 2025).

If this is not done, we will face the problem that increasing the number of nurses alone is not enough if they are not supported in developing a proactive attitude, a critical mindset in clinical practice and research, and a spirit of non-conformity. It is therefore essential to identify young talents and help them take off with the support of those with more accumulated experience.

Generational renewal will only happen if knowledge transfer can fall upon *"a vessel ready to receive it."*

Moreover, this is not only a responsibility to secure a future committed to advancing the profession, but also an opportunity for both seniors and juniors to benefit from what each of them lacks. This reality is not unique to Spain. Similar trends can be observed elsewhere in Europe, such as Italy.

The Italian Situation

Italy offers another example of how this crisis unfolds at the national level. Here, the time for symbolic recognition has passed. It also faces challenges that resonate across the international nursing community. In Italy, nurses constitute approximately 40% of the National Health Service (SSN) workforce and play a pivotal role in ensuring the effectiveness, continuity, and quality of care (FNOPI, 2025). Many studies, particularly the RN4CAST project (Sasso L. et al., 2017; Bagnasco A., 2024), have demonstrated that employee well-being is closely associated with the quality of care provided to patients. Work conditions have a big impact on nurses' organizational well-being (Della Bella et al., 2024). Well-being is also correlated with indicators that significantly influence the overall efficiency of

the healthcare system, such as turnover and absenteeism rates. An increasing number of nurses are considering leaving the profession or seeking opportunities in other national or international contexts, thereby exacerbating an already critical staffing shortage.

Addressing this trend requires improving the working conditions of current staff, reducing turnover, and enhancing the sustainability and attractiveness of the profession. According to the most recent report published by the National Federation of Nursing Orders (FNOPI), several critical issues emerge (FNOPI, 2025):

- A nurse-to-population ratio below the international average, with substantial regional variability in the public sector.
- Remuneration levels are lower than the European average and heterogeneous across regions, largely due to disparities between managerial and non-managerial positions.
- Limited representation of nurses in strategic leadership roles within healthcare organizations. Limited clinical career opportunities.
- Approximately 50% of nurses report being fully satisfied with their job, although satisfaction varies significantly by clinical setting, ranging from 25% to 70–80%.
- Systematic assessments of patient satisfaction with nursing care remain limited.

The loss of personnel has been gradual and persistent. One consequence of reduced turnover is the progressive ageing of the SSN workforce (FNOPI, 2025).

In 2024, FNOPI reported 458,112 registered nurses. Overall, the demographic profile reveals a relatively mature workforce, peaking in the 51–55 age range, and a limited presence of younger professionals. This highlights the need for targeted strategies to support generational renewal and increase the attractiveness of the profession (FNOPI, 2025).

The data presented underscore the current crisis facing the nursing profession, characterized by high turnover, intention to leave, and, in some cases, complete abandonment of the career. It is essential to initiate processes capable of producing tangible improvements in daily clinical practice through education and professional development. The profession remains insufficiently attractive, and a sense of disaffection persists, with nurses perceiving that their expertise is not yet fully recognized (SIDMI, 2025).

The UK Situation

While Italy underscores the urgency of systemic investment, the United Kingdom brings yet another perspective to this shared global challenge—one shaped by reliance on international recruitment, early-career attrition, and the need for sustainable workforce strategies.

The nursing workforce in the UK is at a critical stage. Despite the Nursing and Midwifery Council (NMC) reporting high registration figures in 2025, this seeming increase masks a dependence on internationally educated nurses and ongoing local attrition (NMC, 2025). Almost fifty percent of new registrations originate from other countries, with international recruits maintaining NHS staffing levels while UK-trained nurses depart at concerning rates (NMC, 2025). Early-career turnover is alarming, with nearly one-third of nurses departing within the initial five years of registration, attributing their decision to leave to fatigue, poor workplace culture, and insufficient support (Royal College of Nursing, 2025; The Health Foundation, 2024). These losses signify a substantial failure in the return on investment for both educational financing and service delivery, jeopardising the continuity of care in communities with increasing health disparities.

The loss of internationally educated nurses exacerbates the problem. Numerous individuals describe discrimination, visa instability, and unmet expectations, resulting in rising turnover rates within three years (Royal College of Nursing, 2025). This cycle of hiring and attrition is unsustainable. Communities require stable, locally embedded teams that mirror their demographics and foster enduring trust, rather than a transient workforce influenced by temporary recruiting initiatives.

Consequently, investing in and advocating for the future workforce is essential. Enhancing domestic training capacity, facilitating early-career transitions, and implementing retention strategies—such as designated study leaves, mentorship, and flexible work arrangements—can significantly improve morale and workforce sustainability (NHS, 2024). A balanced strategy that appreciates both domestic and international talent will be essential for the NHS and other

healthcare sectors in Britain to provide safe, equitable, and person-centered care for everyone.

The time for symbolic recognition has passed. What the nursing profession needs today is tangible, measurable action. Investing in young nurses must move beyond rhetoric to become a shared global priority embedded in policies, budgets, and institutional strategies. This means implementing frameworks that ensure equitable pay, safe staffing ratios, career advancement opportunities, and the integration of nurses into decision-making at every level of healthcare governance.

Global early-career leadership networks, such as the Nursing Now Challenge (NNC) are crucial in mentoring, empowering, and supporting the next generation of nurses and midwives worldwide. These platforms provide early-career professionals with the opportunity to cultivate leadership skills, participate in policy conversations, and establish international collaborations that enhance the global health workforce. Their work illustrates how organized mentoring and international knowledge sharing can expedite professional development and motivate future nursing and midwifery leaders.

Governments, academic institutions, and healthcare organizations must collaborate to elevate the nursing profession to a realm of development, innovation, and leadership. International cooperation, mentorship networks, and investment in higher education are essential for cultivating a workforce equipped to address future health concerns. Supporting and growing programmes such as the Nursing Now Challenger Committee, from the NNC, is vital for developing a resilient, future-ready nursing and midwifery workforce.

Recognising the value of nursing also means protecting its future. Every action that enhances the visibility, autonomy, and expertise of young nurses strengthens the entire healthcare system. Investing in them is not merely an act of professional support, it is an act of public health, social justice, and human solidarity.

Taken together, these national snapshots reveal a single truth: without decisive investment in young nurses, health systems worldwide risk becoming unsustainable. If we truly believe that nurses are the backbone of healthcare, then our next step must be clear: turn words into action, and recognition into transformation. Because the question remains—if not now, when?

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Commentary

Emergency Department Boarding: An Inevitable Phenomenon or Crucial Quality Indicator?

Giovanna Cannizzaro[1], Noemi Spina[1], Pasquale Iozzo[2]

[1] Emergency Department, Azienda Ospedaliera Universitaria Policlinico "Paolo Giaccone", Palermo, Italy
[2] Department of Biomedicine and Prevention, University of Rome Tor Vergata, Italy
(mail: pasquale.iozzo@students.uniroma2.eu)

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The phenomenon of boarding in emergency departments has represented one of the most significant challenges for contemporary healthcare systems over the past 30 years. (Pines, 2025; Sartini, 2022). The term "boarding" refers to the patient's stay in the emergency department after the decision to admit them while awaiting a hospital bed (Iozzo et al., 2024; Sartini, 2022). This interval is now recognized as a critical element in hospital management with both clinical and organizational implications (Joseph et al., 2024). International literature has highlighted that boarding cannot be considered a mere side effect of emergency-urgent care activities but rather a potential indicator of the quality and safety of care (Sartini, 2022; Singer, 2011). In a study conducted in Israel, over 250,000 emergency department visits were analyzed over five years. This is a large sample, allowing for precise observation of clinical dynamics. Among all these patients, approximately 1,200 experienced a documented clinical error, and here comes the crucial data: 61% of these patients were boarding. The question arises as to whether it should be interpreted as an unavoidable phenomenon inherent in the complexity of healthcare systems or as a key parameter for evaluating the efficiency and quality of care (Kolikof, 2025). In recent decades, numerous healthcare systems have reduced the number of hospital beds, moving towards a model of community-based healthcare and public spending containment (Pines, 2011). This reduction, while justified by economic sustainability goals, has increased pressure on hospitals, contributing to patient accumulation in emergency departments. The progressive aging of the population leads to an increase in demand for hospital admissions and the clinical complexity of cases (Joseph et al., 2024). Furthermore, numerous studies have confirmed that older and frail patients require longer hospital stays, thus reducing bed availability for new admissions (Lewis, 2020; O'Caoimh et al., 2019). Another determinant is the difficulty in ensuring timely and safe discharge. The lack of facilities such as hospices or concrete alternatives in the community for consistent care continuity slows downward turnover, generating cascading congestion in emergency departments (Kolikof, 2025). Seasonal epidemics, heatwaves, and other sudden emergencies produce exceptional access flows to emergency departments, further exacerbating the already fragile system.

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Admission is frequently perceived as the responsibility of the emergency department, but it is not. Rather, it is a matter related to hospital productivity, staff availability, and correct resource allocation (Sartini, 2022). The shortage of nursing staff and closure of hospital beds have widened this gap. Emergency departments are the release valves of a system that no longer has room to maneuver (Pines, 2025). Boarding contributes to overcrowding in emergency departments, hindering the care of new patients and increasing staff workload. This phenomenon generates professional stress, burnout, and a reduction in the perceived quality of care (Pines, 2011). From an ethical standpoint, holding patients for prolonged periods in environments not designed for inpatient care raises issues of dignity, equity, and distributive justice, as frail individuals are disproportionately penalized (García-Peña, 2018; Iozzo et al., 2025; Singer, 2011). Boarding has documented consequences for the quality of care and clinical outcomes (Joseph et al., 2024). Numerous studies have highlighted an association between prolonged boarding times and an increased risk of adverse events, including falls, healthcare-associated infections, and death (Boudi et al., 2020; Joseph et al., 2024; Lewis, 2020; Olson et al., 2024; Pines, 2025). In a study conducted on 1,406 adults aged ≥ 60 years, admitted to two general hospitals in Mexico City (García-Peña, 2018), the mortality recorded in the sample was 21.8%. The analysis showed that the duration of boarding is associated with an increased risk of death; each additional hour spent in the emergency department increases this risk. Some authors argue that boarding is inevitable within certain limits. In a complex system, characterized by limited resources and variable demand, moments of congestion are physiological (Boudi et al., 2020; Joseph et al., 2024; Singer, 2011).

From this perspective, boarding constitutes an acceptable compromise. However, this view risks legitimizing a condition that, if prolonged, compromises patient safety and quality of care. Therefore, considering boarding as an unavoidable phenomenon can translate into a form of managerial abdication of responsibility. Conversely, an increasingly widespread perspective interprets boarding as a crucial indicator of quality (Coil, 2016; Kolikof, 2025; Mohr et al., 2020; Sartini, 2022). Reduced boarding times testify to the efficiency of admission and discharge processes, coordination capacity between the emergency department, wards, and community services, and effectiveness of hospital governance. In this sense, boarding can be likened to a "litmus test" for the healthcare system: its extent reflects the quality of the organization and the structural and managerial resilience of the hospital. Numerous international experiences have shown that boarding can be reduced through targeted strategies, such as centralized bed management (e.g., bed manager), planned discharges, strengthening of community care, and predictive flow analysis (Coil, 2016; Joseph et al., 2024; Pines, 2011; Sartini, 2022). Therefore, boarding in the emergency department constitutes a complex phenomenon at the crossroads of hospital organization, healthcare planning, and patient safety. While a minimum level may be considered physiological, boarding must not be accepted as an inevitable outcome. In contrast, it represents a crucial quality indicator that is useful for monitoring system efficiency and guiding improvement policies. Addressing boarding implies a systemic approach that integrates internal hospital organizational strategies aimed at accurate bed management with interventions to strengthen community care. Only a comprehensive vision oriented towards efficiency and dignity of care can reduce the incidence of this phenomenon and ensure safer, higher-quality assistance.

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