

Nurse Migration as a Challenge for Professional Development

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Nurse Migration as a Challenge for Professional Development

Content

- Nurse migration
- Quality development in nursing profession/ nursing organisations
- Nursing workforce and outcome of nurses' work in light of statistics - the case of Germany

Nurse Migration as a Challenge for Professional Development

The International Organisation for Migration (2003:8) defines migration "as movement of a person or a group of persons from one geographical unit to another across an administrative or political border, wishing to settle definitely or temporarily in a place other than their place of origin."

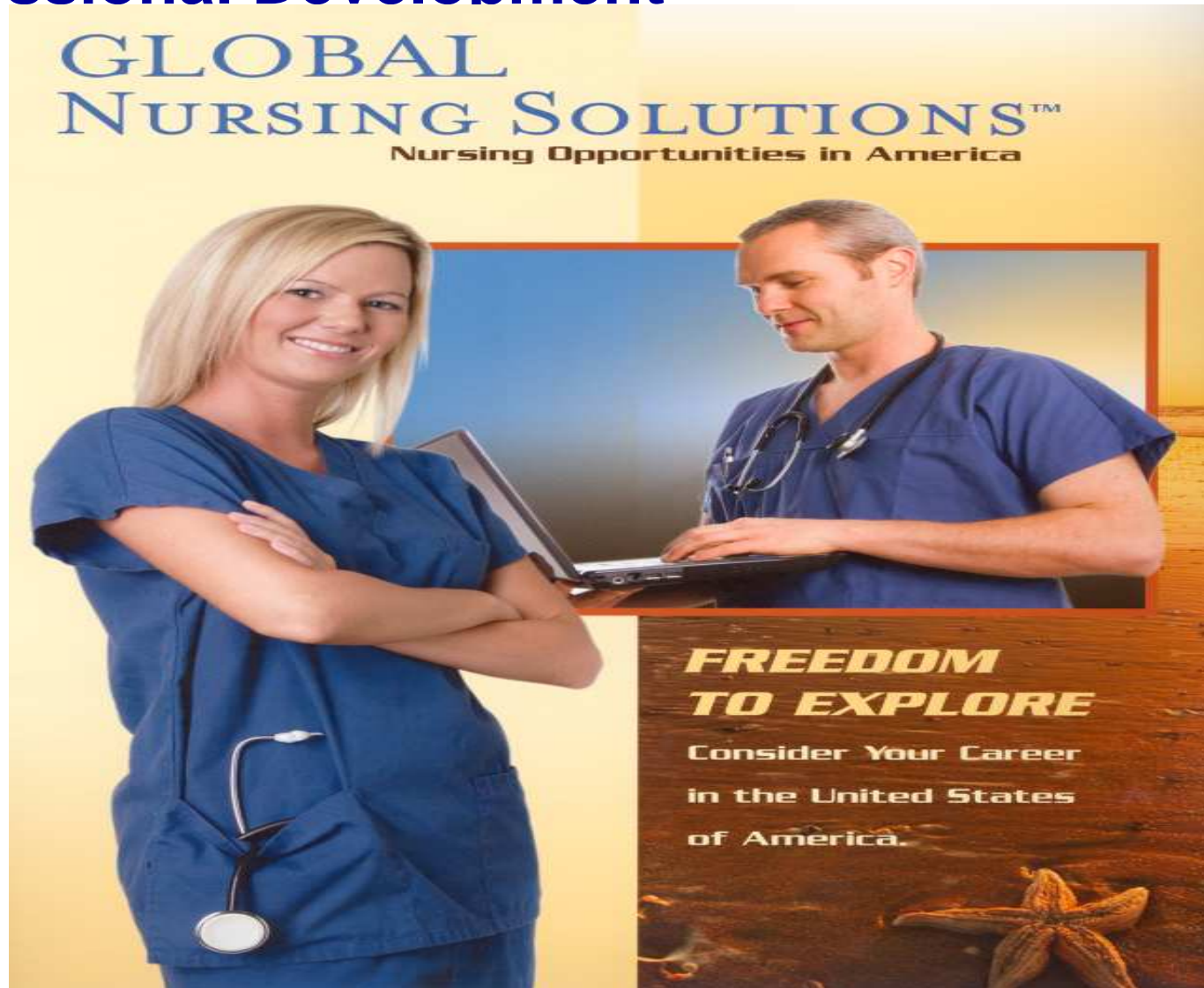
World Migration 2003 - Managing Migration. Challenges and Responses for People on the move. IOM World Migration Report Series Vol.2 Geneva

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Nurses' Shortage in Global View

Country/Region	Nurse shortage	Source
Global	4,3 Mill. health workers	WHO, 2006
USA	135 000	American Health Care Association, Department of Research, 2008
UK	22 000	International Council of Nurses, 2003
Germany	13 000	International Council of Nurses, 2003
Netherlands	13 000	International Council of Nurses, 2003
Switzerland	3 000	International Council of Nurses, 2003
Africa	600 000	Buchan & Dovlo, 2004

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Nursing staff lacking in Germany

Defizite an Pflegekräfte	Quelle
13 000	International Council of Nurses, 2003
70 000 ^[1] / 150 000 ^[2] only in hospital	Simon, 2008
30 000 ^[3] in nursing homes and home care (gerontological nursing)	Deutsches Institut für angewandte Pflegeforschung (dip) e.V.(Hrsg.), 2002

^[1] Necessary to reach standards of 1990

^[2] In international comparison German hospitals have a lack of staff. According to the OECD the numbers of the staff in hospitals for 1.000 inhabitants are in Finland, France, Ireland, Austria, Swiss and in the USA about 50 to 60% above the numbers of Germany. Transferring OECD standards to Germany 150.000 new positions for nurses in hospital must be created (Simon, 2008).

^[3] Estimation with regard to a not representative study

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international care, we care...

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Demographic Change in Germany

Key figure	2000	2010	2050	Changes 2000 bis 2050 in percent
Population in Mil.	82,3	81,9	68,8	-16,4
Population 65 and older in Mil.	13,7	16,8	22,9	+67,2
Population 80 and older in Mio.	3,1	4,3	10,0	+222,6
Population working (20-64 Jahre) in Mil.	51,2	50,0	35,5	-30,7
Percentage of elders (65 years and more) of the total population	16,6	20,5	33,3	+100,6
Percentage of very old persons (80 Jahre and more) of the total population	3,8	5,2	14,6	+284,2
Percentage of persons working (20-64 Jahre) of the total population	62,2	61,1	51,7	-16,9
Old age dependency ratio (persons 65 years and older per 100 working persons)	26,8	33,6	64,3	+139,9
Potential support co-efficient (persons working in relation to one person being 65 years and older)	3,7	3,0	1,6	-56,8

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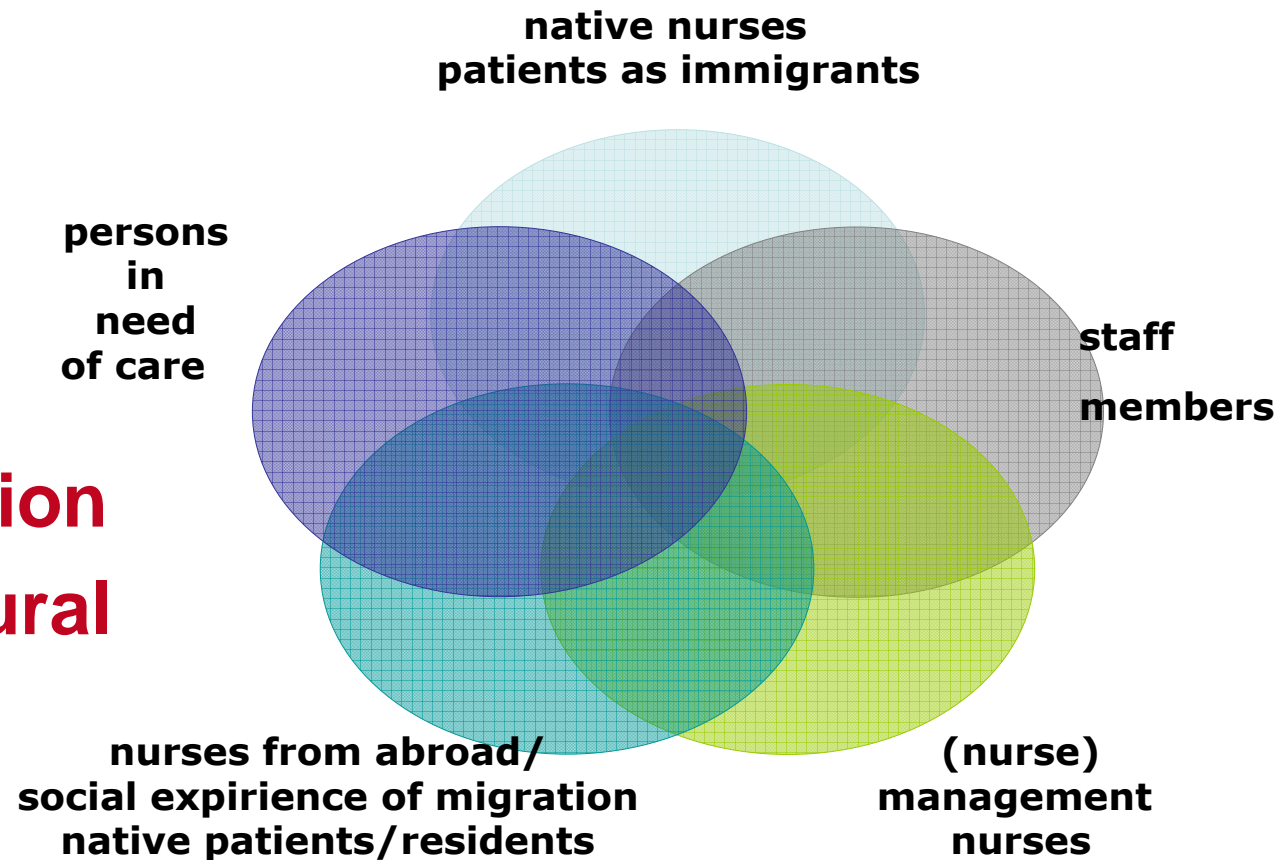
Estimated Shortage of Nurses for the Future

Country	Estimated deficits (in year ..x)	Source
USA	500 000 (2050) ^[1]	Buerhaus,P. 2009
Canada	78 000 (2011)	Canadian Nurses Association (2002) cited in Buchan, 2006
Australia	40 000 (2010)	Hirschfeld, 2009
UK	53 000 (2010)	Aiken et al., 2004
Denmark	22 000 (2025)	International Council of Nurses, 2003

^[1] Differing numbers can be identified: one source reports that 1 000 000 nurses are missing, others state that this will be 270 000 (Aiken et al., 2004; Buchan 2006; Anderson & Isaacs, 2007)

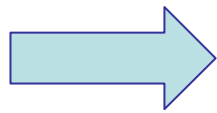
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**fields of
intermediation
in intercultural
settings**



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International teams – quality issues
Language competencies



Basic condition for professional work in nursing: ability to talk to patient



Patients' and residents' rights



Prevention of errors and baseline for quality work



Patients' and residents' safety

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International teams – quality issues

- Professional attitudes and self-conceptions
- Technologies and performancies
- Evaluation of resources
- Expectations (team, organisation, leadership, job satisfaction, relationship to residents/patients)
- Evaluation of good nursing and good health care

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International teams – quality issues

How to measure quality outcomes in nursing and health care settings?

Key figures

- Morbidity
- „Nurse sensitive outcomes“
- Errors in medical treatment
- Satisfaction of patients, residents and relevant others
- Available staff
- Qualification of available staff
- Work satisfaction of organisations' members
- Characteristics of organisations with regard to pluricultural clients/patients/staff members
- Migrant background of staff ????

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International workforce – quality issues

Key datas which have to be provided to measure outcomes in relation to migration background:

- Migration background of persons in need of nursing care and care givers
- Regional and ethnic/national proportion of persons with migration background
- Migration background of other health professionals in hospitals and other sectors of health care
- Staff qualification and migration background
- Numbers of nurses and other health professionals who immigrated (yearly)
- Numbers of nurses and other health professionals who emigrated
- Quality reports for home care nursing services, for hospitals, for nursing homes – also in relation to migratory issues

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legislation/ political discourse
Migrations/Integration Politics

macro-
level

organisations/ health care sections
Diversity Management

medium-
level

encounter nurse/health
professionals – patient/ resident
migration sensitive/
intercultural nursing

micro-
level

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Thank you for your attention!

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