

ADDRESSING THE GLOBAL
NURSING WORKFORCE SHORTAGE:
LESSONS LEARNED FROM GENEVA

Amanda L. Nickerson, MPH, MSN, RN

A Call to Action: Ensuring Global Human Resources for Health

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Outline



- I. Define the global nursing workforce shortage
- II. Discuss new initiatives to manage nurse migration
- III. Identify the role of the United States
 - I. Title VIII Funding
 - II. Nurse Immigration Legislation
- IV. My “Call to Action” Initiative

I. Defining the Global Nursing Workforce Shortage

The five Ws...

- **Why** do we have a global shortage of nurses?
 - **Where** are nurses coming from/going to?
 - **Who** is migrating?
 - **What** is the impact on source/host country?
 - **When** will the shortage subside?
-
- How do we proceed?



Why do we Have a Global Shortage?

- Increase in demand for nursing services worldwide due to advances in technology and medical care, aging populations
- Decrease in supply due to disease epidemics such as HIV/AIDS
- Developed countries with high rates of aging, poor workforce planning, insufficient nurse reserves...can attract foreign nurses with \$, better working conditions, career ladder (pull factors)
- Developing countries with high rates of poverty, infectious disease, violence, conflict (push factors)...can't retain nurses



Judith Oulton, CEO, International Council of Nurses

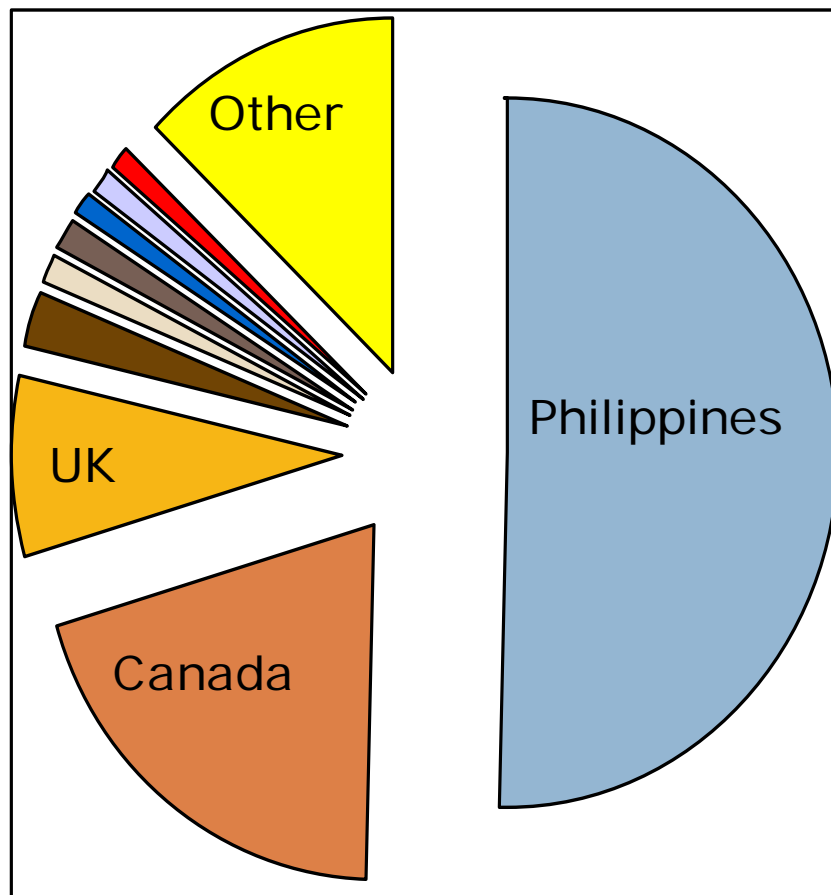
**“Migration is a symptom of failing health systems,
it is not the disease.”**

Where are Nurses Migrating From/To?



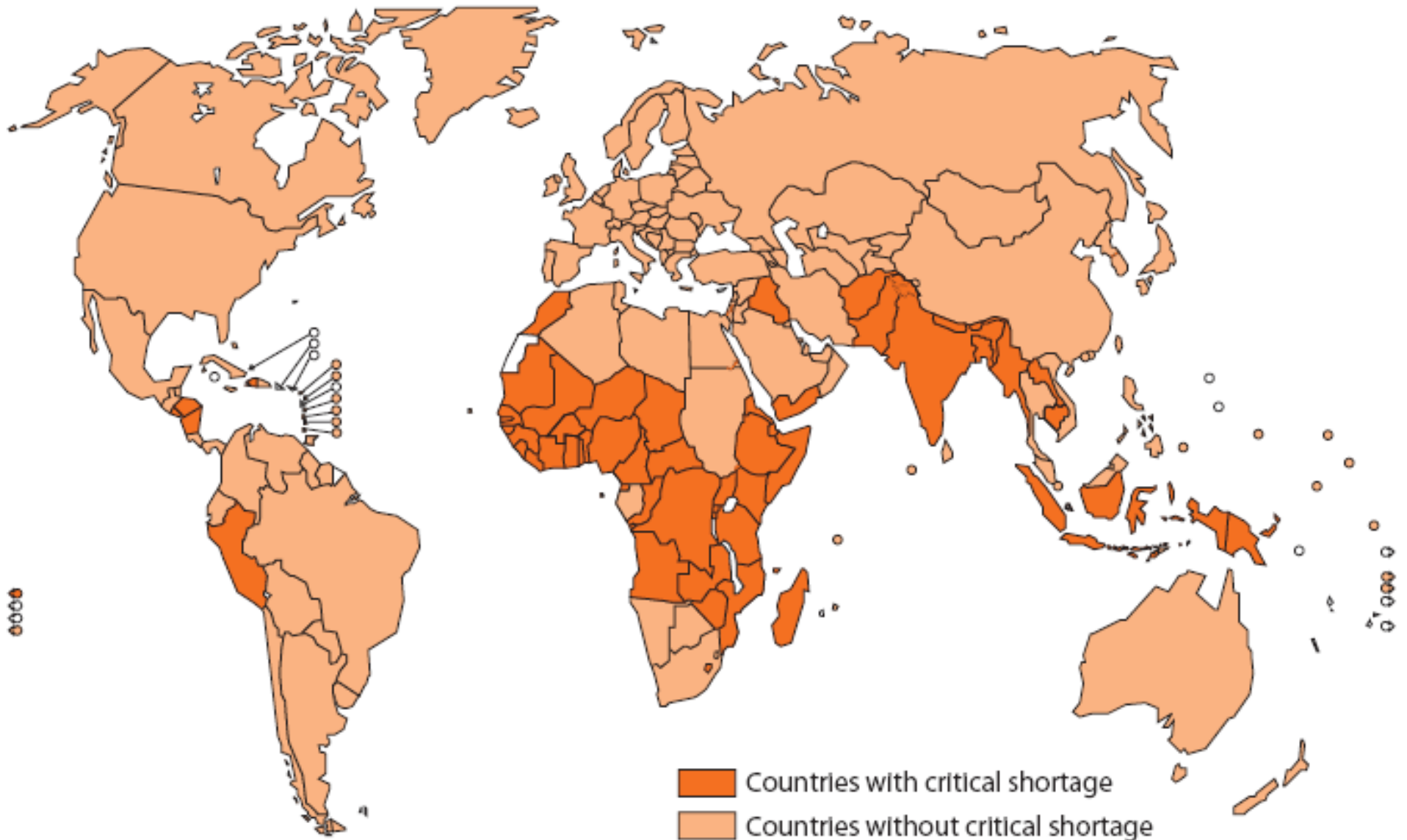
- English-speaking countries
- 70% from developing countries, 30% developed
- Developed: Canada, U.K., Ireland, Australia, New Zealand
- Developing: ***Philippines***, Jamaica, Barbados, Botswana, Ghana, Malawi, Nigeria, Kenya, South Africa, Zambia, Zimbabwe
- Emerging countries: India and China

% Foreign Trained Nurses in U.S. Workforce



National Sample Survey of Registered Nurses, 2004

Countries with a critical shortage of health service providers (doctors, nurses and midwives)



Data source: World Health Organization. Global Atlas of the Health Workforce (<http://www.who.int/globalatlas/default.asp>).

Who is Migrating?



- “Cream of the crop”
 - ▣ Chain reaction

- New graduates...financial and human loss
 - ▣ Service Requirements
 - ▣ Bonds

- Physician-to-Nurse phenomenon
 - ▣ Particularly dangerous in countries with physician shortage

Impacts on Source Countries?

- Severe shortages in the poorest countries, inappropriate skill mixes, and gaps in service coverage
- Substantial impediment to Millennium Development Goals (MDGs), PEPFAR, The Global Fund initiatives...Double Burden Phenomenon
- Ill-prepared to respond to major threats to global health
 - Re-emerging infectious diseases
 - Outbreaks
 - Natural Disasters
 - Conflicts

The health workforce in the Americas vs. sub-Saharan Africa

The Americas	Sub-Saharan Africa
14% of the world's population	11% of the world's population
10% of the global burden of disease	25% of the global burden of disease
42% of the world's health workers	3% of the world's health workers
>50% of global health expenditure	<1% of global health expenditure

Millennium Development Goals



1
ERADICATE
EXTREME POVERTY
AND HUNGER



2
ACHIEVE UNIVERSAL
PRIMARY EDUCATION




3
PROMOTE GENDER
EQUALITY AND
EMPOWER WOMEN



4
REDUCE
CHILD MORTALITY



5
IMPROVE MATERNAL
HEALTH



6
COMBAT HIV/AIDS,
MALARIA AND OTHER
DISEASES



7
ENSURE
ENVIRONMENTAL
SUSTAINABILITY



8
GLOBAL
PARTNERSHIP FOR
DEVELOPMENT



Dr. Margaret Chan
Director General, World Health Organization

“You cannot deliver health care if the staff you trained at home are working abroad.”

Impact on Source Countries? (cont.)



- Dangerously fast growth rate of new nursing schools in some source countries
 - ▣ Philippines with most dramatic increase of all

- Remittances boom, health sectors continue to worsen

Impact on Host Countries?



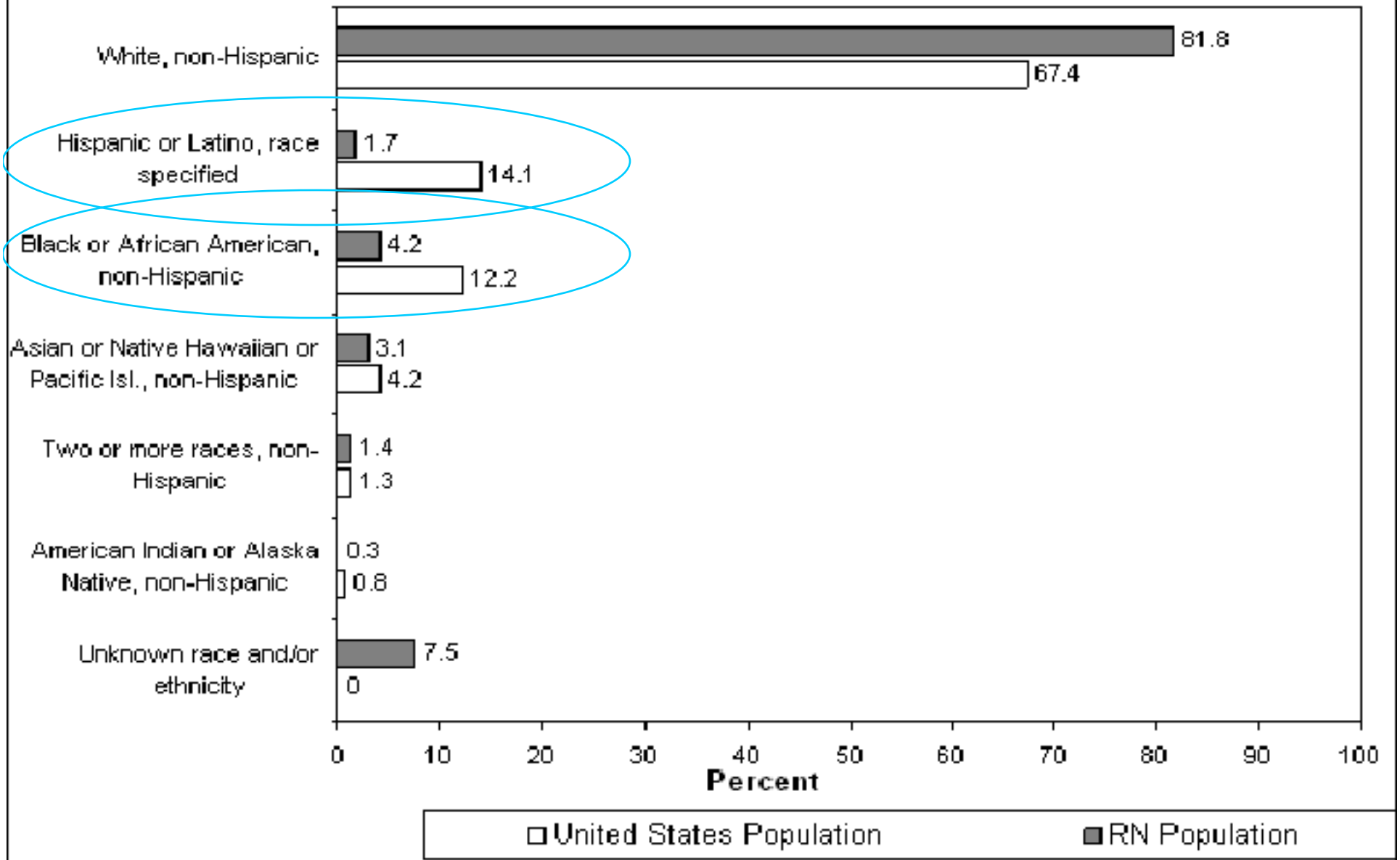
- Insatiable demand for nurses driven by high hospital expenses on diversion, overtime, travel nurses

- Foreign-trained nurses to ease the pain until domestic supply accelerated

- Quality of care in jeopardy
 - ▣ Stringent credentialing standards

- Acculturation, ethical issues

Chart 6: Distribution of registered nurses by racial/ethnic background, March 2004



When will the Shortage Subside?

- U.S. shortage alone = 800k by 2020
- Subside or Shift?
 - ▣ Global migration from:
 - rural to urban
 - developing to developed
 - south to north
 - low-income to high-income
- Depends on Self-Sufficiency
 - ▣ Capacity to educate
 - Nursing profession at odds with itself
 - ▣ Retention of staff
 - Positive Practice Environments





How do we Proceed?

II. New Initiatives to Better Manage Nurse Migration

1. Defining and implementing self-sufficiency standards
2. Promoting circular migration avenues
3. Encouraging return migration policy
4. Utilizing the diaspora
5. Mutual Recognition Arrangements
6. International education partnerships
7. Preventing brain waste
8. Capitalizing on remittances
9. Country workforce databases
10. Nurse retention plans
11. Resolutions, Declarations, and Alliances

Self-Sufficiency

- Encourages countries to build domestic workforce capacity and supplement it with foreign-trained professionals, not vice versa
- Defined as “A sustainable stock of domestic nurses to meet service requirements”
- Recognizes the benefit of a multicultural workforce
- Does not discourage foreign-trained nurses from working in developed countries

www.intlnursemigration.org

Managed Migration



- Circular migration
- Return migration
- Utilizing the diaspora
- Mutual Recognition Arrangements
 - ▣ Association of the Southeast Asian Nations (ASEAN)

Most migrants miss their home and would return back if key workplace issues were addressed.



International Education Partnerships



- Nurses International
 - American Nursing Schools (ANS) in Europe
 - Ukraine

- International University of Nursing
 - St. Kitts
 - Dr. Robert Ross

- Preventing 'brain waste'
 - Florida International University

Capitalizing on Remittances

- Banks and money transfer companies offer increased access to financial services
- Rise in cash remittance flows
- Informal modes still a barrier
- If only a % of remittances funneled to health sector...
- Philippines central bank expects remittances to reach \$14.7 billion this year, up \$1.9 billion from 2006.

Country Workforce Databases



- Kenya workforce database project
- Partnered with Emory University's LCCIN and CDC

Nurse Retention Plans



- Nursing Association of Mauritius (NAM)
- Significant drop in nurse migration following the implementation of its Nurse Retention Plan in late 2005
- 750 (out of a workforce of 3000) migrated between 2002-05
- However, only 45 nurses were lost to migration in 2006
- Incentives negotiated with MOH (night allowances, attendance bonuses, pay for public holidays, etc.)

Resolutions, Declarations, and Alliances

1. UN General Assembly: High Level Dialogue, Migration & Development 9/06
2. WHA Resolution 59.23: *Rapid scaling up of health workforce production*
3. WHA Resolution 59.27: *Strengthening nursing and midwifery* 5/06
4. Islamabad Declaration (an action framework for resolutions) 5/06
5. Global Health Workforce Alliance (GHWA)
6. International Centre on Nurse Migration (ICNM)
7. International Centre for Human Resources in Nursing (ICHRN)



III. Role of the United States

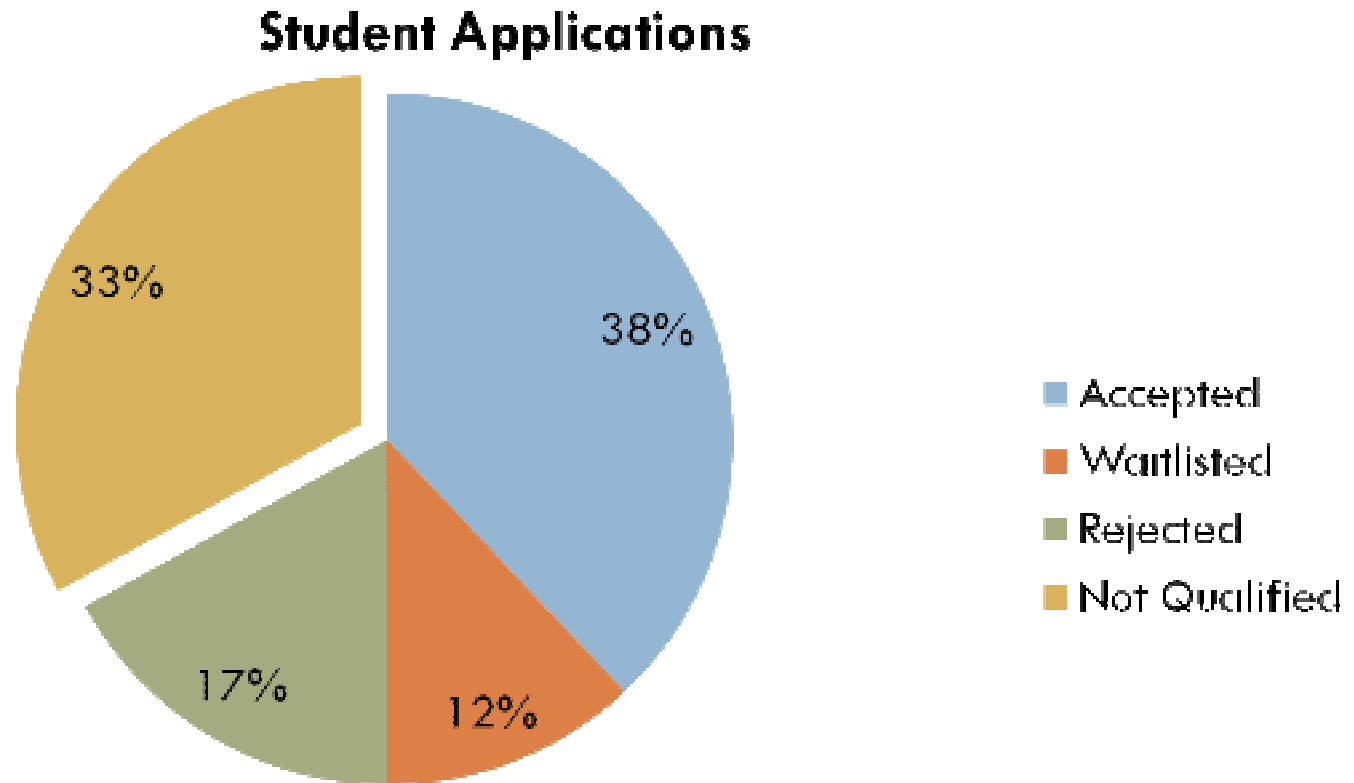
- By sheer numbers, U.S. is largest importer of nurses
- Extremely political issue, bipartisan
- Difficult to determine equitable response to nurse immigration – can't say no to some and yes to others
- The real question is whether we give temporary or permanent visas
- Can look to UK for lessons-learned



OECD Country	Doctors Train Abroad		Nurses Trained Abroad	
	Number	% of total	Number	% of total
Australia	11 122	21	NA	NA
Canada	13 620	23	19 061	6
Finland	1 003	9	140	0
France	11 269	6	NA	NA
Germany	17 318	6	26 284	3
Ireland	NA	NA	8 758	14
New Zealand	2 832	34	10 616	21
Portugal	1 258	4	NA	NA
UK	69 813	33	65 000	10
USA	213 331	27	99 456	5

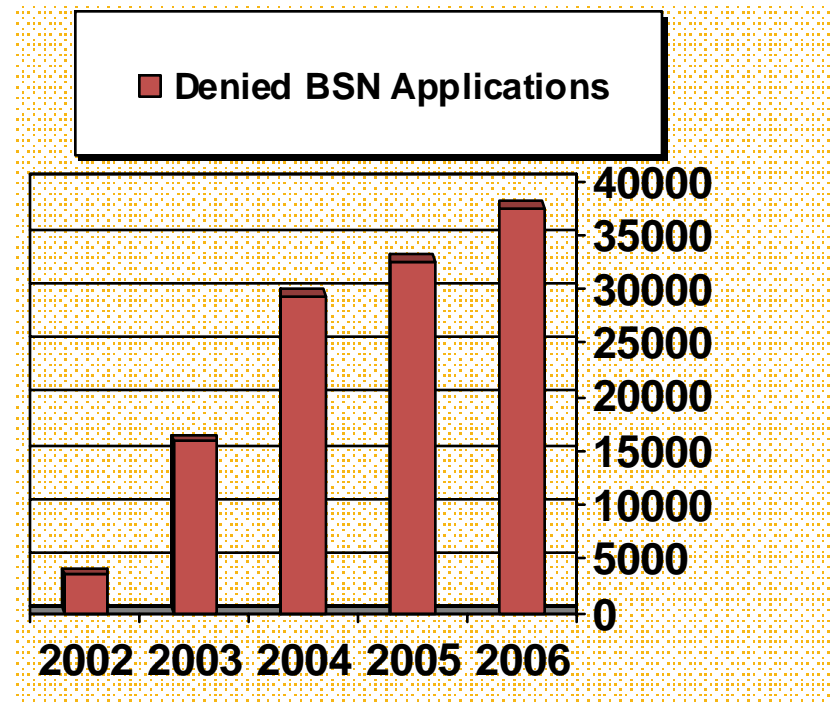
World Health Report 2006

NLN Disposition of Applications to Basic RN Programs, 2004-2005



Nursing Education Capacity

- An AACN study of 480 schools of nursing found that **37,514 (37%)** qualified applications to entry level baccalaureate programs were turned away in 2006.
- The primary barriers to accepting qualified students at nursing colleges and universities continue to be **insufficient faculty (74%)**, clinical sites (61%), and classroom space (48%).



Nursing Education Capacity (cont.)

Higher compensation in clinical and private-sector settings is luring current and potential nurse educators away from teaching.

“The average salary of a master’s prepared nurse practitioner working in an emergency department was \$80,697. In contrast, AACN reports that master’s prepared nurse professors earned an annual average salary of \$69,340 in 2005.”

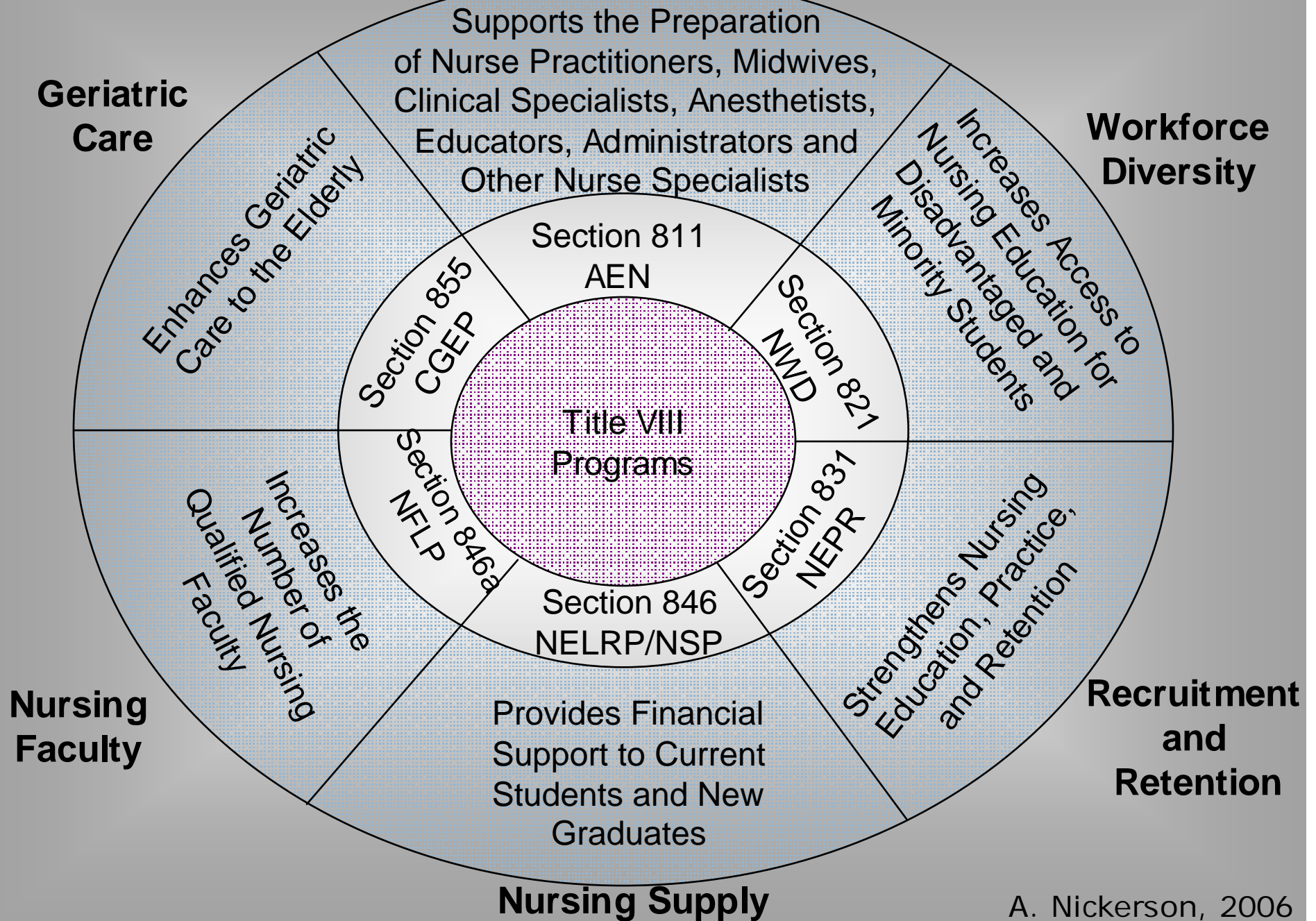
The 2003 National Salary Survey of Nurse Practitioners
ADVANCE for Nurse Practitioner Magazine

Federal Legislation Related to the Nursing Workforce Shortage

- The Nurse Reinvestment Act was expanded in 2002 to include Nursing Workforce Development (Title VIII, Public Health Service Act), in order to create new and expanded programs targeted to resolving the nursing workforce shortage.
- Every year Congress funds Title VIII programs through the appropriations process.



Advanced Education Nursing



A. Nickerson, 2006

Title VIII: America's Response to the Nursing Workforce Shortage

In FY 2007, Congress provided \$149.68 million for the Nursing Workforce Development programs as follows:

Title VIII Nursing Workforce Development Programs	FY 2007 Appropriations	FY 2008 President's Request
Advanced Education Nursing Grants	\$57.06 million	\$0
Workforce Diversity Grants	\$16.11 million	\$16.11 million
Nurse Education, Practice and Retention Grants	\$37.29 million	\$37.3 million
Loan Repayment and Scholarship Programs	\$31.06 million	\$43.7 million
Nurse Faculty Loan Program	\$4.77 million	\$4.8 million
Comprehensive Geriatric Education Grants	\$3.39 million	\$3.4 million
TOTAL	\$149.68 million	\$105.3 million

Title VIII Funding

	FY 2005 Final	FY 2006 Final	% Change	FY 2007 Final	FY 2008 P. Budget	FY 2008 House	FY 2008 Senate
AEN	58,160	57,061	- 1.9%	57,061	0	57,061	68,889
NEPR	36,468	37,291	2.2%	37,291	37,291	37,291	37,291
W.D.	16,270	16,107	-1.0%	16,107	16,107	16,107	16,107
L.R./Sch.	31,482	31,055	-1.4%	31,055	43,744	44,000	36,000
C.G.E.	3,450	3,392	-1.7%	3,392	3,392	3,392	3,392
NFLP	4,831	4,773	-1.2%	4,773	4,773	7,773	8,000
TOTAL	150,661	149,679	-0.7%	149,679	105,307	165,624	169,679

Source: House Appropriations Committee Website, Senate Committee Report

Title VIII Funding (cont.)



The House-Senate conferees on the FY 2008 Labor-HHS-Education Appropriations bill approved a conference agreement on the bill on November 1.

For Title VIII, the Conference Agreement = \$1 67.7 million
(12% over FY 07 budget).

Scheduled to go to the house on November 7.

Pending Legislation to Increase Domestic Supply of Health Professionals

□ The Grassley Visa Tax amendment

- Fee increase to H1-B Visas from \$1500 to \$5000 per employee
- \$3500 tax to be used to fund scholarships for Americans seeking degrees in math, technology, and health-related fields.
- Created to avoid outsourcing jobs to low cost foreign workers and to promote supplementing the workforce where we have shortages
- Introduced by Chuck Grassley (R-Iowa) and Dick Durbin (D-Illinois.)

U.S. Visas Available for Nurses

□ **Non-Immigrant (Temporary Stay) Visas**

□ H-1B Work Visa

- Requires college education at Bachelors level
- The overall H-1B cap of **65,000**.

□ Trade NAFTA (TN) Visa

- Canada and Mexico

□ E-3 Treaty Professional Visa

- Australians only

□ H-1C Work Visa for Nurses

- Only 500 annually (12/20/2006 – 12/20/2009)

U.S. Visas Available for Nurses (cont.)



- **Immigrant Visas (Permanent Residence)**

- Third Preference Employment (E3)

- “Schedule A” Designation

- The 2005 REAL ID Act

- Provided a one-time increase of **50,000** immigrant visas (“Green Cards”) for foreign nurses and physical therapists

Pending Legislation for Nurse Immigration Relief

Amendment 3404 added to HHS Budget Bill (H.R. 3043)

- ▣ Would end retrogression for Schedule A workers (RNs/PTs)
- ▣ By recapturing **61,000** unused visas for Schedule A workers and derivative family members (from FY 96/97)
- ▣ Sponsored by Sen. Schumer (D-NY) and Sen. Hutchison (R-TX)
- ▣ Employers to pay an extra Training Fee of \$1500 for each nurse
 - Fee waived for HPSAs and if receiving Major Disaster
 - To create a new grant program under Title VIII: Section 832, Domestic Nursing Enhancement Account, Capitation Grants to allow U.S. nursing schools to increase faculty/students

Pending Legislation for Nurse Immigration Relief (cont.)

Amendment 3404:

■ **Brain Drain Provisions:**

- MDs/RNs, etc. must attest they do not owe native country an financial obligations
- Permanent resident healthcare workers will get credit toward naturalization and avoid abandonment of residency during time spent working in countries eligible for International Development assistance or which are qualified as “lower middle income countries” by the World Bank or a country with special circumstances such as natural disasters or public health emergencies

Amendment 3404

□ Section 832. Capitation Grants

- A funding agreement for a grant under this section is that the eligible school of nursing involved will expend the grant to increase the number of nursing faculty and students by:
 - Hiring new faculty
 - Retaining current faculty
 - **Purchasing educational equipment and audiovisual laboratories,**
 - **Enhancing clinical laboratories,**
 - Repairing and expanding infrastructure,
 - Or recruiting students

FACULTY DEVELOPMENT: ITNEP

Integrated Technology into Nursing Education And Practice (ITNEP) Initiative:

- Develop an innovative faculty development plan in the use of simulated learning, informatics (distance learning), and telehealth.
- Approximately \$600,000 is expected to be available annually to fund two (2) new projects.
- 5-year project period

Nurse Faculty Loan Program

Aimed to increase the number of qualified nursing faculty

- Students must agree to teach at a school of nursing in exchange for cancellation of up to 85% of their educational loans over a four-year period at a rate of 20% per year for the first three years and 25% in the final year.
- 115 schools participated in this program: 67 schools were funded (23 new schools, 44 continuing schools); 48 schools are continuing with unused NFLP funds.
- Enrollment trend is around 300-400 students per year.



My “Call to Action” Initiative...

VII. What does this mean for HRSA?



- Title VIII Programs
 - What are they?
 - How much are they being funded?
 - Are they making an impact?
 - **Can we better evaluate them and why?**
 - **How do we share the evaluation data?**
 - How can Title VIII make the greatest impact?

Amendment 3369 (failed)

- October 22, Senator Allard (R-CO)
- Offered amendment to Labor-HHS App. Bill
 - ▣ To cut funding for ANY program found to be “ineffective” by the OMB evaluation system called PART
 - ▣ Would have affected every Title VIII program except the Nurse Loan Repayment and Scholarship Programs
 - ▣ Targeted all health professions, but only 5 other programs besides nursing would have been affected

Providence, RI – Waterfire at Dusk



Thank You for Coming!

Contact



Amanda L. Nickerson, MPH, MSN, RN

ALN Consulting, Inc.

anickerson@alnconsulting.org

404-210-4153