

## **Developing the Nursing Workforce: Challenges and Opportunities in Lebanon**

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### **What are the challenges?**

Nursing educators, clinicians, and administrators are cognizant of the fact that the nursing profession is facing major workforce challenges of unprecedented nature; the demands for nursing service have increased, the nursing profession is undergoing rapid change, and the educational requirements have been raised as health care has become more complex (Yeager & Cheever, 2007). Health policy experts predict that the current shortage of nurses will persist and perhaps worsen during the next 30 years. Commonly cited reasons for this shortage include a rapidly aging nursing workforce, diminished numbers of seasoned nursing faculty, and low numbers of nursing school enrollees and graduates eligible to take the licensure examination.

The number of qualified applicants to accredited U.S. baccalaureate nursing programs declined steadily from 1995 to 2000 by almost 19% (AACN 2006). Although more recent statistics demonstrated an upswing in enrollments in baccalaureate nursing programs by more than 16%, this increase is insufficient to meet the projected demands for new nurses (Student Enrollment, 2006). In a report released by the American Association of Colleges of Nursing (AACN 2006), it is stated that the Health Resources and Services Administration (HRSA) projects that nursing schools must increase the number of graduates by 90 percent in order to adequately address the nursing shortage. With an 18% increase in graduations from baccalaureate nursing programs, schools are falling far short of meeting this target. By the year 2020, HRSA projects that more than one million new Registered Nurses (RNs) will be needed in the U.S. healthcare system to meet the demand for nursing care (Student Enrollment, 2006).

AACN's preliminary findings show that 32,323 qualified applications to entry-level baccalaureate programs were not accepted in 2006 based on responses from 449 schools. The primary barriers to accepting all qualified students at nursing colleges and universities continue to be insufficient faculty, clinical placement sites, and classroom space (AACN, 2006).

What the public thinks about nurses generally and what they specifically see or read in the media shape the current image of nurses. Like other predominantly female professions, the public undervalues nursing. While the public indicates high trust of nurses, there is a lack of understanding about what nurses do (Nevidjon, & Erickson, 2001). Nurses also shape the impression that others have about the profession. For instance, they may discourage children regarding nursing as a career choice. Nurses frequently report that they do not encourage

their own children to consider nursing as a career (Nevidjon, & Erickson, 2001). This is quite different than the message that doctors or lawyers give to their children. In social settings, nurses may complain about their work or diminish their actions, rather than being proud of what they do and promoting their contributions to individuals and organizations.

One of the most important causes of the current nursing shortage in the United States is the number of youth choosing nursing as a career. Research findings have shown that insufficient numbers of adolescents favorably view nursing as a career option. Specifically, adolescents wanted more education, money, leadership, power, and respect than they believed they could attain as nurses and less involvement in caring for people, hard work, and technology-oriented work that they believed characterized nursing careers.

Tens of thousands of hospital deaths every year can be blamed on a nationwide nursing shortage, according to a report released by the Joint Commission on Accreditation of Healthcare Organizations (Nursing Shortage Fact Sheet, 2007). The private commission believes that a lack of nurses is to blame for thousands of deaths caused by problems such as medication errors, patient falls, and hospital infections. Of the 1609, adverse events, or unexpected problems, that hospital officials reported between January 1996 and March 2002, 24% took place in part because hospitals had an insufficient number of registered nurses on the job (Nursing Shortage Fact Sheet, 2007). The report went on to say that there are 126,000 unfilled nursing positions in hospitals nationwide, 90% of long-term care organizations lack sufficient nurses to provide even the most basic care and some home-health care agencies are being forced to refuse new patients (Nursing Shortage Fact Sheet, 2007).

Thus far, the methods have not been successful in reducing the shortage of nurses. Health care leadership continues to run under a transactional style that may be causing nurses to leave the system. Nurses no longer wish to stay in the profession perhaps because they struggle ideologically with the system in which they work (Nursing Shortage Fact Sheet, 2007). It is important that executives reframe how they see staff. Rather than viewing staff as an expense, seeing them as any asset on the balance sheet will drive different decisions about the work environment (Nevidjon, & Erickson, 2001).

### **What can be done?**

In an effort to meet these challenges head on, universities and hospitals must consider more innovative approaches to recruit students into the profession and more importantly to retain them in nursing.

One of the most important causes of nursing shortage is that too few youth choose nursing careers. Allentown's Cedar Crest College offers a four credit course that requires students to make presentations in local schools, participate in elementary school clinics, update public libraries on nursing books, and create displays about nursing as a career. Schools of Nursing can easily add such

courses as an elective in undergraduate programs. In Pennsylvania a partnership was forged between university nursing faculty and nurse clinicians and administrators of hospitals to address this problem. The partners postulated that adolescent attitudes toward selecting nursing careers could improve after an intensive 4-day residential nursing camp program. Local high school students who were generally interested in health care careers were recruited to attend the camp. Aggregate pre-camp and post-camp surveys obtained over 3 years demonstrated favorable attitudes toward nursing careers at the end of the camp (Yeager & Cheever, 2007). The camp program is an easily replicable intervention that may successfully improve adolescents' attitudes toward pursuing nursing careers.

Another effective method that may positively change adolescents' perceptions about nursing careers is having close contact with a nurse. Pillitteri (1994) surveyed nursing and non-nursing college students and found that previous positive exposure to nurses was positively correlated with students' views of nursing as an enjoyable occupation. On the basis of this finding, Pillitteri (1994) suggested that strategies to recruit adolescents into pursuing nursing careers could include introducing them to nursing instructors and students and having spend a day with a nurse in practice. A high percentage of college-bound high school seniors did not know that nurses engaged in high-technology work, directed programs, or held leadership positions. The researchers found that knowing a nurse personally was positively associated with pursuing a career in nursing (Stevens & Walker, 1993). Similarly, Kohler and Edwards (1990) suggested that arranging to have prospective nursing students spend time with nurses in practice may help entice more adolescents to choose nursing careers.

To help address the shortage of nursing faculty, AACN is empowering its resources to secure federal funding for faculty development programs, collecting data on faculty vacancy rates, identifying strategies to address the shortage, and focusing media attention on this important issue (Goodin, 2003). This work includes:

- Collaborating with other nursing groups to mobilize support for more federal funding for nursing education.
- Leading the effort to expand the Graduate Assistance in Areas of National Need program administered by the U.S. Department of Education to include nursing. As a result, nursing is now recognized as an area of national need and new funding for PhD programs in nursing is available.
- Creating a new Faculty Development Institute to help prepare and retain new nursing faculty at schools nationwide.

All nurses need to be aware of the way in which they discuss their work in public. Nurse executives can be helpful by starting an organizational campaign to educate their staff about how to communicate in social and community settings (Nevidjon, & Erickson, 2001). Each nurse is the most important recruiter for an organization. To ensure a continuous robust pool of nursing students, children

must be reached earlier than high school. In fact, educators say that students often have their minds made up by fifth grade about desirable and undesirable careers (Nevidjon, & Erickson, 2001). Thus, an early positive image of nursing for students is important.

Healthcare executives including nurse leaders must learn new skills for valuing employees. The chief nursing executive in partnership with the head of Human Resources can facilitate the executive team's discussion of how they are valuing staff and how this is shown in the organization (Nevidjon, & Erickson, 2001). The increasing union activity is an indication that this discussion is needed.

Another strategy to address the nursing shortage and the increasing workforce age is to offer employment programs that provide senior employees a reason to continue working past the age of retirement or to return to work after retiring (Hogue, 2007). Hospitals must support the aging nurse by offering flexibility in scheduling, increased time off and collaborative management by creating environments of teamwork and creativity. Employees want to be active both at work and at home, not choosing between the two (Nevidjon, & Erickson, 2001).

Evidence clearly shows that higher levels of nursing education are linked with lower patient mortality rates, fewer errors, and greater job satisfaction among RNs (Thyer, 2003). The American Organization of Nurse Executives (AONE), the national voice for nurse leaders in the practice arena in the USA, called for baccalaureate preparation for all RNs in the future. The growing complexity of patient care and the increase in patient acuity require that nurses have the best entry-level preparation available.

### **The Nursing Workforce in Lebanon**

The estimated population of Lebanon is around 4 million, with 80% residing in urban areas. The Lebanese population is fairly young; 28% is under 15 yrs of age and 10% over 60 yrs (Arabia et al, 2007).

Eighty percent of the Ministry of Public Health and Social Affairs budget is used to finance private hospitals for treatment of patients who cannot afford to pay. In the year 2005 Lebanon had more than 10,000 physicians and only 4,700 registered nurses. The distribution of health human resources was as a result far from equitable (Abu-Saad Huijer, Nouredine, & Dumit, 2005).

The Order of Nurses in Lebanon (Our member's statistics, 2008) reported recently a total of 7054 registered nurses in Lebanon, 46% are BS graduates, 23% are BT (Baccalaureate Technique) graduates and 31% have a TS (Technique Superieur) diploma. Of the registered nurses 94% are currently employed; 36% work in Beirut, 29% in Mount Lebanon, 14% in North Lebanon, 9% in Bekaa, 7% South Lebanon, and 5% in Nabatieh.

In Lebanon, there is one nurse for every 1600 people, which is one tenth the ratio in developing countries (Arabia et al, 2007). The ratio of nurses to hospital beds in Lebanon (1 nurse /4.5 beds) is much less than European countries (1 nurse/

2.5 beds). This shortage in nursing personnel can be attributed to two main reasons; there is an increasing number of inactive nurses who leave nursing for other careers and a large number of nurses immigrate seeking better job opportunities outside Lebanon, mainly in the Gulf and USA (Arabia et al, 2007).

The majority of nurses in Lebanon are females (86.56%). Given the difficult nature of the profession, many female nurses change careers when they start a family. The same applies to the geographic mal-distribution of nursing in the country; female nurses are in general geographically less mobile. Regarding place of practice, 88.12% of the nurses work in hospitals and 11.88% in primary health care centers or ambulatory health care facilities. Like physicians in Lebanon, the majority of nurses work in the private sector (88.19%) (Arabia et al, 2007).

Nursing in Lebanon enjoys a good system of education and a favorable quality of nursing services in hospitals and health care centers (Abu-Saad Huijer, Nouredine, & Dumit, 2005). Currently, Lebanon has 13 university-level programs with different affiliations, which prepare nurses at the BSN level, three of which offer a masters degree in nursing. The School of Nursing at the American University of Beirut is the oldest, dating back to October 1905. The St. Joseph University started its School of Nursing in 1943. The Lebanese Red Cross School of Nursing started in 1945, and, in 1954, the Makassed School of Nursing admitted its first class of nursing. Additionally, a number of vocational programs exist offering different levels of technical training in nursing such as TS (Technique Supérieur) and BT (Baccalaureate Technique) (Arabia et al, 2007).

The nursing profession is regulated by the Ministry of Public Health (MOPH) and the Order of Nurses in Lebanon. Practicing nurses should hold a nursing degree from a university or college recognized by the Ministry of Education and should pass the colloquium exam. Regulations pertaining to the practice of the nursing profession are stipulated in Decree 1655 issued in 1979 and amended in 1982 through Law 10/82 (Arabia et al, 2007). The current law differentiates between registered nurses, practical nurses, and nurses' aid. It further differentiates between Lebanese and non-Lebanese nurses. Non-Lebanese nurses are allowed to practice the profession in Lebanon if they hold a nursing degree from a recognized university in their country of origin and if they pass the colloquium exam in Lebanon. The proportion of foreign nurses working in universities or hospitals should not exceed 20%.

In a study conducted by El Jardali, et.al, (2007) the oldest and most established nurse recruitment firm in Lebanon allowed them to review nurses' applications between the years 2000 and 2006 to derive reasons for leaving. As evident, the two most common reasons for leaving were financial reasons (57.3%) and professional development (42.0%), and other (proximity of destination country to Lebanon) 10.8%.

Nurse migration is multi-factorial and not limited to financial incentives. Several factors that might lead to migration include poor recruitment and retention strategies, work environment (poor working conditions, poor job satisfaction,

workload, stress, limited professional development opportunities, poor social image and value given to nursing), socio-political (i.e. political and social instability, personal safety) and economic stability, and the poor social image of the nursing profession (El-Jardali, Dumit, Jamal, & Mouro, 2007). Lebanon is facing a problem of excessive nurse migration to countries of the Gulf, North America and Europe. No study has been conducted to understand the determinants and magnitude of the problem (El Jardali, et.al 2007). An estimated one in five nurses with a BSN degree migrates out of Lebanon within 1 or 2 years of graduation and the majority migrates to countries in the Gulf (El Jardali, et.al 2007). The main reasons for migration included: shift work, high patient/nurse ratios, lack of autonomy in decision-making, lack of a supportive environment, and poor commitment to excellent nursing care. In addition, nurses reported that combinations of financial and non-financial incentives can encourage them to return to practice in Lebanon. The most recurring incentives (pull factors) to encourage nurses to return to practice in Lebanon included educational support, managerial support, better working conditions, utilization of best nursing practices, and autonomy. Nurse migration out of Lebanon is likely to persist and even increase if underlying factors are not properly resolved (El Jardali, et.al 2007).

Nurse migration has severe financial implications since it can intensify existing shortage thereby creating a need to recruit, educate and train new nurses. The cost of nurse turnover can reach up to two times a nurses' salary and is the largest contributor to total hospital costs. Hence, loss of experienced nurses results in increased workload on the nurses that stay behind which may result in adverse patient outcomes. Evidence shows that with every increase in nurse workload (nurse to patient ratio); there is an increased likelihood of patient mortality (El Jardali, et.al).

The demands and instability of the job and the perceived low status of the profession of nursing in the country have contributed to the shortage of nurses in Lebanon. An improvement of financial, social and working conditions coupled with better recruitment and retention strategies are needed to ensure a competent and skilled nursing workforce that can meet the health demands of the Lebanese population (Abou Mansour 1999; Arabia et al, 2007).

### **Opportunities and New Developments**

At the national policy level, a number of initiatives are currently underway which aim at improving the stature and visibility of the nursing profession in Lebanon:

- The order of Nurses in Lebanon has developed the scope of practice for nursing in line with internationally recognized developments and taking into consideration the health care needs of the country.
- A revised nursing law that regulates nursing practice has been proposed as well which includes three categories; nurse, specialist nurse, and nurse assistant. The law is based on the scope of practice and includes the

roles, responsibilities and activities that nurses engage in on the basis of educational preparation and professional competence. Competencies have been developed for all three categories of nurses and are currently under discussion and approvals.

- More efforts need to be put in place to improve the visibility and attractiveness of the profession at the national level; nursing campaigns that inform the public of the value of nursing to health care need to be planned.

At the educational level, a number of strategies have been developed and implemented by the School of Nursing at the American University of Beirut to recruit student nurses into the profession:

- Marketing and informational materials such as pamphlets, posters, frequently asked questions have been developed and disseminated to all High Schools in Lebanon.
- Student Fairs were organized during which high school students were invited to visit the AUB campus and be oriented to the profession.
- A survey on the views of high school students about nursing has been conducted; data is currently being analyzed. The results will drive future strategies.
- High School visits by faculty during which information is given to students on nursing as a career.
- School Health Fair organized by nursing students and faculty to teach high school students healthy habits and practices and as such introduces them to the role of nurses in community and school health.

Finally, some of the major issues facing the nursing profession in Lebanon at the moment concern (1) the various levels of entry into the profession, (2) lack of clarity regarding the current scope of practice (3) the multiple authorities involved in regulating professional practice and education, (4) the lack of national competencies and standards of practice, and (5) the nursing shortage with emphasis on student recruitment and nurse retention. Some of these issues are currently being addressed at the national level and also at the institutional level. A collaborative strategy with input from educators, clinicians, administrators, and policy makers is needed to meet the nursing workforce challenges of the immediate future in Lebanon.

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