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Post-COVID Opportunities and Challenges in Healthcare:
The Need for More Nurses Around the World



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PERSPECTIVE



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The commentaries in this issue speak insightfully to some

of the challenges we are facing today in the field of nursing, and offer some perceptive suggestions for improvements.

Each of the commentaries reflects, for example, on the ways that the COVID-19 pandemic has impacted nursing in unprecedented ways. Representing viewpoints from Slovenia, the US, and South Korea, the commentaries underscore that the critical shortage of nurses is a global problem. Throughout the pandemic, nurses have been asked to do more under extremely trying conditions, and while some may relish those new challenges, many nurses are exhausted and burned out.

Interestingly, too, the pandemic has also resulted in some positive trends in nursing. Here in the UK, for example, many recently retired nurses returned to practice—often to assist with vaccination and similar programs. In addition, we have seen a notable upturn in applications for nurse training programs.

From among the many pertinent issues that these esteemed commentators focus on, three areas seem particularly germane today: training, recruitment, and retention and career development.

Training. Depending on what credential they pursue, nurses spend upwards of four years in training. Yet, too many leave the field after only a few years of practice. In stark terms, that kind of return on investment is not very attractive. Better training could help more nurses stay in practice longer. One productive pathway that has become the norm in the UK is to help generally trained nurses develop specialties. A related point is that having a wider skill base could help more nurses address the increasingly broad base of challenges that they face

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day-to-day. Specifically, for example, deeper training in social care and mental health could enhance the set of clinical skills that nurses routinely need.

The commentary by Dr. Jason R. Sanders points to a role in this regard for academic health science centers in terms of coordinating training with their hospital partners. That practice, which we embrace here in the UK, results in better-quality placements that are more directly linked to the interests of nursing students and their specific needs for training.

Recruitment. To help address the shortage of nurses, we need to find new strategies for recruiting learners to the study of nursing. In the UK in general, there have been recent efforts to bring nursing students to this country from East Asia. We have also been developing links with institutions in Kenya that we believe can create opportunities for Kenyan nurses to get some training here as well as opportunities for us to send nursing students on a short-term basis to study in Kenya. Such global perspectives can help enrich nursing careers.

Another strategy could be to attract more men to the field, a dearth that is addressed in the commentary by Dr. Jadranka Buturović Ponikvar. We need to find out why nursing is not attractive to men and seek ways to address that. Of course, we also want to hone the strategies we use to attract women to the field.

Retention and Career Development. We need to do more to expand career pathways in ways that will help keep nurses in the profession. Some nurses would benefit from being able to develop different skills at different points in their careers. Some may wish to do more community nursing, or to undertake research. To that latter end, for example, academic health centers could do more to engage qualified nurses in opportunities to explore how they might develop a clinical academic career.

Overall, we could do more to support career mentoring and lifelong learning for nurses, as was well underscored by Dr. Chan Soo Shin, who also noted the importance of addressing uneven distribution of nursing practitioners in urban/non-urban environments in his commentary, in addition to expanding incentives. Simultaneously, healthcare will have to address other concerns that drive nurses from the profession, including their compensation, the demanding hours worked, and the general way that society tends to undervalue nursing work. Like those in many other fields, nurses today seek a better work/life balance. Better childcare support could also help.

One powerful takeaway is how the pandemic highlighted the human side of nursing. I think of the nurses who were the last human link for patients dying of COVID-19 at a time when their families could not visit them. For me, such images encapsulate the incredibly important human role of a nurse. The reality that society tends to undervalue that role is reflected in the commentaries.

Healthcare is moving fast into an era of digitalization. In our academic health science centers, we should ensure that one effect of all the digital technologies, machine learning, and artificial intelligence introduced into practice will be to help free time for nurses to focus their efforts where they excel, in providing the human side of safe and high-quality healthcare. Human skills will never be less than essential.



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The need for more nurses is present everywhere. The need was present before the COVID-19 pandemic, and is even more critical as we experience pandemic waves. The COVID-19 pandemic and post-COVID consequences have put extreme pressure on already overburdened healthcare systems. Without more nurses, our healthcare systems may not function on the necessary level of accessibility and quality in future.

From the perspective of the University Medical Centre Ljubljana, a tertiary academic public hospital and one of the biggest in the region (2100+ hospital beds and 8400+ employees), the need for more nurses is most critical in 24/7 direct patient care operations (e.g., hospital wards, intensive care units, emergency).

Many nurses involved full-time in 24/7 patient care tend to leave such demanding workplaces and move to workplaces with a daily schedule, such as outpatient units or administrative positions not involved in direct patient care. This perpetuates a shortage of nurses involved in 24/7 patient care and puts additional pressure on the remaining nurses. This vicious circle may become irreversible.

The vast majority of nurses are women (approximately 85 percent in our hospital), many of them of childbearing age. It is understandable that shift-work and limited summer and other vacations put additional pressure on nurses and their families. As there are many options for less demanding jobs available, it is understandable that they continue to leave the hospital. Candidates for nurses need to be motivated for 24/7 patient care, while simultaneously being enabled to take proper care of their families. It may be helpful to encourage more men to join this demanding and deeply humane, fulfilling, and respectable profession with an increasing job availability.

When analyzing nurse shortages and planning activities for improvement, understanding the differences between nurses fully involved in patient care and those with less demanding pressures is necessary. There is also a necessity to look at separately the number of nurses involved in shift working schedules from others. Simply increasing the number of nurses will not guarantee improvement in patient care if the most demanding workplaces with shifts continue to suffer nurse shortages.

At our hospital, several strategies aimed at stabilizing or improving nurse shortages have been introduced in the past few years. For example, we have considered overtime pay without limitations, inviting senior nurses to continue working (despite fulfilling retirement conditions), inviting retired nurses and nurses from other hospitals to work at our hospital under contract, inviting medical students to help in patient care, and introducing scholarships for nursing schools and faculties. As a public hospital, we have limited maneuverability concerning employee salaries.

Teamwork in healthcare is necessary to ensure the best patient care. I believe that physicians, nurses, and all other healthcare providers should join forces to attract, inspire, and retain nurses in hospitals, combining different approaches—not only for the patients of today, but also for future patients. Tomorrow, patients in need of hospital care may very well be ourselves or our family members. Without an excellent healthcare team in which nurses are a crucial part, we may not receive the best care possible. We must motivate and educate more nurses for direct patient care!

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COVID has underscored the imperative for academic health centers to lead the education and professional preparation of nurses, the largest health profession in the world. Across the globe, intensive care units, hospitals, clinics, home health agencies, and other healthcare delivery organizations face a daunting mismatch between the demand for and supply of nurses. Historical stopgaps are not working, as demonstrated by nursing turnover rates reaching new peaks and by the quadrupling costs for contract nursing services.

During the first wave of the COVID pandemic in the United States in spring 2020, there was an emphasis on critical care bed capacity and mechanical ventilators; during the fourth wave this summer caused by the Delta variant, the emphasis is on nurse staffing shortages.

Before COVID, the nursing profession already faced significant headwinds. Burnout, turnover, and retirement consistently deplete the pool of experienced nurses who are needed to educate and mentor the next generation of nurses. Demand for nursing services constantly increases, driven by aging populations, chronic health conditions, mental and behavioral health needs, quality improvement goals, health inequities, and climate change. Nursing school enrollment, however, has not kept pace, in large part because of shortages in nursing faculty. The American Association of Colleges of Nursing (AACN) [reported](#) that, in 2020, more than 80,000 qualified applicants were not accepted due to limitations of clinical sites, faculty, and resources. At the University of Oklahoma College of Nursing, we had to turn away more than 500 qualified applicants.

Academic health centers have unique resources, capabilities, and relationships to solve nursing profession challenges. At the University of Oklahoma

“Nursing programs can build resiliency through mentor networks, interprofessional practice models with physicians, pharmacists, and other health professionals, research experiences, and leadership training.”

Health Sciences Center (OUHSC), we have increased integration between our College of Nursing and health system partner OU Health. Last year, 40 students participated in the first senior nurse intern program in the state—pairing students with OU Health registered nurses in complex care environments and accelerating the onboarding of nursing graduates into our health system this summer. The Dean of the OU College of Nursing, Dr. Julie Hoff, concurrently serves on an interim basis as the Chief Nursing Executive at OU Health. She unifies training, practice, and research, and enhances career development for front-line nurses. The Oklahoma Legislature and Governor this spring invested funding for us, given our capabilities as an academic health center, to increase enrollment by more than 110 baccalaureate nurses and 50 advance practice nurses, with an emphasis on improving access to care.

Academic health centers can create sustainable solutions beyond the urgency and crisis of workforce needs. It is saddening to observe newly graduated nurses leave the profession even within their first year of practice. Nursing programs can build resiliency through mentor networks, interprofessional practice models with physicians, pharmacists, and other health professionals, research experiences, and leadership training. Cultural and operational paradigms of care delivery can be transformed to engage nurses as full partners. Nursing challenges are global, and academic health centers can articulate to political, business, and community leaders that nursing professionals improve not only access to care but also the quality of care and health outcomes.



**Chan Soo Shin, MD,
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We are experiencing a widespread nurse shortage, primarily due to the aging baby-boom population. The ongoing COVID-19 pandemic has added to this shortage as many nurses have quit their jobs out of fatigue. The situation in Korea is not different, but there are some unique issues and concerns regarding the nursing workforce shortage in Korea.

In recent years, the shortage of nurses has been mainly experienced by small and medium-sized hospitals across the provinces because nurses in those hospitals tend to move to larger tertiary hospitals located in major metropolitan areas, where the working and living environment is better and the wages are higher than rural areas.

One of the causes for this shift is the introduction of the “Integrated Nursing Care Service”. Traditionally, hospitals in Korea provided professional-only nursing services while non-medical care was given by family members or private caregivers hired by the patients. However, in 2016, the Korean government introduced the “Integrated Nursing Care Service,” in which comprehensive care is provided by nursing staffs and costs are reimbursed by insurance. To meet the requirements of this service, the larger hospitals in major cities had to hire more nurses. This increase in job openings led to a greater movement of nurses from the provinces to the metropolitan areas.

The Korean government has been expanding continuously the healthcare requirements for intensive care units and infection control teams, which, in turn, intensifies the need for more nurses in tertiary hospitals, thereby adding to the movement of nurses from small and medium-sized hospitals.

Although these issues may be regarded as an uneven distribution, rather than true shortage, there is also a rising demand for nurses, which is related more to the expanded role of nurses in the healthcare system. Many tertiary hospitals have designated some nursing

staff as “physician assistants” (PAs) to assist doctors in many clinical practices under their supervision. Although the role of PAs is not identical to that of the nurse practitioner in the US (and PAs are still not fully authorized), they are likely to become approved. Consequently, more jobs will become available for PA positions. In addition to PAs, many areas in healthcare have an increasing need for nurses, including clinical research, insurance review, health promotion, and school healthcare.

There are still debates about the validity of a nursing shortage in Korea. According to a report by the Organisation for Economic Co-operation and Development (OECD), the number of practicing nurses in Korea is 6.9 per 1,000 population, including nurse assistants, while the OECD average is 8.8 per 1,000 population. However, the proportion of practicing nurses is just 48.1 percent of total registered nurses in Korea. The average duration of practice is only 5.4 years. That means more than half of registered nurses quit their job after five years of practice, which results in a shortage of “practicing” nurses.

The current uneven distribution and relative shortage of practicing nurses in Korea cannot be easily solved by increasing the number of nurses. More efforts that can encourage employee retention should be implemented first. Creating a better work culture, providing more incentives or improving the workplace environment, especially in small and medium-sized hospitals across the provinces, will be required for this purpose. In addition, measures that can facilitate recruiting retired nurses—such as implementing re-education programs, maintaining a database of retired nurses, or support for child-care—have been suggested and are under discussion.

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