Available online at www.sciencedirect.com
ScienceDirect
Nurs Outlook 62 (2014) 16–21
Nursing Outlook
www.nursingoutlook.org

The Global Summit on Nurse Faculty Migration

Patricia E. Thompson, EdD, RN, FAAN[a,*], David C. Benton, MPhil, RN, FRCN[b], Elizabeth Adams, MSC, RN[c], Karen H. Morin, DSN, RN, ANEF[d], Jean Barry, MSC, RN[c], Suzanne S. Prevost, PhD, RN, COI[e], Cynthia Vlasich, MBA, BSN, RN[f], Elizabeth Oywer, DAN, MA, BSN, RN[g]

[a] Chief Executive Officer, Sigma Theta Tau International, Indianapolis, IN
[b] Chief Executive Officer, International Council of Nurses, Geneva, Switzerland
[c] ICN Staff
[d] STTI 2009-2011 President
[e] STTI 2009-2011 President-Elect
[f] STTI Staff
[g] ICN Board of Directors

ARTICLE INFO

Article history:
Received 6 December 2012
Revised 29 April 2013
Accepted 7 May 2013

Keywords:
Nursing faculty migration
Nursing workforce
Global aspects

ABSTRACT

As global demand for health care workers burgeons, information is scant regarding the migration of faculty who will train new nurses. With dual roles as clinicians and educators, and corresponding dual sets of professional and legal obligations, nurse faculty may confront unique circumstances in migration that can impact nations' ability to secure an adequate, stable nursing workforce. In a seminal effort to address these concerns, the Honor Society of Nursing, Sigma Theta Tau International, and the International Council of Nurses invited a diverse group of international experts to a summit designed to elucidate forces that drive nurse faculty migration. The primary areas of consideration were the impact on nurse faculty migration of rapid health care workforce scale-up, international trade agreements, and workforce aging. Long-term summit goals included initiating action affecting national, regional, and global supplies of nurse educators and helping to avert catastrophic failure of health care delivery systems caused by an inadequate ability to educate next-generation nurses.

Cite this article: Thompson, P. E., Benton, D. C., Adams, E., Morin, K. H., Barry, J., Prevost, S. S., Vlasich, C., & Oywer, E. (2014, FEBRUARY). The Global Summit on Nurse Faculty Migration. Nursing Outlook, 62(1), 16-21. http://dx.doi.org/10.1016/j.outlook.2013.05.004.

A scarcity of nurses worldwide is threatening optimal health care and, at least in some areas, is expected to have a major impact by 2020 (Global Health Council, n.d.; Sigma Theta Tau International, n.d.; Sermeus & Bruyneel, 2010). As nations set their sights on rapid scale-up of nursing workforces, insufficiencies in the supply of faculty to prepare these new nurses are evident (American Association of Colleges of Nursing, 2005; Canadian Nurses Association, 2010; National League for Nursing, 2010). In the United States, almost two thirds of nursing schools responding to a survey by the American Association of Colleges of Nursing cited a faculty shortage as the reason for not accepting more applicants (American Association of Colleges of Nursing, n.d.). In the United Kingdom, the Nursing and Midwifery Council has estimated that

Supported by The Elsevier Foundation.
* *Corresponding author:* Patricia E. Thompson, 550 W. North Street, Indianapolis, IN 46202.
E-mail address: patricia@stti.iupui.edu (P.E. Thompson).

http://dx.doi.org/10.1016/j.outlook.2013.05.004

Policy Implications

- Better data are needed to accurately track the scope and significance of nurse faculty migration globally and to map migration patterns as well as looming shortages.
- A principle-based approach must be adopted by exporting and importing countries (governments and public and private entities) including principles of professional self-regulations, standards of performance, expectations of support, and so on.
- Global as well as country-specific nursing education core skills must be identified.
- Decision making and policies regarding nurse faculty migration should be rooted in current research and globally accepted ethical guidelines.

37,000 registered nurses from overseas were in the country but unable to work because they could not find the supervised assessed practice placement required before entry in the professional register (Hancock, 2008).

Multiple studies have been conducted regarding issues and trends affecting supplies of clinical nurses. Research, for instance, has documented the migration of clinical nurses (International Council of Nurses, 2005), who are driven considerably by economic factors, from home to intermediate and destination countries in a process that can create workforce shortages in countries of origin while increasing supply in destination countries (Hardill & MacDonald, 2000; International Council of Nurses, World Health Organization, & Royal College of Nursing, 2003).

Nursing educators presumably are subject to at least some of the same demographic and economic forces as their clinical peers. However, the research literature lacks detailed examinations of the full range of factors that may drive nurse educators from one country to seek work in another (Benton, 2013, p. 1).

Labor migration systems can be broadly categorized as demand or supply driven. In demand-driven systems, employers would actively seek to recruit nurse faculty. In supply-driven systems, the individual faculty nurse would seek to migrate (International Organization for Migration, 2005). Forces that influence migration are political, social, economic, legal, historical, cultural, and educational (Kline, 2003). The literature refers to these forces as "push" and "pull" factors. Push factors pertain to the donor countries, and pull factors are generally associated with the receiving countries. To sustain migration, both push and pull factors and the absence of restrictions such as legal constraints must be apparent (International Council of Nurses, 2005; Huston, 2013, pp. 87–89).

The Global Summit

With support from The Elsevier Foundation, two international organizations, the International Council of Nurses and Sigma Theta Tau International, joined forces to organize the Global Summit on Nurse Faculty Migration. The summit represented an unprecedented effort to formally define the issue of nurse faculty migration, to identify emerging patterns and drivers of migration, to understand its consequences, to consider potentially helpful interventions, and to set a research agenda.

Twenty-one internationally recognized leaders, with expertise in global nursing, world trade, migration, world health, practice, and academe, from 12 countries convened in Geneva, Switzerland, June 27–30, for the Global Summit. Breakout groups of participants considered each of three key questions, or "trigger points," related to nurse faculty migration: the need to rapidly scale-up nursing resources, the impact of globalization and international trade-in services agreements, and the aging of the nursing workforce. Participants then worked in concert to evaluate the process, to discuss findings, and to commit to follow-up action. A powerful tool known as *consequence mapping* assisted participants in schematically representing the multiplicity of cause-and-effect relationships explored during their breakout sessions.

The Impact of Rapid Workforce Scale-up

Globally, various initiatives or factors are collectively demanding a substantial increase in the number and/or movement of nurse faculty. Rapid scale-up of health workers is crucial if the United Nations' Millennium Development Goals (U.N. General Assembly, 2010) to meet the needs of the world's poorest populations are to be reached. This is consistently affirmed in global strategies and calls to action. Four notable statements have acknowledged this in recent years:

- The U.N. Secretary-General's *Global Strategy for Women's and Children's Health* (U.N. Secretary-General, 2010)
- Decisions from the African Union's Fifteenth Ordinary Summit (Assembly of the African Union, 2010)
- The World Health Organization-supported "Global Call to Action: Strengthen Midwifery to Save Lives and Promote Health of Women and Newborns" (Partnership for Maternal, Newborn & Child Health, 2010)
- The Group of 8's Muskoka Initiative on Maternal, Newborn and Under-Five Child Health (G8, 2010)

The U.N. report highlights the need for partners to "work together to address critical shortages of health workers at all levels," providing coordinated and