A Universal Truth: No Health without a Workforce

Global Health Workforce Alliance and World Health Organization

The health workforce is essential to attaining, sustaining and accelerating progress on universal health coverage. This report was intended to inform proceedings at the Third Global Forum on Human Resources for Health and the global audience in order to trigger action towards progress on universal health coverage. Workforce data and searches on human resources for health progress were analyzed from 36 countries.

It is hoped that as governments and interested stakeholders make decisions on human resources for health, a focus would be made on issues addressing 1) the health workforce and its ability to provide effective coverage on a package of healthcare benefits, 2) the expansion of that coverage progressively over time and 3) a country’s ability to produce, deploy and sustain a health workforce that supports universal health coverage.

The findings concluded that the health workforce is ageing and replacement is a challenge; midwives, nurses and auxiliaries are insufficiently used; availability and accessibility vary within countries due to challenges in attracting and retaining workers; education strategies and content of pre-service education is also a challenge; performance assessment and qual-
ity of care are not afforded priority; the capacity to estimate future human resources and design longer-term policies varies from country to country.

Countries that have shown progress demonstrate strong political commitment, improvements for human resources for health have been handled in a systematic manner and development initiatives and strategies have been maintained.

The report covers a ten point agenda that would foster action and successful results in context of universal health coverage and the attainment of the WHO Millennium Development Goals.

Source:
http://www.who.int/workforcealliance/knowledge/resources/hrhreport2013/en/

China’s Growing Reliance on Lower-Paid Contract Nurses May Compromise Patient Care, New Research Suggests

Traditional hospital nursing jobs known in China as “bianzhi” or “iron rice bowl” positions, which are guaranteed for life are dramatically being reduced due to economic and health system reforms. These positions are being replaced by contract based nurses who do the same work for lower pay, fewer benefits and limited job security.

As a result there is a high level of compensation–related dissatisfaction among contract nurses compared to their peers with “iron rice bowl” positions. In turn, hospitals with a significant number of contract nurses experience a high level of patient dissatisfaction which is linked to lower quality care and unfortunate outcomes. The hospitals received low quality assessments and are less likely to be recommended by patients.

The use of contracted nurses is expected to increase as China transitions to a free market economy and the demand for health care increases amid a worsening nurse shortage.

A research team led by Columbia Nursing Assistant Professor, Jingling Shang, PhD, RN explored the impact of equitable nurse compensation on patient satisfaction at a cross section of 181 Chinese hospitals.

Says Dr. Shang, “China urgently needs to address the inequalities in nursing compensation to stabilize the nurse workforce and improve the quality of care in hospitals.”

Source:
Columbia University School of Nursing. January 29, 2014
Germany Woos Chinese Nurses

Germany unveiled a pilot program late January that addresses the shortage of qualified professionals in the field of care for the elderly by recruiting nurses from China to its workforce. Recruiting nurses from neighboring European countries will not be sufficient to satisfy the widening gap between the number of people that require nursing care and the number of qualified staff in its health care workforce.

In China, there is an excess of well-trained qualified care professionals who have completed four year degrees in nursing and welcome the opportunity to work abroad.

As many as 150 nurses will be recruited by the end of 2014. The project is primarily initiated by the Association of employers in social and health and elderly care (Arbeitgeberverband Pflege e. V - AGVP), the Zentrale Auslands-und Fachvermittlung (ZAV) der Bundesagentur für Arbeit (the Foreign and Professional Placement Centre of the German Employment Agency), as well as the China International Contractors Association (CHINCA). Amongst others, the initiative receives support from the Goethe Institute China, as well as the Shandong International Nurse Training Center Weihai (China).

Job-seeking nurses with a nursing degree and one year’s practical experience will be recruited and placed on a preparation phase which will include qualification, language and culture. The German states of Hesse, Baden-Württemberg and Hamburg are being considered as locations for the first phase of the project.

Sources:
EXPATICA.COM, Thursday, 15 May 2014

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Pinoys (Filipinos) in Canada Welcome Additional Funding for Nurses

In an effort to address the looming shortage of health care professionals in many of its provinces, Canada’s federal government will give $4M in funding to projects to accelerate credential assessment and licensing processes. This would make it easier for foreign trained nurses to have their credentials recognized by regulatory bodies.

Most Pinoy nurses work as live-in caregivers in hopes that they could apply as registered nurses once they attain permanent residency. Many challenges are faced as they undergo a lengthy process including comparability of qualifications and the affordability of registration and examination fees. Most importantly each province in Canada has an independent set of rules.

Some provinces are working together to agree on credential standards but there are locations with policies least disposed to labor migration and harmonization.

Sources:
ABS-CBN Canada, Jan 15, 2014
http://www.abs-cbnnews.com/global-filipino/01/15/14/pinoys-canada-welcome-additional-funding-nurses

Feds to help foreign-trained nurses have their credentials recognized, Global News, November 15, 2013
Government Officials’ Representation of Nurses and Migration in the Philippines

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Healthcare organizations in developed countries continue to recruit nurses from other countries to maintain staffing levels. Despite its weak domestic health system and uneven distribution of workers, the Philippines promoted education in the nursing profession in response to the demand of the overseas market and is the largest supplier of nurses worldwide. The “training for export” model provides source countries with alternative markets for workers who cannot find domestic employment and opportunities to gain revenue from migrant worker remittances. In the Philippines health professions education and overseas recruitment sectors are sanctioned by the government. As Philippine government officials categorize their nurses as export commodities, and as global rather than domestic professionals the question of legitimacy as well as political and economic responsibility arises.

The study examines the response from government officials in the Philippines, in regards to two controversies in nursing education and migration:
1) Dishonesty during a nursing license examination
2) The inclusion of nurses in the Japan-Philippines Economic Partnership Agreement (JPEPA)

Mandatory Nurse Staffing Levels

A study conducted by the Royal College of Nursing states that there is clear relationship between nursing staff levels and patient outcomes. The study also defines a relationship between staff levels and nurses’ job satisfaction. For years, the Royal College of Nursing (RCN) has highlighted these relationships and has developed policy to that end. The RCN has also provided guidance to health care providers in support of safe nursing staff levels. However, current economic conditions and the drive for health care providers to "do more with less" has proven to be an obstacle in providing adequate nurse to patient ratios. Individual states and provinces in the United States, South Korea, and Australia have either enacted or are discussing mandatory nurse to patient ratios (with differing standards for specialty of practice).

The RCN also finds that there is a direct correlation between higher levels of nursing staff members and improved

The mix of registered nursing staff to healthcare support workers (HCSWs). Figures show the percentage of registered nursing staff on duty as a percentage of the total shift. (Information provided by Ball and Pike, 2009 and RCN, 2011c).
patient outcomes, higher levels of recruitment and retention of nurses, and economic benefits to employers and communities. In the Commonwealth of Pennsylvania (the state with the lowest nurse to patient ratio in the U.S.), for instance, nurses are twice as likely to suffer career burn-out and to have general dissatisfaction with their role as a nurse.

In order to have better patient care, the RCN is advocating for mandatory nurse staffing levels to be enacted by health care providers and governmental agencies. “Our patients and the public have a right to a guarantee of safe nursing staff levels” (Royal College of Nursing, 2012).

Source: Royal College of Nursing, Policy & International Department, March 2012
https://www.rcn.org.uk/__data/assets/pdf_file/0009/439578/03.12_Mandatory_nurse_staffing_levels_v2_FINAL.pdf

Ensuring a Global Workforce: A Challenge and Opportunity

Author: Franklin A. Shaffer, EdD, RN, FAAN

As a whole, nurses are key actors in the global economy and a major player in globalization as a whole. As the globalization of the nursing workforce moves forward, legal, socio-economic, and educational issues still remain. Nursing is either at or near the top of the list of health care providers in terms of sheer numbers.

Considering the sheer volume of nurses globally, the total economic impact sends ripples on both the micro and macro levels. Recognizing this, some states are adopting policies that reflect the globalization of the nursing profession.

Global licensing procedures, international nursing education and nurse mobility could very well be based upon an international curriculum; an international curriculum that contains both core content (both theoretical and clinical) and evidence-based competency. In this article, Dr. Franklin Shaffer states that this transition should include the development of databases that contain elements of professional information, and competency certification that measures the quality of education and skillsets that the individual nurse possesses.

Dr. Shaffer also emphasizes: “Our future can be very bright indeed if we realize our intrinsic value and the growing demand for our intellectual capital. Nursing has great potential to be more than simply human resources by being recognized for the intellectual capacity and capabilities that it brings to health care. However, doing so will require that nursing be united in its quest to shape global educational and licensure standards and competencies and address nurse migration concerns by speaking with one voice and shifting our paradigm from policy implementers to policy developers.” (Shaffer, 2013).

Source: Nursing Outlook, October 14, 2013
http://www.nursingoutlook.org/article/S0029-6554(13)00178-4/fulltext#sec1
The mobility of health professionals throughout Europe is quickly becoming an issue of concern for policy makers within the European Union (EU). The consequence of this fundamental change has roots in the expansion of the EU itself, in addition to the recent financial and economic down turn.

This mobility of health care professionals changes the size of the workforce in countries. The unique skill sets of the workforce indeed have consequences for health-system performances. Countries must factor in worker mobility if they are forecasting and planning their workforce requirements. To this end they need clarity on mobility trends and the mobile workforce, and effective interventions for retaining domestic and integrating foreign-trained health workers. Health professional mobility remains an unfinished agenda in Europe, at a time when the repercussions of the financial crisis continue to have an impact on the European health workforce and its patterns of mobility.

This book sheds new light on health professional mobility in an ever changing European landscape. The 14 chapters in this book are grouped in three distinct parts:

1. The changing dynamic of health professional mobility
2. The mobile worker/individual

The book goes well beyond situation analysis as it presents practical tools such as benchmarks for registry methodology, a typology of mobile individuals, qualitative tools for studying the motivation of the workforce and a set of concrete policy responses at EU, national and organizational level including bilateral agreements, codes and workplace responses.


World Health Organization (WHO) host for and secretariat of the European Observatory on Health Systems and Policies; Observatory Studies Series No. 32; 2014
Effectiveness of Clinical Teaching Associate (CTA) Model in Nursing Education: Results from a Developing Country - Iran; Report

Authors: Zahra Rahnavard, Zahra Hosseini Nodeh and Ladan Hosseini

The gap between theory and practice in nursing education and health care delivery continues to be a challenge in the nursing profession. There is a discrepancy in the teachings of theory and clinical practice where integration should reduce the gap. Some countries have evaluated alternative methods to bridge the disparity because the credentials of practice nurses have been questioned by nursing professionals.

An experimental study was conducted in Iran, to investigate the application of and satisfaction with the CTA model in nursing students’ clinical skills in an effort to address the educational goals in Iran, as a developing country.

104 nursing students, 6 faculty members and 6 staff nurses were assessed utilizing the random sampling method. Satisfaction with the model was evaluated by using a questionnaire and clinical skills, by a standards checklist.

The results of the study determined that the CTA model is an effective method for developing clinical skills and should be recommended in nursing education systems.

Source: Contemporary Nurse, October 1, 2013, Vol. 45, No. 2, pp. 174-181

Distance Education in Nursing: An Integrated Review of Online Nursing Students’ Experiences with Technology-Delivered Instruction

Author: J. Mancuso-Murphy

What can be done to alleviate the current nursing shortage? Training prospective nurses to fill these shortages takes both time and effort. A solution that is becoming a more viable alternative is distance, or online education. But how is online education viewed from the nursing students’ perspective? “Distance Education in Nursing: An Integrated Review of Online Nursing Students’ Experiences with Technology-Delivered Instruction” by Josephine Mancuso-Murphy addresses this very issue. This article provides student perspectives that were ascertained by the analyzing of research studies, review of nursing literature and a number of different databases and specific criteria.

As technology becomes more and more accessible, the world of online education will grow exponentially. This is especially true in the nursing field. Current and potential nursing students will come from a variety of different cultural and socio-economic backgrounds. In addition, a vast majority of these students will have differing ways of retaining information. These issues have to be addressed. If the online classroom structure is
set up in a systematic fashion (i.e. learning theories and strategies, use of technology, overall course design, etc.) the end result will be a positive experience for both students and faculty.

“As nursing education considers an approach to meeting the changing needs of students and society, (online) education should be addressed, emphasized, and thoroughly researched”, Josephine Mancuso-Murphy (Mancuso-Murphy, 2007).

Source:

Globalization of Higher Education in Nursing

Authors: Andrea Baumann, PhD, RN and Jennifer Blythe, MLS, PhD

The nursing profession as a whole is facing a significant challenge. Overall, the nursing workforce is aging. In addition, there is a greater demand for part-time nurses. More and more of the "traditional" nursing candidates are opting for different career paths. The challenge for both policy makers and human resource (HR) managers is to fill these positions while at the same time, improving the overall quality of patient care.

This article by Andrea Baumann, PhD, RN and Jennifer Blythe, MLS, PhD focuses on nurse migration to Great Britain from European Union (EU) States. Evidence was ascertained by using surveys and interviews to explore different HR management challenges and factors that influence the decision-making process in different stages; specifically the EU migration processes of health care professionals.

Key Policy Points

- Workers across the EU have a free right to move. It is up to individual Member States – as major “receivers” or “senders” - to respond to the particular challenges arising from this freedom. But the inability to capture good data makes this difficult.
- Individuals who do not receive professional registration and employment as nurses in their destination countries are not counted in official statistics.
- A lack of in-depth data collection in countries receiving return migrants and little accurate information on outflows from countries that receive migrants in the first place.
- Better data is needed to help professional and employer organizations in receiver countries like the UK in both support and integration of individuals whose training and experience comes from multitudes of countries and professional cultures. Better data is also needed to help sender countries design more sophisticated measures both to keep more nurses at home and to remove the barriers to return migration.

Nurses and other health care professionals have always moved throughout Europe. However, there are increasing concerns about the scale of movement and the potential impacts on the
workforce and health care system. Both policy makers and HR managers need to respond to both, within the individual states’ framework and at the EU level. Although robust data remains scarce, data from the PROMETHEUS study has helped fill the information gap.

Source:
http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/vol132008/No2May08/GlobalizationofHigherEducation.html

Report Finds Enrollment Growth in BSN Programs Slowing in 2013

The American Association of Colleges of Nursing (AACN) released preliminary survey data showing that enrollment in undergraduate nursing programs saw an increase of 2.6% from 2012 to 2013. This represents the lowest enrollment increase in professional RN programs in five years. Findings are based on data reported from 720 of the 858 nursing schools in the United States. In a news release, AACN President Jane Kirschling, RN, PhD, FAAN, states, “Given the calls for a more highly educated nursing workforce from the Institute of Medicine, the Tri-Council for Nursing, nurse employers and other stakeholders, we are pleased to see at least modest growth in the pipeline of new baccalaureate-prepared nurses.”

Moving forward, AACN plans to work in conjunction with stakeholders to ensure that enrollment in both baccalaureate and master’s level degree programs for RNs expands to meet the guidelines recommended in 2010’s “Future of Nursing” report by the Institute of Medicine, including a goal of 80% of nurses having Bachelor of Sciences degrees by the year 2020.

Source:

Assessing Health Professional Education

By Global Forum on Innovation in Health Professional Education, Board on Global Health, Institute of Medicine and Patricia A. Cuff

Assessing Health Professional Education summarizes in detail, the activities of the workshop hosted by the Institute of Medicine’s Global Forum on Innovation in Health Professional Education that was held in the Keck Center of the National Academies in Washington, DC. The purpose of this workshop was to explore assessment of health professional education.

The workshop focused on:
1. Practical Examples of Health Professional Education Assessment
2. Assessment as an Agent for Change
3. Technology and Innovation from Education to Practice
4. Strategies for Overcoming Challenges to Inter-professional Education
5. Other forms of health professional collaborations that emphasize the health and social needs of communities

At the event, Forum members shared their personal experiences and learned from patients, students, educators, other practicing health care providers, and prevention professionals about the role each could play in assessing the knowledge, skills, and attitudes of both students, educators, and administrators from across the spectrum of Health Education.

Source:
Global Forum on Innovation in Health Profes-
Establishing Transdisciplinary Professionalism for Improving Health Outcomes

The Institute of Medicine (IOM) report, “Establishing Transdisciplinary Professionalism for Improving Health Outcomes,” summarizes the results of a workshop held in the Keck Center of the National Academies in Washington, DC, on Innovation in Health Professional Education.

“Transdisciplinary professionalism,” the new model presented at the workshop for health professionals and those who train them, emphasizes both cross-disciplinary responsibilities and accountabilities. Presenters explained how this model would encourage multiple disciplines to work together, each using its own expertise, to address common problems in health care.


Scaling up best practices in Community-based Health Professional Education

In a third workshop in the Keck Center of the National Academies in Washington, DC presented by the Institute of Medicine (IOM).

The subjects of the individual working groups were:

- Providing a framework for a common understanding of the responsibilities of health professions, institutions, and students to the communities they serve.
- Exploration of how common terminology is interpreted within various community health settings.
- Identification and discussion of competencies needed to engage with communities for improving health and health outcomes.
- Identification of gaps and best practices in scaling up community based experiential learning using incentives and tools such as payment structures, accreditation/licensure/certification, policy, tracking, and social accountability.
- Discovery of differing models of community-based health professional education.

The workshop and webcast was free and open to the public. To view the video recordings of the workshop or the speakers’ presentations, please click on the following links.

- http://www.iom.edu/~media/Files/Activity%20Files/Global/InnovationHealthProfEducation/2014-MAY-01/Agenda.pdf