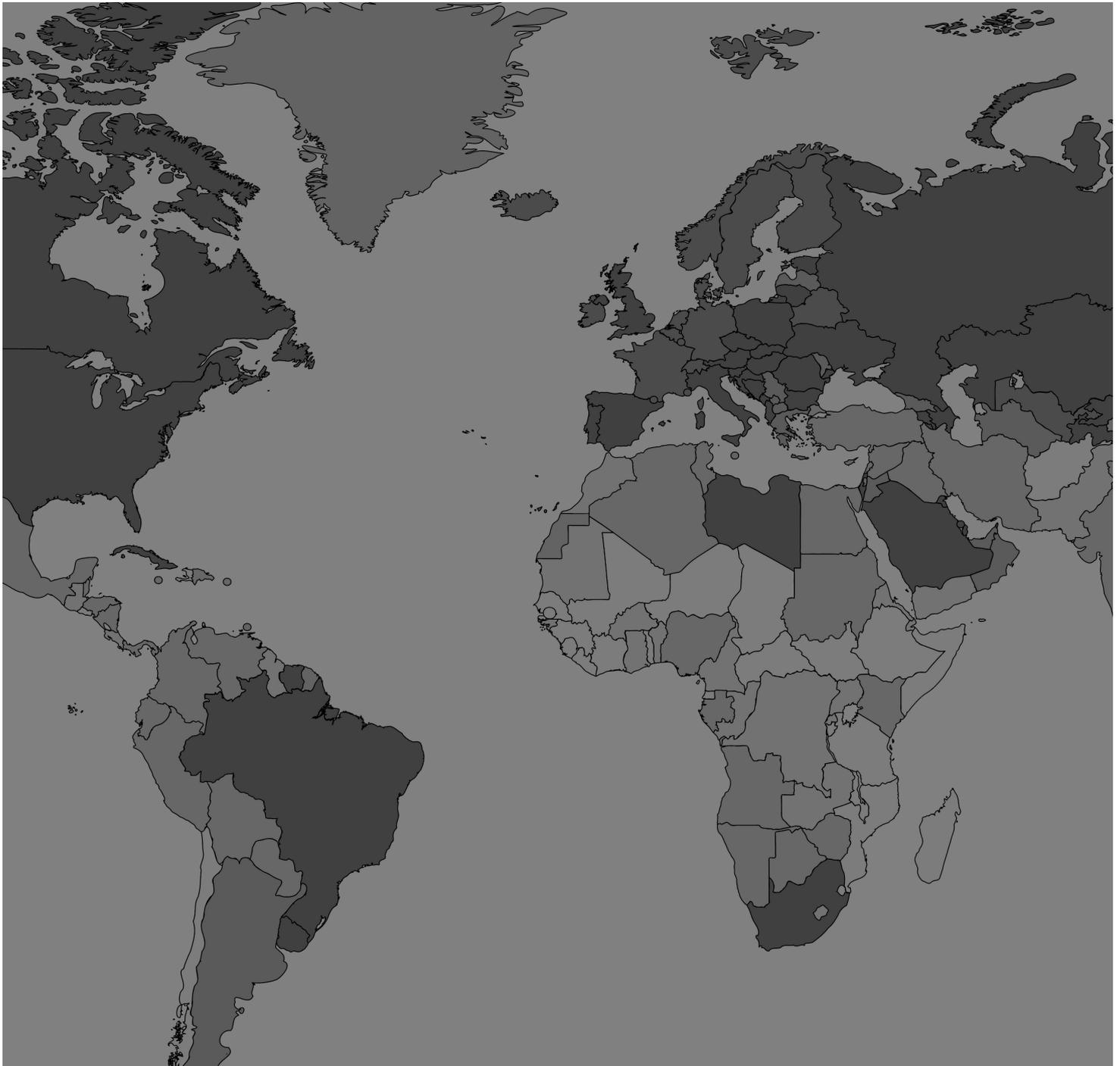


2018 THOUGHT LEADERS ASSEMBLY

THE GLOBAL NURSING WORKFORCE:
**EXAMINING INTERNATIONAL TRENDS
TO COMBAT THE NURSING SHORTAGE**



THE GLOBAL NURSING WORKFORCE:

EXAMINING INTERNATIONAL TRENDS TO COMBAT THE NURSING SHORTAGE

There is a global nursing workforce shortage. This shortage is exacerbated by the world's aging population who require more intense and prolonged care (see Appendix A). Governments, universities, and healthcare systems around the world are working to find solutions that will educate more nurses, allow for greater nurse migration, and increase the rate of retention for nurses working in hospital settings and in the community. There has been progress since the worldwide 2008-2009 Great Recession in rebuilding the

global nursing workforce; however, predictions of future workforce shortages persist, especially when it comes to filling future vacancies of nurse faculty. By examining challenges and opportunities faced in other nations, this *Thought Leaders Assembly* explored the nursing and faculty shortage with a new lens. It investigated practices and policies to determine global strategies that could provide insight to AACN members.

SPEAKERS

Cheryl B. Jones, PhD, RN, FAAN
Professor and Director
Hillman Scholars Program in Nursing
Innovation
University of North Carolina at Chapel
Hill, School of Nursing

Jayne Hale Jarvis, MBA
Senior Talent Sourcing Strategist
Catholic Health Initiatives

Cynthia Baker, PhD, RN
Executive Director
Canadian Association of Schools of
Nursing

William Rosa, MS, APRN, FCCM
RWJF Future of Nursing Scholar
University of Pennsylvania
Nurse Practitioner
Memorial Sloan Kettering Cancer
Center

PARTICIPANTS

The 2018 Thought Leaders Assembly was comprised of 30 participants, including members of AACN's Board of Directors, member deans, AACN's leadership staff, and guests from industry.



30
Participants

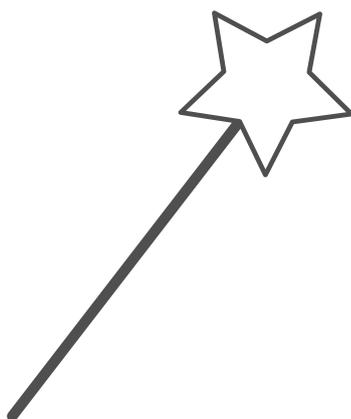


Representing **19**
Schools of
Nursing



Attending from **18**
States and
Canada

MAGIC WAND SOLUTIONS



To start the Assembly, participants engaged in small and large group discussions to develop “Magic Wand Solutions.” The concept behind the exercise was to consider solutions that held no bounds, as if a “magic wand” could be waved and the nursing workforce shortage alleviated. These solutions included:

- Instant partnership between academia and practice through shared decision-making, trust, and the responsibility of preparing the graduate
- Global telehealth and global clinical placements
- Patients are put at the center of healthcare and inform providers of what they need
- All barriers to practice and payment are immediately removed
- Total transformation of clinical education, where the preceptor feels the success of the student
- Strong professional image of nursing based on the rigor of the profession’s science and holistic approach to care

The participants then heard from noted experts on the national and global nursing shortages as well as industry leadership who provided insight to enable a more targeted conversation on workforce solutions.



CHERYL B. JONES, PHD, RN, FAAN

NATIONAL AND INTERNATIONAL BOTTLENECKS FOR A ROBUST WORKFORCE

Nationally and internationally, nursing must build a better business case that clearly delineates the value of nursing care. One critical factor that stifles progress toward solving the shortages locally and globally is the lack of data. Resources are a substantial impediment to reversing the trend.

Having limited resources negatively impacts health in all facets, whether that is bringing and delivering care to the patient or educating the next generation of care providers. In early 2018, Amazon, JPMorgan Chase, and Warren Buffett announced a collaboration to create a system that would fix health care by resolving the financial limitations that impede access. However, in order to move forward, there must be more thoughtful consideration of workforce demand.

A second major hindrance to the workforce is the fact that the distribution and education of nurses needs focused attention. By 2025, it is predicted that only 66% of nurses will have their BSNs. Improving the education of the workforce will encourage a wider distribution of qualified providers. Raising the profile and status of the nursing workforce will help to improve health at home and abroad.

Source: Isidore, C. (2018, Feb). Buffett expects health care effort with Amazon, JPMorgan to open up to other companies. Retrieved from: <https://money.cnn.com/2018/02/26/news/companies/warren-buffett-health-care-amazon-jpmorgan/index.html>.

Spetz, J. (2018). Projections of progress toward the 80% Bachelor of Science in Nursing recommendation and strategies to accelerate change. *Nursing Outlook*, 66(4), 394-400.



TOP TAKEAWAYS:

- Financial reform in the ways of investments, pay-for-performance, and consideration of local/global economies is critical.
- Workforce needs to be a priority, not an afterthought.

JAYNE HALE JARVIS, MBA

REACTIONS FROM A RECRUITING PERSPECTIVE



TOP TAKEAWAYS:

- There needs to be focus on retaining nursing staff.
- Using technology in thoughtful ways will significantly improve employment practices.
- Standardization of education will improve care.

Retention of the nursing workforce is a major issue when it comes to providing consistent, accessible care. It is important to recognize that inhibiting upward mobility will decrease employee loyalty. Failing to retain nursing staff will not only be costly but will also burden the rest of the staff.

The use of technology and artificial intelligence to resolve retention and staffing issues is tempting as it relates to recruiting. However, these programs are only designed to find key words on a resume, not to find a nurse's potential. Quantifying the skills required for a nurse eliminates the human element needed to provide thoughtful care.

Finally, in order to decrease the variation in training and skills, education practices internationally should become standardized. In the U.S., the NCLEX pass rate is similar between ADN and BSN candidates, signaling a core set of skills that have become standardized within the country. However, this is not the same globally. Elevating the profession internationally will create a more robust, better educated workforce.

CYNTHIA BAKER, PHD, RN

UNDERSTANDING THE CANADIAN NURSING CLIMATE AND OPPORTUNITIES TO COLLABORATE

Canada has a unique history when it comes to their nursing workforce. The nurse practitioner program started in the 1960s in response to physician shortages. In the past 20 years, there has been a resurgence of NPs as healthcare demands continue to grow.

In Canada, one of the biggest issues facing the country's nursing workforce is a lack of qualified, full-time faculty able to educate the next generation of nurses. This issue is exasperated by the fact that the average age of nurse faculty is significantly older than the average nurse.

It has been difficult to encourage qualified nurses to teach. This is due, in part, to the lower salary offered when compared to clinical salaries. To counter this, schools have offered a part-time, per-diem salary to faculty members.

Another issue has been a slow growth in PhD programs, despite the cost-effectiveness of Canadian education. This means there is not a robust pipeline of new PhD-educated nurses qualified to teach the next generation.



TOP TAKEAWAYS:

- Canada faces a faculty shortage more so than a nursing shortage.
- Incentives to drive up doctoral education and offset salary demands are being investigated.

WILLIAM ROSA, MS, APRN, FCCM

HOW THE UNITED NATIONS' SUSTAINABLE DEVELOPMENT GOALS WILL IMPACT NURSING PRACTICE AND EDUCATION



The Sustainable Development Goals (SDGs), spearheaded by the United Nations in 2015, act as a blueprint to achieve a better and more sustainable future around the globe. One of the SDGs encourages nations to ensure healthy lives and promote well-being for all, at all ages. However, all 17 goals speak directly to the interconnectedness of health, wellness, and well-being. One of the major ways to accomplish the SDGs is to create and nurture partnerships.

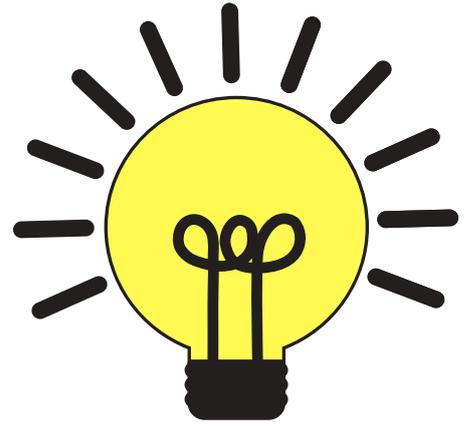
TOP TAKEAWAYS:

- Partnerships are necessary to ensure Sustainable Development Goals are met.
- Nursing needs to work to adopt these goals in practice, education, and research to be effective.
- Nursing has the numerical power to achieve health by focusing on people, planet, peace, prosperity and partnerships.

The profession should integrate SDGs by developing partnerships throughout practice, education, and research. Nurses should expand practice priorities to include advocacy and leadership in order to incorporate SDG priorities in local (and global) agendas. Nursing education needs to integrate the SDGs in curricula and create an environment that promotes planetary health. Finally, research should continue its trajectory of being interdisciplinary and unbiased so that it may have a more profound impact on achieving the SDGs.

REALITY-BASED THINKING

After discussing "magic wand solutions," allowing for no limits on generative thought, the attendees considered reality-based thinking. Reflecting on the content presented by the experts, the following thoughts summarized the day's proceedings.



SUMMARY THOUGHTS:



Concerted effort should be placed on data mining, analysis, and dissemination for better understanding of workforce demand.



The profession must focus on a common language across education, practice, and research to elevate the professional image throughout the globe.



Collaboration and partnership must be extended beyond traditional rules of engagement.



The Sustainable Development Goals should be more widely shared and integrated into nursing curriculum.

"Reality-Based Thinking is thinking that is deliberately responsible to the entire reality (the state of things as they actually exist, as opposed to an idealistic or notional idea of them) of a subject, whether certain facets of that reality are favorable or unfavorable, known or unknown."

-Society for Reality-Based Thinking

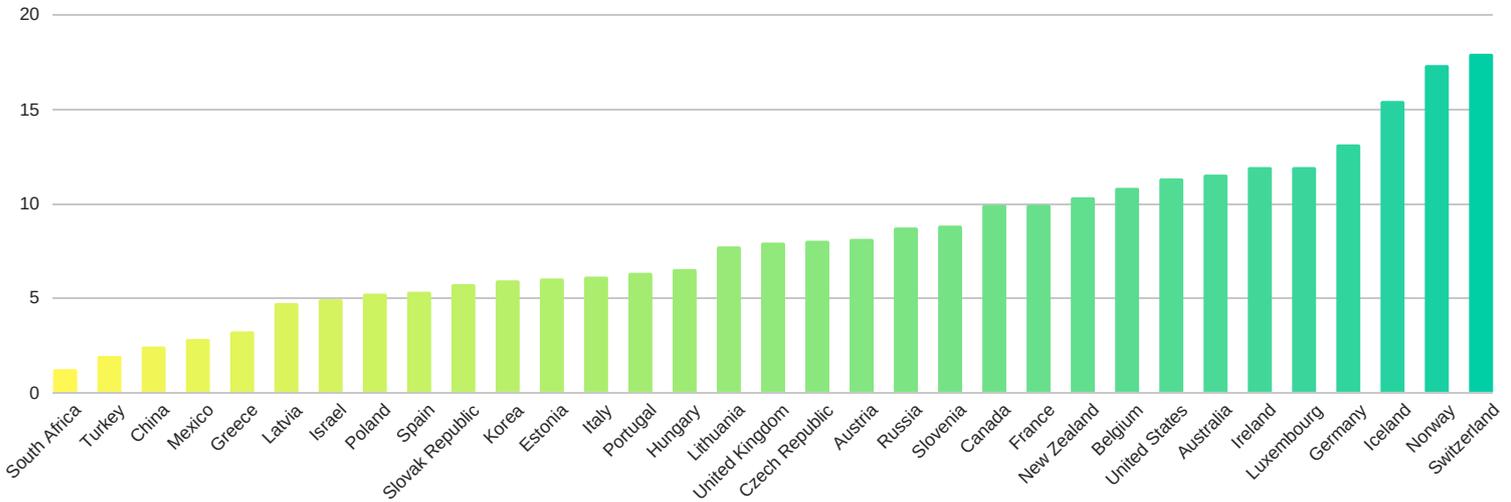
SEPTEMBER 2018

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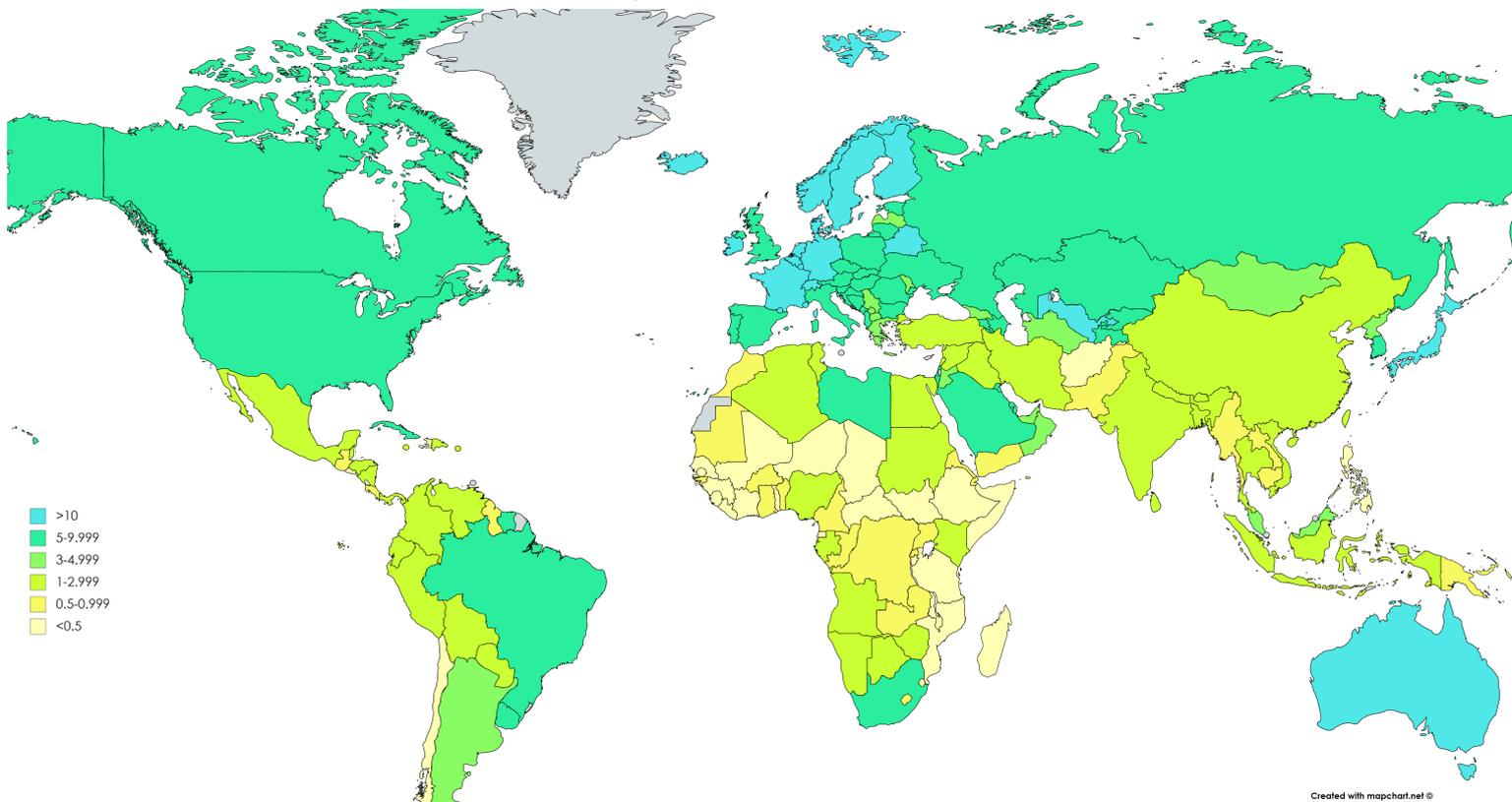
GLOBAL NURSING WORKFORCE

NUMBER OF NURSES PER 1,000 INHABITANTS IN OECD MEMBER COUNTRIES



OECD Data Organization for Economic Cooperation and Development. "Nurses" Retrieved from: <https://data.oecd.org/healthres/nurses.htm>.

DENSITY OF NURSING AND MIDWIFERY PERSONNEL PER 1000 POPULATION, WORLD HEALTH ORGANIZATION



World Health Organization. "DENSITY OF NURSING AND MIDWIFERY PERSONNEL PER 1000 POPULATION" Retrieved from: http://www.who.int/gho/health_workforce/nursing_midwifery_density/en/

HIGHLIGHTS

48%

OF WHO MEMBERS REPORT HAVING LESS THAN THREE NURSING PERSONNEL PER 1000 POPULATION

47.5%

OR 20.7 MILLION OF THE GLOBE'S 43.5 MILLION HEALTH WORKERS ARE NURSES AND MIDWIVES

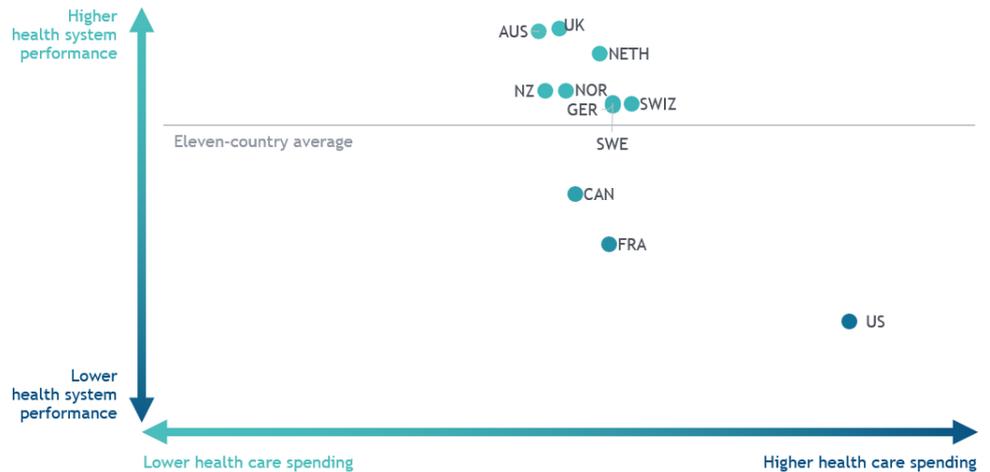
THE ECONOMIC IMPACT

KEY TRENDS IN SPENDING

HEALTH CARE SYSTEM PERFORMANCE COMPARED TO SPENDING

17.2%

HEALTH SPENDING IN THE UNITED STATES AS A PERCENTAGE OF GDP IN 2017. THE OECD AVERAGE WAS 9%.



E.C. Schneider, D. O. Sarnak, D. Squires, A. Shah, and M. M. Doty, "Mirror, Mirror: How the U.S. Health Care System Compares Internationally at a Time of Radical Change." The Commonwealth Fund, July 2017.

\$9,892

AVERAGE HEALTH EXPENDITURE PER CAPITA IN THE UNITED STATES IN 2016. THE OECD AVERAGE WAS \$4,003.

AFFORDABILITY OF HEALTH CARE

Indicator	Source	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Affordability												
Had any cost-related access problem to medical care in the past year	2016 CMWF Survey	14%	16%	17%	7%	8%	18%	10%	8%	22%	7%	33%
Skipped dental care or check up because of cost in the past year	2016 CMWF Survey	21%	28%	23%	14%	11%	22%	20%	19%	21%	11%	32%
Insurance denied payment for medical care or did not pay as much as expected	2016 CMWF Survey	9%	14%	24%	8%	8%	2%	2%	2%	12%	1%	27%
Had serious problems paying or was unable to pay medical bills	2016 CMWF Survey	5%	6%	23%	4%	7%	5%	8%	5%	11%	1%	20%
Doctors report patients often have difficulty paying for medications or out-of-pocket costs	2015 CMWF Survey	25%	30%	17%	13%	52%	30%	3%	6%	9%	12%	60%
Out-of-pocket expenses for medical bills more than \$1,000 in the past year, US\$ equivalent	2016 CMWF Survey	16%	15%	7%	5%	7%	7%	13%	4%	46%	4%	36%



E.C. Schneider, D. O. Sarnak, D. Squires, A. Shah, and M. M. Doty, "Mirror, Mirror: How the U.S. Health Care System Compares Internationally at a Time of Radical Change." Appendix 3: Access. The Commonwealth Fund, July 2017.

"Investing in nurses and midwives is good value for money. The report of the UN High Level Commission on Health Employment and Economic Growth concluded that investments in education and job creation in the health and social sectors result in a triple return of improved health outcomes, global health security, and inclusive economic growth." - World Health Organization