Addressing the challenges of the global nursing community

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Aim: To describe both the initial and the subsequent impact of the 2001 Global Nursing Partnerships Conference: ‘Strategies for a Sustainable Workforce’, the first ever forum of its type, on the key challenges facing the global nursing community.

Design: Identification of short- and long-term outcomes through descriptive review of immediate post-conference evaluations and follow-up questionnaires sent out 13 months later to nursing leaders in the participating countries.

Methods: Content analysis of quantitative data from 61 immediate post-conference evaluations and 13 follow-up questionnaires, as well as qualitative data from participant comments on the evaluation forms and questionnaires.

Findings: Analysis indicated conference participants viewed the conference as a beneficial forum to collaboratively examine nursing workforce issues and trends, develop country-specific nursing action plans, establish and strengthen national and international partnerships, and build stronger international nursing bodies.

Conclusion: The Global Nursing Partnerships Conference was an international success – addressing the unique challenges facing nursing leaders in developed and developing countries and the needs of nurses throughout the world.

Keywords: Chief Nursing Officer, Lillian Carter Centre For International Nursing, National Nursing Associations, Nursing Workforce, Partnership

Introduction

The 2001 Global Nursing Partnerships Conference was organized by the Lillian Carter Centre for International Nursing (LCCIN) in response to a need identified in 1999 at a meeting of Government Chief Nursing Officers (CNOs) held in conjunction with the International Council of Nurses (ICN) biennial meeting in London, England. CNOs expressed their desire for increased communication and partnership amongst themselves and other international leaders in health care.

The initial conference planning group led by the LCCIN, consisted of key global nursing leaders and Human Resources experts, and represented stakeholders groups and sponsors including the World Health Organization (WHO), ICN, Division of Nursing – Bureau of Health Professions – Health Resources and Services Administration – US Department of Health and Human Services, Pan American Health Organization (PAHO), and the Department of Health – England. They developed a questionnaire to identify the specific needs and challenges being faced by the CNOs.
worldwide (Salmon & Rambo 2002). A similar survey was adminis-
tered to National Nursing Association Leaders (NNALs) by the
ICN. The planning committee identified four major issues from
the CNOs response: 84% of the CNOs expressed concern for the
current nursing and midwifery shortage, 74% were concerned
with current changes in health care systems, 80% identified a need
for increased information on workforce planning as well as policy
analysis/development, and 67% highlighted the need to look at
the education of the nursing and midwifery workforce (LCCIN
2001). These findings and the additional input from the ICN,
resulted in the development of the following key conference goals:
1 address global nursing workforce development and sustain-
ability,
2 offer opportunities for knowledge and skill development, and
3 develop leadership collaboration, partnerships, and strategic
alliances within and between countries as well as a network for
CNOs and NNALs.
In addition to these goals, the planning committee envisioned
that this conference would provide a forum through which to dis-
seminate nursing workforce information, share information
related to workforce data collection and analysis, and assist CNOs
and NNALs in developing specific action plans for their individ-
ual countries (LCCIN 2001).
The purpose of this paper is to describe the impact of the
2001 Global Nursing Partnerships Conference in addressing
the key challenges facing international nursing leaders. Through
descriptive review of immediate post-conference evaluations
the short-term outcomes of the conference will be identified.
Follow-up questionnaires from key nursing leaders and evidence
from subsequent projects and partnerships will be used to
discuss the micro-, mezzo- and macro-level outcomes of the con-
ference that highlights the effectiveness of this innovative global
intervention.

Background
In May of 1996, the WHO put forth Resolution 49.1, ’Strengthen-
ing Nursing and Midwifery’, at the 49th World Health Assembly in
Geneva, Switzerland. This Resolution called on WHO Member
States to involve nurses and midwives in health care reform and
policy development. It also charged the individual Member States
with the task of developing national action plans to assess current
health care resources, the quality and utilization of these
resources, health care legislation, nursing and midwifery educa-
tion, and their existing research agenda. Resolution 49.1 high-
lighted the importance of having nurses and midwives involved in
monitoring and evaluating a nation’s progress toward meeting
health and development goals, specifically in areas of equitable
access to health services, disease prevention, health promotion,
and control of specific health problems (WHO Forty-ninth World
Health Assembly 1996). This call to action highlighted the critical
role nurses and midwives play in strengthening the primary
health care system. However, there was a need for further knowl-
edge and skill development to enable nursing leaders to success-
fully address these problems. Also, owing to the growing evidence
of a global nursing shortage, there was a need to look at workforce
conditions and provide an understanding of proper data collec-
tion and workforce strategic planning. In addition, there was no
formal global organization, network or partnership that existed
for CNOs to communicate priority concerns or advance success-
ful solutions.
In response to this attention and call to action that nurses and
midwives received from the WHO through Resolution 49.1 and
the needs addressed by the ICN in 1999, the LCCIN at Emory Uni-
versity volunteered to host a forum to address these critical issues
in nursing and midwifery. The Global Nursing Partnerships Con-
ference: 'Strategies for a Sustainable Nursing Workforce' took
place on 15–19 October 2001, at the Carter Presidential Centre in
Atlanta, GA, USA. This conference was the first ever, international
forum for collaboration between international CNOs, NNALs
and Human Resource leaders. In addition to the observers, 144
individuals representing 61 different nations from the American
Samoa to Zimbabwe, gathered to address the global nursing
shortages, share research findings, gain knowledge on workforce
issues, and build relationships and alliances within and among
their global colleagues (LCCIN 2001).
The conference was divided into two interrelated and unique
components, the Pre-Conference CNO and NNAL Network
Meetings which provided CNOs and NNALs with opportunities
to meet as separate groups and together as country ‘dyads’, and
the main joint CNO, NNAL, and Human Resource Leader Confer-
ence. The planning committee structured the conference topics
around the strategic goals and priority concerns identified by the
CNOs: Nursing/Midwifery workforce planning, strategic think-
ing and planning, health planning, written communication, pro-
gram development and evaluation, public oral presentation,
interdisciplinary and cross-sectorial collaboration, budget and
finance, analysis and use of statistical data, proposals for external
funding, and Epidemiology (Salmon & Rambo 2002). Nursing/
Midwifery workforce planning, strategic thinking and planning,
health planning, and interdisciplinary and cross-sectorial collab-
oration were reinforced in both settings. With the exception of
written communication, program development and evaluation,
and proposal for external funding, all of the identified goals and
priorities identified by the CNOs were covered.
The first three days of the conference, provided the CNOs and
NNALs with opportunities both to meet as separate network
groups and together. The goals of the Pre-Conference Network
Meetings were to have the CNOs and NNALs examine their roles
individually, identify existing supports and barriers to achieving their national nursing vision, and address knowledge and skill sets that were specific to their role. Panel discussions provided opportunities for CNOs and NNALs to hear expert presentations from nurses around the world. Nursing panelists shared successful strategies for building national and international partnerships and alliances. CNO and NNAL dyads from each country also identified key shared issues and priorities and met together with other country dyads.

The final two days of the conference brought all of the CNOs, NNALs, and Human Resource leaders together in an international forum to focus specifically on nursing workforce issues. As a result of the identified need for improved interdisciplinary and cross-sectorial collaboration, CNOs, NNALs, and available Human Resource leaders from each country were tasked with meeting together. Country ‘dyads’ consisted of a country’s CNO and NNAL. ‘Triads’ were made up of a country’s CNO, NNAL, and Human Resource leader. These dyads and triads were to identify at least one major nursing issue within their country, outline mutually feasible strategies for addressing the issue, and draft a Joint National Leadership Action Plan. Although the exact issues and action plans drafted by each country remain confidential, four common issues emerged:

1. ensuring nursing representation on national health policy committees,
2. standardizing nursing education, including basic preparation and continuing educational opportunities,
3. developing new nursing education programs to meet the specific country needs, and
4. defining necessary elements for the national databases accurately to capture the nursing workforce numbers (LCCIN 2001).

During these two days, in addition to creating their country-specific action plans, all dyads and triads came together to focus specifically on an issue of common concern, the international nursing workforce (LCCIN 2001). International experts presented their most recent research and trends relating to the nursing workforce and highlighted successful approaches used in the past, by nurses and Human Resource leaders, to enhance their workforce (LCCIN 2001). Panel discussions provided participants with an opportunity to hear individual experiences with workforce planning and management, from the perspectives of nurses representing different countries and different health care systems. The overall themes of the presentations and panel discussions were:

1. national context for workforce development,
2. best practices for workforce planning and management,
3. nursing workforce stability,
4. nursing workforce in the global context,
5. nursing workforce mobility, and
6. skill mix and working conditions.

In addition to these presentations, participants heard messages from the United States Department of Health and Human Services, the Centres for Disease Control and Prevention (CDC), the ICN, the WHO, and former United States President Jimmy Carter.

Methods

In an effort to evaluate the immediate responses of the participants to the Global Nursing Partnerships Conference, CNOs ($n = 52$) and NNALs ($n = 47$) were asked to complete and return evaluation forms before leaving the conference. The evaluations made use of a Likert-like scale to evaluate the topics chosen for discussion, individual speakers, transportation, secretariat services, participant materials provided, the success in meeting daily objectives, and the ability to meet the overall conference objectives. Thirty-one CNOs (60%) returned the specific Pre-Conference CNO Network Meeting evaluations. Forty-one NNALs (87%) provided their feedback on their Pre-Conference NNAL Network Meeting. A response of 63 (64%) was obtained from the 99 total CNOs and NNALs who were asked to evaluate the final two-day joint CNO, NNAL and Human Resource leader conference. The rationale for including only these 99 participants was based on the fact that these individuals were not part of the planning committee, nor were they speakers/presenters or observers. The data gathered were entered into an electronic database and analysed.

In addition to the immediate responses to the conference, the LCCIN was interested in analysing the long-term outcomes of the Global Nursing Partnerships Conference on subsequent work done at the individual country level. One year after the close of the conference, questionnaires were sent out to nursing leaders in the participating countries. The questionnaire was designed to:

1. assess the long-term impact of the conference at the country level,
2. assess individual progress made in regard to their Joint National Leadership Action Plan, and
3. discover emerging areas of concern these nursing leaders might wish to address as a large cohort.

This questionnaire used a Yes/No response option with designated comment boxes immediately following the questions. Thirteen individuals (CNOs, NNALs and representatives of Departments/Ministries of Health) from 13 different countries returned the questionnaire – a 19% response rate.

Global participation

A major key to the success of this conference was the rich diversity of the participants with respect to country of origin, as well as individual backgrounds and life experiences. Many nursing
leaders were able to attend this conference owing to the generous support of sponsors and planning partners. The single largest funder was LCCIN and Emory University. Significant contributions were made by the ICN, WHO, Division of Nursing – Bureau of Health Professionals – Health Resources and Services Administration at the US Department of Health and Human Services, and the Department of Health, England (LCCIN 2001). There were also a number of other organizations that contributed funding for this conference.

Despite the fact that this conference took place a little more than one month after the devastating attacks on 11 September 2001, the level of global participation was high and included participants from low, middle and high International Monetary Fund (IMF) country income categories (Table 1).

**Findings**
Several themes emerged as the conference evaluations, participant comments, and follow-up questionnaires were analysed. Aggregating data from the immediate conference evaluations and the follow-up questionnaires, participants were pleased with the quality of the speakers and the quality of information presented both in their individual network meetings as well as during the combined two-day CNO/NNA conference. Participant feedback suggested that the conference was a platform to build global partnerships, network, and build bridges across country borders. The conference provided an opportunity to discuss issues facing nurses worldwide. It created a forum to strengthen knowledge and skills needed for quality leadership during this nursing shortage and was a protected venue in which country teams could create strategic goals and multidisciplinary action plans to address their country-specific workforce issues. Finally, the conference served to inspire and instill hope in the nursing leaders of the world.

**Short-term outcomes**
Immediately following the global conference, participant approval was high. Between 90 and 98% of the participants agreed that the conference met their overall expectations and achieved the outlined conference goals and objectives. These conference goals included:
1. offer opportunities for knowledge and skill development,
2. address global nursing workforce development, and
3. develop a network for CNOs and NNALs as well as leadership collaboration, partnerships and strategic alliances within and between countries.

The following section explains how these goals were met based on immediate conference evaluation results.

**Opportunities for knowledge and skill development**
The opportunity to meet as individual CNO and NNAL network groups was viewed by the majority of participants as informative and highly beneficial to their nursing careers. It enabled nursing leaders to gain a broader understanding of the skills and knowledge needed to achieve their goals as well as the goals of the WHO. Nursing leaders explored the strategic use of self, developed a comprehensive knowledge and understanding of their role in policy development, learned the specifics and the value of strategic planning, and identified strategies for developing strategic alliances. This knowledge and skill base was beneficial not only to the individuals at the conference, but also to those with whom they work and teach. Participants improved their skill base from information presented by speakers and from interactions with other attendees.

**Address global nursing workforce development**
The plenary speakers, panel presentations, addresses and remarks by Archbishop Desmond Tutu and former President Jimmy Carter during the last two days of the conference provided the CNOs and NNALs with a working understanding of the roles and importance of health planning, human resource development, health reform, and health workforce research/analysis to developing and deploying an effective nursing workforce. Nursing leaders acquired the knowledge to describe a national system or approach that would improve the capacity for nursing workforce development within their own country. Nursing leaders had opportunities to consult with nursing workforce experts to dis-

**Table 1 Delegate representation by IMF income category**

<table>
<thead>
<tr>
<th>IMF income category</th>
<th>Number of official country delegates at the conference</th>
<th>Total number of official delegates at the conference</th>
<th>% of delegates from each income category</th>
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<tbody>
<tr>
<td>Low (&lt;$2500 GNP per capita)</td>
<td>46</td>
<td>107</td>
<td>43</td>
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<tr>
<td>Middle ($2500–12 500 GNP per capita)</td>
<td>32</td>
<td>107</td>
<td>30</td>
</tr>
<tr>
<td>High (&gt; $12 500 GNP per capita)</td>
<td>29</td>
<td>107</td>
<td>27</td>
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cuss ways to further their workforce database and analysis capabilities. Experts in the field of Human Resources provided CNOs and NNALs with knowledge and skills needed to clarify or redefine strategies for addressing their nursing workforce shortage. Nursing leaders agreed this was a unique forum to discuss workforce development with countries facing nursing shortages at varying degrees of severity. It provided them with opportunities to problem-solve with nursing leaders who had implemented both successful and not so successful workforce development strategies. Participants agreed that this conference was key to understanding global nursing workforce issues within and across countries, particularly looking at the impact of skill mix and current working conditions.

Develop leadership collaboration, partnerships, and strategic alliances within and between countries as well as a network for CNOs and NNALs

Participants expressed that the conference enabled them to build professional bridges within and across country borders as well as to create alliances with other international nursing leaders. Participants from developing countries expressed that they were given a unique opportunity to form collaborations with and receive encouragement from nursing leaders from developed countries. Nursing leaders found it beneficial to work together with other nursing and Human Resource leaders from their own country to create their country-specific Joint Nursing Action Plans. Country dyads and triads agreed that the action plans were an effective tool. It provided a framework to identify the most pressing nursing issues within their country, identify agreed upon goals that the partners would pursue and evaluate over the next year, and outline mutually feasible strategies for addressing the identified challenges. Additionally, it gave country dyads and triads an opportunity to provide suggestions for steps that might be taken by sponsoring organizations to support development at the country level. The proceedings from the 2001 Global Nursing Partnerships Conference can be viewed on the World Wide Web at http://prod-nursing.emory.edu/lccin/gcnonet/motes.shtml

The participant evaluation forms included areas for participants to share their comments regarding the conference. Table 2 provides excerpts from their comments.

<table>
<thead>
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<th>Table 2</th>
<th>Excerpts from participant conference evaluations</th>
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<tr>
<td>‘This conference was exactly what I needed to continue my work as President of my NNA.’</td>
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<tr>
<td>‘I learned a lot from this conference and I appreciated the combination of CNOs/NNAs and HAs as it makes a group that supports the future of nursing care.’</td>
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<tr>
<td>‘Global Nursing Partnerships is the way to go for nursing workforce and continued quality of improvement in nursing.’</td>
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<tr>
<td>‘It made me feel that when I get back home, I will use these ideas to uplift the morale and face challenges that have been an obstruction for me in the past.’</td>
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Long-term outcomes of the conference

The LCCIN assessed that important long-term outcomes of the conference would emerge as time passed and as conversations continued outside the parameters of the conference. As international partnerships continued to form, and as the follow-up questionnaires were returned a year later, the LCCIN determined that the outcomes could be grouped into the following categories: micro (individual), mezzo- (country) and macro- (global) levels.

Evidence of micro- and mezzo-level outcomes

Respondents stated that the conference brought important global nursing issues to the forefront. They perceived this conference as a unique opportunity to improve dialogue on nursing workforce concerns and create a forum for national and international advocacy, relationships, and communication between leadership in the Ministry of Health (MOH) and the National Nursing Association (NNA). On an individual level, nursing leaders applauded the opportunities they had at the global conference for national and international networking and relationship building. Many regarded this conference as beneficial in helping to clarify their nursing vision and providing hope for the future of health care in their countries. Additionally, they voiced their appreciation not only for the time spent as a CNO, NNAL and Human Resource leader collective, but also for the time they had to meet as separate CNO and NNAL networks developing strategies and skills needed to contribute effectively to health and public policy.

Many respondents observed that the potential for collaborative working relationships was improved because of the joint strategic planning done at the conference. In many countries, conversations continued after the conference and carried over into subsequent work done on their country action plans. Respondents believed that the process of creating action plans helped in-country leaders focus shared concerns regarding their nursing workforce challenges, clarify perspectives of the country partners, and identify important work that could be done as a team. They also believed that action plans provided a basis for continuing professional cooperation.

The follow-up questionnaire asked nursing leaders to comment on the observed long-term outcomes of the Global Nursing Partnerships Conference. Table 3 provides excerpts from their comments.
Evidence of macro-level outcomes

The LCCIN continues to follow the progress and successes of nursing leaders throughout the world. Through continuous feedback to the LCCIN and examples provided by the follow-up questionnaires it is evident that several positive outcomes have occurred as a direct result of individuals and countries continuing to build on relationships developed during the conference. The CNOs from Northern Ireland and the Republic of Ireland made professional regional connections that were not in existence prior to the conference. Within the context of this conference, these two CNOs initiated conversation and engaged in dialogue to create a first-ever plan for public health nursing for all of Ireland. As another example, the LCCIN has been providing technical assistance to the Regional Nursing Body of the Caribbean (RNBC). The LCCIN was a key partner in the development of the ‘2004 – Year of the Caribbean Nurse’ campaign designed to celebrate nurses and nursing in the Caribbean. Another outgrowth of the conference was the expansion of the Johnson & Johnson ‘Campaign for Nursing’s Future’ to the Caribbean. This expansion came as a result of the need recognized by the LCCIN and the RNBC for increased nursing recruitment and retention in the Caribbean. The work with RNBC reinforced the need for the LCCIN to continue to participate in other projects assisting countries in developing their nursing workforce. Currently, faculty members within the LCCIN are using a collaborative model to assist health officials in Kenya with the design and implementation of a workforce database and subsequent analysis program.

Subsequent long-term influences of this conference centres on the unique partnership between the WHO and the ICN, and their collaborative focus on nursing issues at the global level. The WHO/ICN partnership hosted a follow-up conference in Geneva for the CNOs and NNALs to further address issues of country planning and leadership collaboration. The ICN and regional advisors for the WHO continue to work with countries on the progress of their country action plans, thereby providing a structure for continuing consultation.

As a result of the success of the inaugural Global Nursing Partnerships Conference in meeting the identified needs of the CNO group, the CNOs formally requested that these meetings continue, every two years, to provide them with a forum to discuss global health care issues and further develop national and international partnerships. In order to foster this type of ‘non-partisan and non-aligned’ dialogue and partnership, the CNOs requested that the LCCIN become the official secretariat for the group (LCCIN 2001). As the secretariat for the group, the LCCIN has developed a website to promote international communication among CNOs (http://www.nursing.emory.edu/LCCIN/gcnonet). This comprehensive GCNO-Net website provides an international discussion board where members engage in discussions and active problem solving on current areas of concern within their respective country, such as standardization of nursing practices for improved care, nursing retention, curriculum development and continuing education for nurses and nursing assistants, continued development of the role of nurses and midwives, and methods of effective health care policy development. The website also serves as a venue for on-line sharing of recent presentations and current research articles. In addition, it provides links to various international nursing resources and major global health organizations.

In an effort to continue to meet the diverse needs of the international nursing community, the LCCIN posted an online survey as
part of the planning process for the 2004 Global Nursing Partnerships Conference. CNOs could access this site and identify emerging trends or areas of concern. It provided a forum for posting suggestions for topics to be addressed at future conferences, areas of current research in which they are interested, and different leadership issues they wish to explore.

Conclusion
The 2001 Global Nursing Partnerships Conference is widely considered a success by nursing leaders throughout the world. This conference brought together members of the international nursing sector to discuss current issues and trends within the nursing field and focused attention on the nursing workforce shortage. The conference provided an arena through which to develop new partnerships within countries and with colleagues from around the world. Since returning to their countries and implementing strategies of their Joint Nursing Action Plans, many nursing leaders have seen improvements in their inter-health sector relationships. These relationships have grown into positive action steps taken to improve the health and delivery of health services at the community level. The ICN and WHO continue to meet the needs of professional nursing leaders on a country level, while the LCCIN continues to have the opportunity and privilege to serve and support the members of the global CNO network, by providing a neutral forum for discussion and collaboration.

It is apparent that partnership models, which are guided by shared planning, offer important promise for addressing national and global nursing workforce challenges. The Global Nursing Partnerships Conference demonstrated that it is possible to bring different members of the health sector together in a forum designed to build ongoing partnerships and enable strategic action. Seeding sustainability at multiple levels, this conference highlighted the unique role of the CNO as an anchor in these partnerships and identified the need for ongoing collaboration and connection between other members of the health sector. The energy and momentum that was generated by this inaugural conference carried over into the 2004 Global Nursing Partnerships Conference. This global conference brought together CNOs and Chief Medical Officers from around the world to address the management of biological threats through professional collaboration.


Limitations and lessons learned
This is the first known attempt to conduct a conference follow-up study of this type and is unique in several regards. This study focused on the outcomes of planning and collaboration and involved cross-sectorial and interdisciplinary national level nursing leaders. Because this was a ground-breaking study, there were no benchmarks to determine what a ‘good’ response rate was. Thirteen different countries each returned the questionnaire – a 19% response rate. These 13 questionnaires provided important information and insights regarding methodology, key lessons learned from other countries, and served as a basis for technical assistance – supporting future work done with countries in this area. The response rate is understandable for many reasons. Many respondents live and work in countries plagued by social instability and civic unrest. Resource poor countries are often faced with communication challenges and the challenges of frequent changes of government and NNAL turnover. Additionally, the demands on national leaders are extremely high and it is important to take into account the priority of a conference survey relative to their other demands.

Drawing from the lessons learned with this follow-up study, the LCCIN identified practical ways to improve the follow-up evaluation process for the 2004 Global Nursing Partnerships Conference in order to gather a higher percentage of participant feedback. The LCCIN has learned the need for multiple survey strategies, including telephone, Internet/e-mail, and mailed or faxed written surveys. They also identified the need to have more discussions with participants during the conference about the importance of follow-up surveys, the important role of the nursing leaders in this process, and the valuable insights and information gained from gathering their thoughts and perspectives.

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