

## Nursing Shortage: A Global Healthcare Crisis

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### Summary

According to the World Health Organization (WHO) a world-wide crisis for healthcare delivery by professionally educated nurses is threatening to topple recent progress towards increasing longevity and quality of life. Sigma Theta Tau (STT) concurs and states that a crisis exists in countries of affluence as well as those of the Third World. In recent years, quality of life has improved for most countries as evidenced by a declining mortality and fertility rates with an increase in longevity. However, as noted by the United Nations and other organizations with an interest in global health, this trend is slowing and may begin to reverse if the issue of adequate numbers of professionally educated nurses in all countries is not addressed. This paper discusses the impact that a declining number of educated nursing professionals in a community will have on the population served. Also, societal shifts occurring, especially migration, and the impact on society and indicators that point to an increase in declining numbers in the nursing profession and how this will affect global health will be discussed. Recommendations for corrective measures by leaders in world health such as the WHO, STT, and Pan American Health Organization will be included in the final analysis.

World-wide a crisis exists. Four million health workers is the number estimated by the World Health Organization (WHO) to meet the shortage demands in the health profession. According to the WHO, fifty-seven countries are in dire need of increasing their healthcare workforce. As populations boom and demographic information demonstrate that populations are aging there is a growing need for healthcare professionals. Demographic research also finds that the number of professional healthcare providers is declining. This is especially true in the area of professional nursing. Nursing is the primary resource for healthcare delivery in communities around the world. Every country relies heavily on nurses to provide the majority of health services and in countries devastated by HIV/AIDS, the nurse is what separates communities from total collapse [1]. In Haiti there are only 1.1 nurse for every 10,000 people compared to the United States with 30 nurses per 10,000 [2]. The Pan American Health Organization [2] continues by stating that fifteen countries have fewer than 10 nurses per 10,000. Despite the already low number of nurses in developing countries, wealthier nations continue to recruit nurses from these underserved areas. Despite this recruitment countries such as the U.S. still face their own shortage of nurses. It is estimated by the

United States Department of Health and Human Services the nursing shortage will reach 275,000 by 2010 and 800,000 by 2020 [2]. According to Dickenson-Hazard [3] all nations must have the human resources necessary to provide professional nursing care to their populations in order for global health to be a reality.

Sigma Theta Tau (STT), nursing's honorary society, has identified declining numbers of nursing professionals as a primary concern. Sigma Theta Tau defines nursing "an essential profession fully recognized as a partner valued in health systems for the delivery of humane, holistic, and culturally appropriate care to individuals, families and communities, and the promotion of equity in health outcomes and enhancement of the quality of life". Arista 3, STT's task force on global health, addressed the nurse's role in their summary statement [4]. The summary statement identifies the roles of the professional nurse as leadership, provision of care and service, coordination, and development of healthcare[5]. With this in mind the essential role of the nurse for mobilizing a communities health needs can be seen. Examples include countries such as Chile where 90% of well child care is performed by nurses. In Belize 90% of public mental health care is performed by nurses [2]. In Nicaragua, 88% of

outpatients are primarily seen by nurses [2]. Therefore, nursing is a vital source of healthcare delivery in all communities on a global level.

The issue of a shortage of nurses on a global level has gendered concern from local communities, nations and at a global level. The World Health Organization (WHO) recently initiated research to gain a better perspective of the nature of the nursing shortage. Sigma Theta Tau International (STTI) has committed their leadership and knowledge resources to this issue and the identification of solutions to the problem without exploiting one nation's health over another nation's health. The nursing shortage has influenced the demographics of populations and will continue to do so. Also, demographic shifts have influenced the nursing shortage.

### Migration

The migration of nurses has affected the availability of nurses to certain population groups more than other demographic shifts. As the nursing shortage grew, nurses have migrated from rural to urban areas and filled the growing vacancies in the cities. This has left a vacuum in health care delivery in many rural areas. Additionally, for the past 40 years, as the nursing shortage grew, the import of foreign nurses has been a practice of many more affluent countries. This results in "nurse stealing" as labeled by countries most vulnerable to the loss of professional nurses and yet paid for and educated the same nurses in the hopes of improving their own healthcare levels. It is estimated that more than one quarter of the medical and nursing workforces of Australia, Canada, United States, and the United Kingdom are foreign educated health professionals [6]. Peru reports that 15%, more than 5,000 nurses, of their nursing workforce have left for Spain, Italy, and the U.S. [2]. The country of destination, often times receives the best educated, experienced, and mature nurses from the country of origin. For example, a recent study of nurses immigrating to the U.S. find that most are college educated, single, unmarried, wanting to work full-time, and 30-40 years of age [7].

Historically, nurse migration was based on individual motivation, contacts, and opportunities [8]. In the past decade migration of nurses to other lands has changed and become a large scale, for profit, international industry [9]. To make up for the loss of nurses, developing countries are now recruiting from other developing countries [10]. Often times, costly recruitment is an additional expense that developing countries can ill afford. The English speaking countries of the Caribbean

have been an excellent resource for recruitment to the U.S. and Canada. In its wake, recruitment from the Caribbean region has left the country with a 35% vacancy rate and a large percentage of nurses nearing retirement [2].

From the individual nurse perspective, however, once the education is obtained, they are motivated to leave their native country and migrate to another country where the pay scale is higher and the amenities of practice and living are an improvement. The nurse who migrates is now in a position to help other family members by sending currency home with a high exchange rate and can act as the foothold into a country where other family members can immigrate [9]. It is estimated that globally 70 billion dollars is contributed to world economies through remittances home [6].

The push-pull theory of migration is clearly displayed in the migration of nurses from one country to another. Awases, Gbary, and Chatora [11] state that low wages, lack of proper facilities and equipment, lack of professional opportunities and political factors as the push for nurse migration. Pull factors as described by Kingma [12] and Buchan [8] are opportunities for professional development, improved quality of life, safety, higher wages and learning opportunities.

The results for developing countries of lost professional nursing staff are a decline in the ability of the country to deliver healthcare equitably [10]. In 2003 Jaime Tan, health secretary for the Philippines, stated within five years the Philippine Health system will collapse unless efforts are made to retain nurses within their system [13]. The migration of nurses also means that developing countries cannot meet commitments made to local population groups as well as regional, national, and global commitments [10]. It is for this reason that the Commonwealth Code of Practice for the International Recruitment of Health Workers [14] was developed and adopted by Sigma Theta Tau International. Quality health care is not always the result when nurses emigrate to the destination country. The immigrant nurse may be ill prepared. Language issues, differences in education, and experience requirements may result in errors in the healthcare setting.

Whatever agreements are reached by countries on the receiving or donor side of the migration issue, the human right of a nurse to migrate and return again to the homeland is imperative. This is supported by the Guiding Principles of the Commonwealth Code of Practice for the International Recruitment of Health Workers and the International Council of Nurses in their position statements on this issue. All the while

it must be recognized along with the benefits of migration for some nurses there are inherent risks for the nurse and the potential for adverse impacts on healthcare on a local, national, and global level. Both statements also include clear directives on the obligation of the recruiting countries to exhaust all resources from within that recruit and retain their own nurses before recruiting from other countries. Exhaustive efforts should be made to address complex internal issues in a country's nurse labor market before recruiting from outside of the country. Issues may include long-standing under investment in the education, professional development, career advancement, and other failed policies that impact nurse retention and recruitment [8,15,9,16].

### **Fertility**

Demographic research has shown changes in the education level of women results in a greater decline in fertility than contraceptive education. As education levels rise the age at which a woman marries and gives birth has also risen. As a result of increased education, delayed marriage and first birth women are employed in greater numbers outside of the home and remain in employment outside of the home in greater numbers. Despite the increasing number of women in employment outside of the home, there has been a decline in the number of women entering the nursing profession. Traditionally, nursing was viewed as a profession suitable for a woman. However, with an increase in education the availability of jobs outside the traditional profession of nursing became available to women. During the 1980's through the 1990's the decline in nursing school applications was noted on a worldwide basis. This decline in admission to nursing schools by both genders, in particular women, resulted in fewer professional nurses with the current United States (U.S.) statistics showing the mean age of nurses at 45 and many ready to retire within a few years. This global shortage of healthcare workers, in particular nurses, has led the WHO to list the need of "encouragement of women to enter health professions" as a major goal for the years to come. The WHO suggests methods of encouragement would include flexible work hours and leadership career tracks with both supporting family life [17].

Another unique demographic phenomenon, occurring post World War II, in Western Europe and the U.S. was the rapid rise in births. The population boomed giving rise to the term used to describe individuals born during this time as "Baby Boomers". During the late 1940's through the late

1950's soldier's returned home, the average first marriage age dropped, and there was an economic upswing. With relative peace on the world stage and an economic boom, population numbers rapidly rose. Baby Boomers are now aging and reaching the time in their life where there is an increase in the need for additional healthcare. In the near future many will be in need of not only outpatient but inpatient services in healthcare facilities. Many healthcare facilities, currently, are not able to meet the demand for services that only the professional nurse can give. The need is critical at present and will only become more acute as the populations in many countries age, in particular those with shifting age ratios of aged to young with the aged outnumbering younger populations.

### **Mortality**

In most countries, mortality rates have declined steadily. Life expectancies have risen and the need for care of aging population groups has also risen. As stated by the recently released report from the Pan American Health Organization, the increased demand for nurses is primarily due to growing life expectancy and the aging of populations. Other factors include the increasing numbers of individuals with the HIV/AIDS virus [2].

Nursing has always been at the forefront as advocates for the elderly and caring for their growing health needs. Demographic change with more women working outside of the home has resulted in the need for quality care for the elderly by those other than family. This need generates an increase in the need for professional nurses with the appropriate skill set and gerontological background necessary to provide quality care. As we live longer the risk for chronic disease increases. It is through the leadership, provision of care, and service coordination to promote preventative and preservation of quality of life in the face of chronic disease that nurses benefit population groups the most.

If the crisis is not averted then the mortality rates will again rise and life spans will begin to drop in many countries. Countries most at risk are in Sub-Saharan Africa. Of the fifty-seven countries identified by the WHO as in most need for healthcare workers, thirty-six of the countries with the worst problems are in Sub-Saharan Africa [18]. Only 3% of the 60 million healthcare workers in the world are caring for 25% of the global burden of disease, whereas Europe and North America have 61% of the nurses and only 10% of the disease burden [18].

## Recommendations

Thomas Robert Malthus, renowned sociologist, stated in his Malthusian Theory that the rate of population growth and food would not keep pace with one another and therefore hunger and poverty would be the result. As Malthusian theory suggests the increase in population growth does not necessarily mean that there are more people to care for one another, and in turn more nurses, but rather there is more poverty, lack of education, disease, illness, and death. Malthusian theory does not include interventions that if properly instituted will reverse the trend we currently see and place the world on a path where the current or better healthcare by professional nurses can be delivered [19]. The current state of the healthcare industry locally, nationally and globally has been described by the experts as in this crisis. When profit over the well being of healthcare consumers is the primary focus then dissatisfaction within the nursing work force and the consumer becomes the norm. It is in this climate that large corporations will import foreign nurses to provide cheap labor with few benefits. Quality healthcare is unequally distributed across populations groups, profit margins are increased, and economic indicators rise as noted by many world experts on health care. An example, as cited by Salvage [1], is evident in many developing countries where in order to avert an all out crisis, two levels of education are being implemented. A higher level of training would be for export in order to have monies sent home and a lower level of training for those staying in country. This dismal, poorly thought out, plan to relieve the stress of the nursing shortage in developing countries does not adequately address issues but covers them with a quick fix according to many world experts. According to experts in the WHO this will not meet the world's healthcare needs but result in rich industrialized countries and rich minorities in poor countries profiting with adequate to superb healthcare and peripheral population groups receiving limited to no healthcare. Instead the WHO recommends the following initiatives [20];

- More direct investment in training and support
- Develop a national plan in all countries and primarily in countries with the greatest need
- More efficient use of workers
- Develop a hierarchy of skill with those that can be carried out by less skilled workers
  - implemented and those requiring a higher level of skill be assigned accordingly.
- Protection and fairer treatment of workers

- Access to effective HIV prevention and treatment
- Encouragement of more men to enter the profession
- Decreased incentives for early retirement
- Comprehensive preparedness plans in every country for a workforce response to
  - outbreaks and emergencies
- In conflicts, reassignment of healthcare workers to areas of need
- Orientation of healthcare workers and the development of career incentives.

If the above recommendations were implemented societies would reap the benefits with increasing numbers of nurses who are qualified to meet the needs of a dynamic ever changing population. Migration will not solve the shortage crisis. In contrast migration may only add to the burden on healthcare delivery systems for many of the world's population groups and result in greater poverty, human misery, and death. In agreement Salvage [1] argues that migration is a symptom of a dysfunctional health system and not the primary disease.

## Conclusion

According to Professor Jill White, Dean of the School of Nursing at UTS, "...the increasing threat from diseases .....makes it imperative that countries prepare for rapid response and containment activities, particularly nurses and midwives who are key players in managing health crisis" [17]. Increasing numbers of professionals from diverse disciplines are beginning to sound the alarm about the growing concern with disproportionate number of nurses to population members. Demographic statistical findings reflect significant changes in fertility, mortality and migration trends that impact the need for nurses. Currently, demographic statistical findings on numbers, age, and distribution of nurses globally show an alarming trend that demonstrates the increasing concern of inadequate numbers of nurses to provide for growing and changing populations. As suggested by Huston [9] "...recruiting nurses from other countries to solve acute staffing shortages is simply a poorly thought out, quick fix to a much greater problem and in doing so, not only are donor nations harmed, the issues that led to the shortage in the first place are never addressed. Clearly, large scale recruitment of nurses from other countries would be less necessary if both the importer and exporter nations made a more concerted effort to improve the working conditions, salaries, empowerment,

and recognition of the native nurses they already employ” Quick fix remedies to the nursing shortage such as immigration must be curtailed. Kingma [12] states the negative effects of international migration of nurses is being recognized, however, it is not being addressed. This needs to be done on a local and global level. Both the push and the pull of migration need to be addressed. Economic reform of practices affecting healthcare and nurses need to be addressed. Education is a pivotal factor in this area as well. Nurses, male and female must be educated and prepared to meet society’s needs. As stated by the Pan American Health Organization [2], what is needed is more education with better trained nurses so that the nursing profession remains a vital force. Additionally, there is a need for better planning and resource management for the nursing profession. Cultural issues that do not encourage men to join the profession need to be addressed so that nursing as a profession is appealing to both genders. Incentives to draw individuals into the profession and then keep them there need to be made. Countries experiencing “nurse stealing” need support to prevent the loss of nursing professionals, limit migration and thereby keep their nursing pool in their native country. The Commonwealth Code of Practice for the International Recruitment of Health Workers [14] argues that “mutuality of benefit” must take place in order for compromise to occur between donor countries and recipient countries. Suggestions include having wealthier recipient countries providing assistance in the form of money, technology, training and facilitation of

migrants back to their home countries. Put simply stated by Jean Yen, “...a well educated skilled health workforce saves lives” [1].

Finally, unless addressed, the problem will continue to spiral until greater inequities in healthcare delivery is found at a global level. WHO’s world health assembly recently stated that the way more economically advantaged countries handle their own health services has a global impact [1]. Gains made in recent years in healthcare will begin to decline particularly in countries with limited resources. The world cannot rely upon a supply and demand system to answer the problem. Rather, informed action must take place with all or a portion of the recommendations made above. The WHO report for 2006 [20] states that many national systems are weak, ineffective and inequitable. What is needed is the political will to develop a capable, motivated and robust health system for all.

Global health experts agree that international action must be initiated to effect change in order to avert a global crisis. Also, the Pan American Health Organization concurs with this and states that decision making to resolve the issues related to the nursing shortage must include nurse involvement [2]. Until this challenge is met, people will continue to suffer and die and future generations will ask why the nursing shortage crisis was not averted and action taken. Global health experts agree that limited action is occurring but the pace must be accelerated in order to keep pace with the rapidly growing healthcare needs of the world.

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### Ápolóhiány: Globális egészségügyi válság

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**Kulcsszavak:** ápolóhiány, egészségügyi válság

#### Összefoglalás

A Világ Egészségügyi Szervezete (WHO) szerint azzal fenyeget a szakképzett ápolók hiánya miatti világméretű egészségügyi válság, hogy megszakad a várható élettartam és az életminőség terén az utóbbi években tapasztalható javulás. A Sigma Theta Tau (STT) arra a következtetésre jut és azt állítja, hogy mind a gazdag országokban, mind a fejlődő világban e téren válság van. Az utóbbi években a legtöbb országban javult az életminőség, mely tény a csökkenő mortalitási és fertilitási ráta, valamint az élethossz növekedése bizonyítja. Azonban az ENSZ és más nemzetközi egészségügyi szervezetek azt jelentik, hogy ez a tendencia lassul, sőt meg is fordulhat, ha nem foglalkoznak minden országban a szakképzett ápolók megfelelő létszámának problémájával. Ez a tanulmány azt fejtegeti, hogy a szakképzett ápolók számának csökkenése milyen hatással van az általuk szolgált közösségek életére. Ezen kívül arra is kitér, hogy milyen szociális eltolódások, különös tekintettel a migrációra, történnek; hogy milyen társadalmi hatások érvényesülnek; hogy milyen mutatók bizonyítják az ápolók számának csökkenését és hogy ez milyen hatással lesz a globális egészségre. Végül az elemzésbe belekerül az is, hogy a világ egészségügyi irányítói, így a WHO, az STT és a Pánamerikai Egészségügyi Szervezet milyen ajánlásokat fogalmaznak meg a probléma megoldására.

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