The Global Nursing Faculty Shortage: Status and Solutions for Change

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The International Scope of the Nursing Shortage Equates to a Faculty Shortage

<table>
<thead>
<tr>
<th>Country</th>
<th>Population</th>
<th>Number of RNs to Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>22 million</td>
<td>1 to 103</td>
</tr>
<tr>
<td>Bhutan in the Eastern Himalayas</td>
<td>683,000</td>
<td>1 to 1158</td>
</tr>
<tr>
<td>Lebanon</td>
<td>4 million</td>
<td>1 to 567</td>
</tr>
<tr>
<td>Lesotho, Africa</td>
<td>1.8 million</td>
<td>1 to 663</td>
</tr>
<tr>
<td>USA</td>
<td>300 million</td>
<td>1 to 100</td>
</tr>
<tr>
<td>Thailand</td>
<td>63 million</td>
<td>1 to 397</td>
</tr>
<tr>
<td>Canada</td>
<td>34 million</td>
<td>1 to 78</td>
</tr>
<tr>
<td><a href="http://www80.statcan.gc.ca/wes-esw/page1-eng.htm">ICN 2011</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turkey, Romania, Greece and Albania</td>
<td></td>
<td>under 400 per 100,000</td>
</tr>
<tr>
<td>Belgium, the Netherlands, Norway, Ireland, Sweden, Belarus and Uzbekistan</td>
<td></td>
<td>1000 -1500 per 100,000</td>
</tr>
</tbody>
</table>

(WHO Regional Office for Europe 2007).
Universally Recognized Causes

- Global migration of nurses
- Aging of nursing faculty
- Lack of interest
- Increased student attrition
- Devaluation of faculty role by nursing
- Devaluation of faculty role by universities
- Financial incentives to leave faculty role
- Diminishing resources
- Reduced young faculty hiring pool
- Lack of funding for APN education
- Poor salaries
PICOT

- **P**: Nursing faculty, global population
- **I**: Systematic review of published solutions to the problem for the last 6 years;
- **C**: Internal comparison, metasynthesis, categorization
- **O**: Consensual solutions
- **T**: 2011-2012
An Analysis of Proposed Solutions 2002-2012

- Systematic Review methodology
- Re-analysis of published documents and position statements
- Keywords used included: nurse faculty shortage; nurse faculty global migration; global nurse faculty shortage: nurse faculty shortage solutions
- Databases searched:
Systematic Filtering of Results

- 1,287 unfiltered
- 1,064 filtered by date
- 174 date match, no duplicates, peer reviewed
- 62 included solutions
- 181 different solutions included
Documents from These Professional Organizations were Reviewed, Aggregated and Analyzed for Similar Solutions:

- World Health Organization
- International Council on Nurses
- International Centre on Nurse Migration
- International Centre for Human Resources in Nursing
- Sigma Theta Tau International
- Bologna Secretariat, European Commission
- International Centre on Nurse Migration
- International Centre for Human Resources in Nursing
- The Royal College of Nurses, United Kingdom
- Global Alliance for Leadership in Nursing Education and Science
- Global Alliance for Nursing Education and Scholarship
- International Academy for Nurse Editors
- Commission on Graduates of Foreign Nursing Schools, International
- Medical Association of Jamaica
Documents from These Professional Organizations were Reviewed, Aggregated and Analyzed for Similar Solutions:

- Registered Nurses Association of Ontario
- American Association of Colleges of Nursing
- American Association of Nurse Executives
- DHHS HRSA
- American Academy of Nursing
- American Academy of Nurses Expert Panel on Global Nursing and Health
- USA Institute of Medicine
- Robert Wood Johnson Foundation
- Carnegie Foundation for the Advancement of Teaching
- American Association of University Professors
- American Association of Retired People
- Association of Academic Health Centers
- National Advisory Council on Nurse Education and Practice
- Truth About Nursing: Center for Nurse Advocacy
- Georgia Nurses Association
Status 2012

- There is a Global Faculty Nursing Shortage
- Lack of faculty causes a decrease in the numbers of students admitted to the nursing programs
- *Migration* and *Brain Drain* are prevalent from vulnerable countries like the Philippines and Ireland
  - leaving these countries more susceptible and exposed to increased nursing shortages in their countries
- From a Global perspective
  - there is inequality in basic levels of nurses training
  - as well as inconsistency in how training is provided
In 2010

The Honor Society of Nursing, Sigma Theta Tau International (STTI) and the ICN with the support of The Elsevier Foundation

- convened 21 international nurse faculty leaders from 12 countries,
- for an International Summit on Nurse Faculty Migration near Geneva, Switzerland

Results from this conference are unavailable
The Global Migration of Nurses
# US Nurse and Faculty Compensation

<table>
<thead>
<tr>
<th>Positions - US</th>
<th>Salary - US</th>
</tr>
</thead>
<tbody>
<tr>
<td>PhD</td>
<td>$101,693</td>
</tr>
<tr>
<td>DNP in Clinical Setting</td>
<td>$97,080</td>
</tr>
<tr>
<td>MSN in Clinical setting</td>
<td>$81,060</td>
</tr>
<tr>
<td>BSN in Clinical Setting</td>
<td>$73,350 - $98,000</td>
</tr>
<tr>
<td>ADN in Clinical Setting</td>
<td>$44,190 - $85,130</td>
</tr>
<tr>
<td>LPN in Clinical Setting</td>
<td>$34,673 - $48,556</td>
</tr>
<tr>
<td>Master's Prepared Nurse Practitioner</td>
<td>$75,000 - $122,000 (x̅ $98,500. as compared to A P Nurse/Midwife)</td>
</tr>
<tr>
<td>Masters Prepared Faculty</td>
<td>$70,410 - $81,552</td>
</tr>
<tr>
<td>Academic Faculty</td>
<td>$70,410 - $81,552</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positions UK</th>
<th>Salary - UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Faculty</td>
<td>£36,552-£46,374 ($57,687.51-$73,188.90)</td>
</tr>
<tr>
<td>Newly Graduated Nurses</td>
<td>£17,000 ($26,829.93) [<a href="http://www.workgateways.com/job-medical-nursing.html#earn">http://www.workgateways.com/job-medical-nursing.html#earn</a>, 2012]</td>
</tr>
<tr>
<td>Advanced Practice Nurse/Midwife</td>
<td>£60,000. ($94,693.88) [<a href="http://www.healthcare.ac.uk/schools/nursing/">http://www.healthcare.ac.uk/schools/nursing/</a>]</td>
</tr>
<tr>
<td>Academic Faculty</td>
<td>($52,622.97-$62,079.73)</td>
</tr>
</tbody>
</table>
Push and Pull Factors of Nurse Faculty Migration

- Few PhD or DNP role models
- No culture of mentoring new faculty
  - horizontal abuse
- Ageing faculty
  - smaller replacement pipeline
- Nursing not seen as a prestigious profession
  - high academic achievers are often counseled to pursue other professions
- Nursing workforce influenced by demographic factors
Table 1 provides a summary of the key features of first level education and the title and length of second level education in the countries reviewed.

### Table 1: Pre-registration nurse education – country summary

<table>
<thead>
<tr>
<th>Country</th>
<th>Level</th>
<th>Sector</th>
<th>Length years</th>
<th>Qual</th>
<th>General/specialist</th>
<th>Title</th>
<th>Length years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>2</td>
<td>HE</td>
<td>3</td>
<td>degree</td>
<td>general</td>
<td>diploma</td>
<td>3</td>
</tr>
<tr>
<td>Denmark</td>
<td>1</td>
<td>HE</td>
<td>3.5</td>
<td>degree</td>
<td>general</td>
<td>practical</td>
<td>3</td>
</tr>
<tr>
<td>Finland</td>
<td>2</td>
<td>HE</td>
<td>3.5</td>
<td>degree</td>
<td>general</td>
<td>practical</td>
<td>3</td>
</tr>
<tr>
<td>France</td>
<td>1</td>
<td>FE</td>
<td>3</td>
<td>diploma</td>
<td>general</td>
<td>nurse assistant</td>
<td>1</td>
</tr>
<tr>
<td>Germany</td>
<td>2</td>
<td>FE</td>
<td>3</td>
<td>diploma</td>
<td>DE</td>
<td>nurse assistant</td>
<td>1</td>
</tr>
<tr>
<td>Ireland</td>
<td>1</td>
<td>HE</td>
<td>4</td>
<td>degree</td>
<td>DE</td>
<td>nurse assistant</td>
<td>1</td>
</tr>
<tr>
<td>Italy</td>
<td>1</td>
<td>HE</td>
<td>3</td>
<td>degree</td>
<td>general (some DE)</td>
<td>nurse assistant</td>
<td>1</td>
</tr>
<tr>
<td>Netherlands</td>
<td>2</td>
<td>FE</td>
<td>4</td>
<td>degree</td>
<td>general</td>
<td>M-DOV</td>
<td>4</td>
</tr>
<tr>
<td>Norway</td>
<td>1</td>
<td>HE</td>
<td>3</td>
<td>degree</td>
<td>general</td>
<td>nurse assistant</td>
<td>1</td>
</tr>
<tr>
<td>Poland</td>
<td>1</td>
<td>HE</td>
<td>3</td>
<td>degree</td>
<td>general</td>
<td>nurse assistant</td>
<td>1</td>
</tr>
<tr>
<td>Portugal</td>
<td>1</td>
<td>HE</td>
<td>3</td>
<td>degree</td>
<td>general</td>
<td>nurse assistant</td>
<td>1</td>
</tr>
<tr>
<td>Sweden</td>
<td>2</td>
<td>HE</td>
<td>3</td>
<td>diploma</td>
<td>general</td>
<td>licensed</td>
<td>3</td>
</tr>
<tr>
<td>Switzerland</td>
<td>1</td>
<td>Voc</td>
<td>3</td>
<td>diploma</td>
<td>general</td>
<td>licensed</td>
<td>3</td>
</tr>
<tr>
<td>UK</td>
<td>1</td>
<td>HE</td>
<td>3</td>
<td>dip/s</td>
<td>degree</td>
<td>branch</td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>2</td>
<td>HE</td>
<td>3</td>
<td>degree</td>
<td>general</td>
<td>enrolled</td>
<td></td>
</tr>
<tr>
<td>Canada</td>
<td>2</td>
<td>HE</td>
<td>4</td>
<td>diploma</td>
<td>general (some LP to RN)</td>
<td>licensed practical</td>
<td>1.2.5</td>
</tr>
<tr>
<td>Japan</td>
<td>2</td>
<td>HE</td>
<td>3</td>
<td>degree</td>
<td>ass deg</td>
<td>licensed practical</td>
<td>2</td>
</tr>
<tr>
<td>New Zealand</td>
<td>2</td>
<td>HE</td>
<td>3</td>
<td>diploma</td>
<td>general</td>
<td>nurse assistant</td>
<td>1</td>
</tr>
<tr>
<td>United States</td>
<td>2</td>
<td>HE</td>
<td>2</td>
<td>degree</td>
<td>ass deg</td>
<td>licensed practical</td>
<td>1</td>
</tr>
</tbody>
</table>

**Key**
- CC – community college
- DE – direct entry
- HE – higher education
- Voc – vocational
- VoE – further education
- NGColl – nursing college
- PN – psychiatric nursing
- SN – school of nursing
Key Cross-National Themes

- The cessation of second level training
- The transition to higher education and the replacement of the certificate course with the diploma and/or degree.
- The change from direct entry courses leading to specialist qualification to a common foundation programme followed by branch programmes leading to specialist qualification.
Key Cross-National Themes

- The development of degree level courses first as four-year courses in some universities and increasingly as a three-year course in most (EU) universities.
- Discussions about moving to an all-degree profession at the point of registration.
- The development of advanced and specialist roles
- Regulation of pre-registration and post-registration education
The Bologna Process

- In 1998, the Bologna Process was Established

- Makes academic degrees and quality assurance standards more comparable and compatible throughout Europe

- Allows for academic exchange of comparable credits and degrees within the 47 European countries that are currently signatories
Tuning Educational Structures in Europe Project

The “Tuning Process” is a methodology utilized with the Bologna Process

- Establishes reference points and builds templates for learning outcomes and competencies for specific academic disciplines.
  
  (THE FUTURE OF NURSING: LEADING CHANGE, ADVANCING HEALTH 2010).

- Enhances inter-university cooperation

- Aims to identify generic and specific competencies for nursing graduates at Bachelors, Masters and Doctoral levels
  
  (Gobbi 2004, in Baumann, & Blythe, 2008)
The Bologna Process and EHEA Conference - Outcomes

47 countries signed the Bucharest Communiqué (2012)

- social dimension in higher education that focused on
  - quality assurance
  - employability
  - funding and governance
  - research
  - qualifications frameworks
  - and international mobility
The Bologna Process and EHEA Conference-Outcomes

The European Higher Education Area 2012: Bologna Process Implementation Report

- degrees and qualifications
- quality assurance
- social dimension
- effective outcomes
- and employability
- lifelong learning

_Bologna with student eyes 2012_

- a report that largely criticizes a “lack of speed” in implementing Bologna reforms in the last two years
Proposed Solutions:

**ICN**

- **ICN Nursing Education Network (ICEN)**
  - Collaboration with National League for Nursing

- Addressed the international shortages of nurses and nurse faculty that exist in many countries.

- Inaugural meeting in Durban, South Africa, second meeting May 2011 in Malta at the ICN International Conference

- Leadership for Change initiative to develop future nursing leaders
Proposed Solutions: WHO

Framework for action on interprofessional education and collaborative practice

Goal

to provide strategies and ideas that will help health policy-makers implement the elements of interprofessional education and collaborative practice that will be most beneficial in their own jurisdiction.
New Solutions: Tri-Council for Nursing

- **Nursing shortage is about shortage of higher educated workforce**
- Streamlined progression from LPN-BSN-APN-DNP
- Professional associations must commit to the academic progression of their members
- “State governments should partner with their nursing boards to make sure educational standards remain high”
- Programs of support for higher education at practice sites
- More loan repayment opportunities for nursing faculty
- Nursing residencies for new RNs funded through Medicare
- Nursing residencies for APRNs funded through Medicare
- Endorses the IOM Future of Nursing report recommendations
- Higher educated nursing profession is a necessary future

(Joint statement, 2010)
Proposed Solutions: AACN

- Lobby for federal funding for faculty development programs
- Publish data on faculty vacancy rates
- Identify strategies to address the shortage
- Advocate for media attention on this important issue.

“...prepare more nurses with doctoral degrees...”

- (Potempa in AACN, 2010)
Proposed Solutions: AAN

White Paper on Global Health and Nursing:
  - Promotes faculty exchanges
  - Advocates more budgeted full time nursing faculty positions
  - “Funding is required to support advanced educational preparation of nurses who will (a) commit to teach nursing, and (b) conduct research that will enhance the educational preparation of nurses. Salaries, promotion, tenure and nurse educator skills must be highly valued and rewarded consistent with that of nurses in direct care environments.”
Proposed Solutions: RWJ

- Creating Strategic Partnerships to Align & Leverage Stakeholder Resources
- Increasing Nursing Faculty Capacity and Diversity
- Redesigning Nursing Education
- Flexing Policy and Regulation

  • (Joynt & Kimball 2008)

**Center to Champion Nursing in America** (the Center)

...the Center and RWJF are collaborating with a partners to increase nursing education capacity

At the national level...the Champion Nursing Coalition represents the voice of consumers, purchasers, and providers of health care to support solutions to the nurse and nurse faculty shortage.

  • (Reinhard, 2011)
Eight Common Solutions Emerge

Solutions Clustered by Category

- International Cooperative Policies and Programs: 30.83%
- Managed Migration: 28.33%
- Educational Paradigm Change: 10.00%
- Removal of Barriers: 6.67%
- Centralized Data & Strategy: 8.33%
- Nursing Scholarship: 3.33%
- Competitive Faculty Salary: 3.33%
- Stable Funding: 9.17%
Eight Main Solutions Emerge:

Centralize data recording and strategy management
- Establish a national nursing workforce center to collect and disseminate data
- More homogenous data collection; need baselines
- Develop a body of literature on strategies to resolve the crisis

Educational paradigm change
- New roles for nurses must be created, expanded and address gaps between service and education
- Curricular move from international health to global health
- Residency programs for new RNs and APNs

International cooperative policies and programs
- Collaborative training
- International exchanges
- Action to combat skills drain must balance human rights with needs of the population

Removal of barriers
- Remove all practice barriers
- Partnerships and collaborations among all stakeholders
Eight Main Solutions Emerge

- **Stabilize funding of educational programs**
  - Funding should support faculty productivity
  - a dedicated stream of funding by governments to increase education capacity

- **Managed migration**
  - Local workforce development planners and employers take a narrow, local view and do not consider future demands
  - Enforce ethical recruitment and use of guidelines

- **Nursing scholarship**
  - Nursing scholarship must link nursing work to patient outcomes
  - nursing services must be costed out
  - Support global scholarship activities

- **Competitive faculty salaries**
  - Donor-sponsored salaried positions for health systems in crisis
It Requires Global Solutions

- Develop plans within an international context, considering the effect of increasing globalization.
- Create an international body to coordinate and recommend national and international workforce policies.
- Can this be where the Bologna Process plays its role on professional and educational attainment globally???