The globalization of the nursing workforce: Pulling the pieces together
Cheryl B. Jones, PhD, RN, FAAN\textsuperscript{a},*, Gwen D. Sherwood, PhD, RN, FAAN\textsuperscript{b}
\textsuperscript{a}Division of Health Care Environments, University of North Carolina at Chapel Hill, School of Nursing, Chapel Hill, NC
\textsuperscript{b}Office of Academic Affairs, University of North Carolina at Chapel Hill, School of Nursing, Chapel Hill, NC

\textbf{Article info}
Article history:
Received 7 December 2013
Accepted 7 December 2013

\textbf{Keywords:}
Globalization
Nursing workforce
Mobility
Migration
Internationally educated nurses

\textbf{Abstract}
The “globalization” of health care creates an increasingly interconnected workforce spanning international boundaries, systems, structures, and processes to provide care to and improve the health of peoples around the world. Because nurses comprise a large sector of the global health workforce, they are called upon to provide a significant portion of nursing and health care and thus play an integral role in the global health care economy. To meet global health care needs, nurses often move within and among countries, creating challenges and opportunities for the profession, health care organizations, communities, and nations. Researchers, policy makers, and industry and academic leaders must, in turn, grapple with the impacts of globalization on the nursing and health care workforce. Through this special issue, several key areas for discussion are raised. Although far from exhaustive, our intent is to expand and stimulate intra- and interprofessional conversations raising awareness of the issues, uncover unanticipated consequences, and offer solutions for shaping the nursing and health care workforce of the future.


\textbf{Introduction}
Achieving an adequate supply of qualified nursing professionals globally presents opportunities and challenges for countries and locales as both nursing and the greater health care workforce cycles between shortage and surplus. Some countries and locales specifically prepare nurses and other health professionals (i.e., “sources”) to work in other countries and locales (i.e., “destinations”). Others rely almost exclusively on the health professionals they prepare internally or some combination of those they prepare internally plus those recruited from other countries and locales. Nurses, as an important sector of the health care workforce in a global economy, are employed differently across counties. Factors influencing employment may include a country’s political system as well as the structure and financing of a country’s health, legal, and regulatory systems; the supply of and demand for other health professions; and the unique populations and care needs of the country. As nurses move within and among countries to provide care to peoples and populations, the profession, health care organizations, communities, and nations are also affected.

There are legal, economic, cultural, social, educational, and other ramifications to be considered as the
greater health care workforce, and nursing in particular, evolves globally. For example, nurses may leave their home countries because of poor working or living conditions or to provide support and resources to their families. This creates a “domino” effect in which the population health needs in one country may be negatively impacted, whereas those in another country may benefit. Also, when nurses move, they may go to locales and organizations where they know others and where others from their home countries have migrated, been accepted, and experienced positive personal and professional relationships and opportunities. Over time, however, even opportunities within popular areas may wax and wane, and nurses who move to a particular area may find themselves unemployed or underemployed and away from their home, families, and support networks.

The “globalization” of health care increasingly creates an interconnected workforce that crosses international boundaries, systems, structures, and processes to provide care to and improve the health outcomes of people around the world. This trend is important to nursing for several reasons. First, there almost always seems to be a “shortage” of nurses. Over decades, authors have written about the global nursing shortage and examined the numbers of nurses available in the workforce to include nurses recruited from international sources to meet health workforce needs in particular countries (Buchan & Aiken, 2008; Buerhaus, Auerbach, & Staiger, 2009; Juraschet, Zhang, Ranganathan, & Lin, 2012). Second, the “aging” of the nursing workforce is a well-known phenomenon and the focus of reports and exposés about the potential negative impact on health care delivery and the future nursing workforce (Buerhaus et al., 2009). Should the widespread retirements of nurses in any single country bring about or coincide with a period of shortage, the recruitment and employment of nurses from international sources could be expected. Third, organizations around the world are trying to find the right types and mix of health care providers to deliver care to the public. Certainly in the United States, organizations are testing innovations in care delivery to achieve quality within cost constraints, gain efficiencies (in some cases “do more with less”), and remain competitive in an era of value-based purchasing and health care reform. However, the specifics of the transformed health care system and the exact mix and type of health care professionals needed remain uncertain. Finally, to meet population health needs around the world requires knowledge of and planning for the health workforce of the future, including the types, mix, characteristics, and mobility behaviors of nurses.

Despite considerable research on the nursing shortage, nurse turnover, and the migration of internationally educated nurses (IENs), there remains very little tangible evidence to inform organizational, health systems, or public policy makers about how to best develop an international workforce to meet population needs. Although other collections have focused on IENs and nurse migration (Aiken, Buchan, Sochalski, Nichols, & Powell, 2004; Pittman, Aiken, & Buchan, 2007; Rafferty & Clarke, 2009; Van den Heede & Aiken, 2013), this special issue seeks to expand the discussion to bring renewed attention to the challenges and opportunities that arise from the globalization of the nursing workforce. Although far from exhaustive, the intent is to encourage broader professional, interprofessional, and transdisciplinary conversations that bring attention to the issues arising from a global health care workforce, help identify breakthroughs, and offer solutions for shaping the nursing and health care workforce of the future.

**Context on the Globalization of the Nursing Workforce**

Varying international health care systems, structures, processes, and outcomes no doubt impact migration and mobility in the global nursing workforce. These issues in the U.S. nursing workforce are important in light of achieving the Institute of Medicine’s *Future of Nursing* report (2011) recommendation of increasing the percentage of baccalaureate-trained nurses to 80% by the year 2020. This benchmark stirs global nursing workforce concerns, such as how the United States will achieve the benchmark, if and how IENs may be to help achieve the benchmark, how the nursing and health workforces in other countries will be affected, how health care in other countries will be affected, and the research needed to inform the development of such workforce policies, including the impacts on local, regional, national, and international health care delivery.

Mobility in the nursing workforce reflects the movement of nurses into, out of, and within a labor market. Mobility also encompasses the ease with which nurses move within a workforce, employment opportunities available in the market, and the policy constraints and barriers that may impede or restrict their movement (Radcliffe, 2009). At the microlevel, mobility in the nurse workforce has been studied by examining nurse turnover as nurses’ ability to move or change jobs within organizations or from department to department (i.e., internal turnover) as well as nurses’ ability to change employers (i.e., external turnover). At the macrolevel, mobility in the nurse workforce can be conceptualized as movement within a country (i.e., internal migration) or between countries (i.e., international migration) (Schachter, Franklin, & Perry, 2003), and studies have examined nurses’ movement from state to state (or province to province and so on) (Baumann, Blythe, Kolotylo, & Underwood, 2004; Kovner, Corcoran, & Brewer, 2011) as well as from country to country (Buchan, Parkin, & Sochalski, 2003).

The globalization of the nursing workforce has implications for countries, communities, the organizations that might hire nurses, the profession, and individual nurses. Because the workforce is a factor influencing the “production” and delivery of health care, the movement of nurses into or out of a geographic
area may bring about local or regional supply and demand imbalances and may affect the growth of local economies. The flow of nurses into or out of an area could bring about shifts in terms of where and how nurses are educated, licensed, and regulated nurses. These professional changes could also mean that resources may need to contract, expand, or change in some way to accommodate the flow of nurses into or out of areas. Benefits may accrue in certain geographic areas if productivity increases and resources expand with nurses' movement into an area. However, benefits may dwindle in areas that are negatively affected.

Health care organizations may experience changes in nurse staffing or staffing patterns as nurses enter or leave geographic areas. Organizational performance could be impacted if productivity and resources are shifted to integrate international nurses and other health professionals into domestic health care workforces. The quality of care may be affected as nursing resources are brought into or move out of an organization if there is incongruence between the care needed by the populations served and the skills of available nurses (Neff, Cimiotti, Sloane, & Aiken, 2013). Yet, organizations may benefit by the globalization of the nursing workforce if nurses are hired that enable them to expand the availability of services to diverse, underserved, or new populations and locations; to meet strategic objectives; or to infuse influx of new ideas and ways of doing things.

From an individual perspective, mobility typically signals that individuals in the workforce desire to make an investment in their human capital as they seek better wages, a better work environment, and/or improved career advancement opportunities. Migration may signal individuals' desire to improve their life by obtaining a better work environment, moving to be with family or friends, attaining a better lifestyle or climate, gaining access to a better food supply, or for political reasons. In turn, individuals must weigh the costs and benefits of staying in their home country versus moving to a foreign country, including the real and psychological costs and benefits of migration, the disruption to spouses and dependents, investing in developing new relationships. In the end, a delicate balance of geographic, organizational, professional, and individual factors will continue to come into play as the nursing workforce evolves globally.

The guest editorial by Shaffer challenges our complacency around the educational, economic, regulatory, and policy issues that pertain to a global nursing workforce. He boldly calls for global standards, educational comparability across countries, and global licensure. Shaffer notes various initiatives underway and implores the discipline to find its united "voice" to overcome the barriers that may impede the achievement of global nursing workforce policy development.

Spetz et al. examine the IEN workforce in the United States using data from the 2008 National Sample Survey of Registered Nurses. They describe the origins and roles of IENs and examine their earnings. Although these authors report differences in the timing of IEN migration and highest education based on their countries of origin, they show that IENs were more likely to be employed in nursing and to work full time than U.S.-educated nurses. Despite concerns that IENs earn more than U.S.-educated nurses, after accounting for demographic, human capital, and employment characteristics, only IENs from Canada possessed higher earnings than U.S.-educated nurses.

Brewer and Kovner have amassed a body of research that informs our understanding of nurse turnover and mobility. These authors compare nurse turnover theory with concepts on international migration to uncover commonalities and differences that are important to consider in future research and policy making. Deriving concepts from both areas, they offer a framework that can be used in future research to examine and predict the impact of nurse migration.

The work of Cho et al. focuses on nurse migration from rural to urban areas by focusing on new graduate nurse retention. Drawing a sample of new registered nurse graduates from Korea, they used survival analysis to compare new graduate nurse retention in three geographic locations. Their findings indicate that newly graduated nurses employed in nonmetropolitan areas were more mobile and less satisfied with their jobs than those living in larger metropolitan areas. They also call for countries and locales to consider workforce self-sufficiency by each ensuring an adequate and sustainable nursing workforce locally to facilitate global workforce planning and development and to better meet the healthcare needs of varying locations and populations.

Important aspects of nurse migration and mobility are the policies and regulations that enable or hinder nurses' movement among countries. Focusing on the United States, Masselink and Jones examine changes in immigration policy since the 1980s and describe the political, economic, and nursing labor market conditions under which they occurred. To carry out their analysis, they conducted an extensive review of various publications, including congressional records, government documents, and research. They conclude that these policy initiatives have increased the representation of IENs in the U.S. nurse labor market substantially by opening new pathways for IENs to enter the United States. Not surprisingly, the lag time...
between introducing and implementing legislation was often dwarfed by political and economic events.

Taking advantage of a “natural experiment” in which Canada will change its registered nurse entry examination from one developed by the Canadian Nurses Association (the Canadian Registered Nurse Examination) to the National Council Licensure Examination offered by the U.S. National Council of State Boards of Nursing, McGillis Hall et al. use data from the 2008 National Sample Survey of Registered Nurses and the Canadian Institute of Health Information to compare the characteristics of Canadian- and U.S.-educated nurses. This effort was undertaken in anticipation of the implementation of policy change in Canada’s entry-to-practice requirements. They report differences in the education levels, work status and location, and age between Canadian- and U.S.-educated nurses. These authors suggest that the change in the Canadian entrance examination may encourage the continued migration of Canadian nurses to the United States. They also emphasize the value of having common nursing workforce data elements across countries that facilitate workforce comparisons and trend analysis over time.

An ongoing concern of the international nurse workforce and the movement of nurses and other health professionals across countries is ensuring the quality and safety competencies of these health professionals as they move among countries. Sherwood and Shaffer address this topic through the lens of U.S. nurse migration and focus on the international variability in educational, licensure, and quality and safety competencies. They also discuss how cultural differences can affect quality and safety practices and shape patient expectations. They offer strategies for employers and regulators to help transition IENs into destination countries to promote care quality and safety and to create a work environment that is respectful of diverse populations.

Thompson et al. address a concern that has received very little attention within nursing or workforce circles: how does nurse faculty migration affect countries and the profession? Although the migration of nurses to meet clinical needs has been widely discussed, the migration of faculty who are trained to educate the next generation of nurses will practice, and to inform the development of policies aimed at addressing nurse faculty migration.

Concluding Comments

This special issue represents the collective efforts of interdisciplinary researchers and scholars to better understand the globalization of the nursing workforce. Ultimately, globalization of the nursing workforce may impact individuals’ abilities to access care and the health of populations. Globalization of the nursing workforce will also impact whether and how populations receive quality and cost-effective care and how and where domestically educated nurses and IENs practice, their roles and functions, and if and how they move over time. Efforts are underway to address these needs by groups such as the International Council of Nurses, but speeding the cycle of data collection and analysis is essential.

Nurse mobility and migration will require nations and health care organizations to continue working to better understand workforce models and the employment, integration, assimilation, and regulation of an international nursing workforce. Important issues remain including the technical, cultural, and quality/safety competencies needed by nurses to work across borders. The universal challenge remains how to get nurses to the areas and locales where they are most needed. Achieving this goal will likely require continued restructuring and collaboration within the profession as well as interdisciplinary and international collaboration to ensure that we are equipped to meet the needs of a changing and global health care system.

Acknowledgments

The authors thank the University of North Carolina at Chapel Hill and the Center for Global Initiatives, which funded a May 2012 conference on The Globalization of the Nursing Workforce: The Migration and Mobility of Nurses. Most of the articles contained in this special issue are based on ideas and topics discussed at that meeting.

References