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Future Challenges for Nursing: An Overview

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Abstract

Nursing is now a diverse, highly trained, and specialist workforce, the largest in health care by a significant margin. The representation of nurses at the global, national, and local levels will ensure that nurses contribute to the formulation of policies and strategic development. Nurses face a myriad of challenges worldwide, for example, the shortage of nurses' workforce, negative effects, concerns about the generation of force, changes in delivery systems, and an increase in the complexity of clinical practice. The issue of resilience in nursing is worrying because it places individuals in charge instead of organizations and governments, and the responsibility for finding solutions is a single one. Nurse creativity plays an essential role in health and well-being. Nurses account for 80% of primary care, so they are strategically placed to provide creative solutions to global health's current and future challenges. To overcome these challenges and build a more human and compassionate health system, visionary and strategic thinking that focuses on the well-being of patients is necessary.

Keywords: Challenges, Workforce shortage, Future of nursing

Nurses are the backbone of the health system because they are often the pillar component in various environments to provide continuous care. Nursing today has a variety, highly trained and specialized workforce, the largest in the field of health care by an important margin. Nursing has and continues to face significant challenges to its identity and sustainability due to prevailing forces of economics and demographics and the professional and political response of the profession to date. The media coverage of the story provided a unique public perspective on the complexity of modern nursing that went beyond nostalgic stereotypes. In this paper will review the challenges that nurses face today in the practice of nursing. Also discuss the challenges facing nursing education and practice.

Nursing roles have evolved over the past 100 years into very different roles than their predecessors. Nursing today has a variety, highly trained and specialized workforce, the largest in the field of health care with an important margin. The pandemic affects the world's health and wealth, which makes it sad that nurses' value to society is viewed as a pandemic. The World Health Organization has designated 2020 as the international year

of nurse and midwifery. However, many of the events planned for the nursing exhibition did not proceed because nurses worldwide played a crucial role in responding to Covid-19. However, the media's coverage of the story provided a unique public perspective on the complexity of modern nursing that went beyond nostalgic stereotypes. Worldwide, nurses care for ventilated patients, use technology to help families say goodbye to their dead relatives, lead and deliver testing and vaccine services, and hold governments accountable by fighting for personal protective equipment. Nurses are often the first health professional seen by patients and are often the only ones. Without nurses, the objective of sustainable development and universal medical services are only aspirations (Edwards, 2022).

Nursing has and continues to face significant challenges to its identity and sustainability due to prevailing forces of economics and demographics the professional and political response of the profession to date. Nurses and midwives represent 50% of the world's health workforce and have a good return on investment. The low level of nurses staff in hospitals is associated with a worse outcome for the patient. World Health Organization (2022) estimates that to meet the Sustainable Development

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Goals on health and well-being, the world will need an additional 9 million nurses and midwives by 2030. However, the pressures on healthcare have intensified due to pandemics, and patients live longer in more complex diseases, making nursing increasingly complex. About 10% of current nurses plan to retire, and newly qualified nurses are more likely to retire as they approach retirement (Oecd, 2019). An increasing anecdotal number of applicants for study nurses may help solve this problem. Furthermore, the number of applications is limited because of the availability of places and the number of staff responsible for mentoring. Potential solutions can be explored through various perspectives (England Health Education, 2014).

In the world, the development of a strategy for the protection and support of nurses requires a collaborative approach. At the national level, the current National Health Service (NHS) system, which is based on the socialists supporting the NHS, appears outdated in contemporary neoliberal infrastructures. A streamlined policy development, excluding the NHS from the political arena, could solve the workforce plan. More effective financial investments at all levels of health care include financial support for nurses, which are essential to address the underlying problems. This is especially relevant when comparing the amount of medical expenditure to similar economies. The effective financial investment could include refocusing health care from individual factors to tackle the wider socioeconomic determinants of health, including housing, employment, education, and more primary health care and disease prevention.

Organizations can demonstrate supportive leadership to encourage staff engagement and shared decision-making, invest in enriching workplace culture, creative job design and systems working, and effectively use technology and communication. Professionally, it is called to protect the title “nurse” by limiting the number of registered nurses to registered nurses (Catherine, 2021). Nurses represented globally, at national and local levels will ensure that nurses contribute to policy-making and strategic development. The resilience problem in the nursing profession is concerning because it places responsibility on individuals rather than on organizations and governments responsible for finding solutions. Suspect that fewer individuals can impact workforce challenges without changing organizational infrastructure at the global, national, and local levels. Nurses must be engaged in the political process to hear their collective voices; however, some nurses are not prepared to become political animals, especially because strikes are seen

as controversial (Ball, Murrells, Rafferty, Morrow, & Griffiths, 2014).

Labor problems existed long before the epidemic, said Ernest Grant, RN, the current president of the American Nurses Association. “Insufficient pay, opportunities, and burnout have been problems for a long time. But now it's gotten worse. Nurses are overworked and underpaid, and there's no relief in sight besides other work-related issues.” In September, a poll conducted among 1000 US healthcare workers found that 18% of respondents quit their jobs during the pandemic, while another 12% have been laid off. Nearly a third (31%) have considered leaving among those who stayed on the job. And overall, 79% of healthcare professionals reported that the current worker shortage had affected them and their place of work (Graystone, 2019). Another survey from NSI Nursing Solutions found that due to the pandemic, many nurses are quitting their jobs in substantial numbers across the country; 62% of hospitals reported a nurse vacancy rate higher than 7.5%. “We are working to the point of exhaustion because there aren't enough nurses and being asked to come in day after day without a break,” said Kapu. “Nurses are dealing with physical and emotional exhaustion. They are seeing patients and colleagues die. It is exacerbating burnout, and as a result, more nurses are leaving the profession (Nelson, 2021).

The nursing shortage is widespread worldwide, well-known before the epidemic, and has been exacerbated this year. In late 2020, the global nursing workforce was estimated at 27.9 million but with an estimated global shortfall of 5.9 million nurses, according to the International Council of Nurse's brief on the worldwide nursing shortage and nurse retention [International Council Of Nurses Policy Brief (ICN, 2020)]. The brief stated that about 89% of these nurse shortages were concentrated in low- and lower-middle countries, with considerable gaps in other countries. Of the national nursing associations surveyed, 20% reported an increase in the nurses' number leaving the profession due to the pandemic (American Association of Colleges of Nurses, 2020). But aside from the US, other high-income nations are also struggling with shortages (Williamson, 2020). Many European countries were reporting shortages of healthcare workers before the pandemic. The European Commission published an annual report on European skill shortages and surpluses for 2019–2020. It found that nearly all 22 European Nations reported a lack of healthcare professionals, such as doctors, nurses, and healthcare assistants. For example, Germany has reported that all 16 of

their federal states experienced a decline in their care workforce (EPSU, 2020).

The employment problem of nursing remains and will not disappear in the near future. said Grant “The three most pressing issues right now are the mental health and well-being of nurses, workforce issues, and social justice issues, and beyond”. Nurses have reported on surveys that their mental health is being affected. However, we are not seeing any improvements in working conditions right now, and hospitals are still filling up with COVID patients. Nothing is being done to make the workplace less stressful. Nurses are forced to work overtime, etc. It has become a vicious cycle, and there is no end in sight. That mental health issues also feed into workforce concerns in that nurses are burned out and need to take time off. He added that while burnout has always been a problem for healthcare professionals, it has now reached almost epic proportions. There is increasing frustration and violence in the workplace patients are attacking nurses, family members, and their colleagues, which is not being adequately addressed. It comes around to better staffing, more time off, higher pay, and better treatment.

Nurses and health workers are not easy to do, and many days can be overwhelming. In addition, many nurses have become tired of the lack of a balanced life and work. However, any environment may present challenges for nursing, whether permanent staff or agency employees. In short, many of the problems nurses face today are related to the dysfunction of the health system itself and key stakeholders to address workplace issues. A short-term and long-term solution is now needed to prevent the escalation of the shortage of nursing staff. Can't allow this to continue to build up because, in the end, healthcare is going to implode upon itself. So, we need to address this issue and put the appropriate resources in place. Despite significant progress to date, the challenges arising from the use of digital technologies in nursing are still present. Nurses are generally concerned about the slow pace of digital technology and its impact on society, which is a constant problem. This limits their potential benefits for nursing and patient care. In order to meet these challenges and prepare for the future, nurses must immediately become a digitally enabled profession capable of meeting the complex global challenges of the health system and society (Booth, Strudwick, McBride, O'Connor, & Solano López, 2021).

Nurses are the backbone of the health system because they are often the pillar component in various environments to provide continuous care.

They constitute the most significant proportion of medical workers and the only person available at any time for the needs of patients. Since they are primary caregivers, their knowledge, abilities, and availability can have an impact on quality, safety, and efficiency. As mentioned above, Iraq has many challenges in the practice of nursing. These challenges are dreadful, but they give nurses unprecedented opportunities to shape healthcare delivery systems and to increase nurses' influence in settings and delivery systems. However, to effectively and efficiently solve these problems, you need leadership, wisdom, and courage. Leadership in all nursing fields, a spirit of collaboration, and a team approach are necessary to exploit these challenges and convert them into opportunities (Chua, 2020).

One of the major future challenges for Iraqi nursing is the ageing population. According to the United Nations, the percentage of aging people in Iraq over 60 years of age will increase from 5% to 8% by 2050. This demographic shift will increase the demand for healthcare services, especially nursing care services. This means that the number of skilled nursing staff must increase significantly to meet the increased demand for healthcare services. Another challenge of the Iraqi healthcare system is the high rate of chronic diseases, such as cardiovascular disease, cancer, and diabetes. The prevalence of these diseases is projected to increase significantly over the next decade, which will require more skilled nursing staff to manage these conditions effectively. Furthermore, the increasing rates of drug addiction in Iraq have resulted in a spike in demand for specialized nursing care in addiction and mental health rehabilitation centers (World Health Organization, 2022).

The main challenge facing Iraqi nursing is the shortage of qualified nurses. According to the World Health Organization, there are only 3.6 nurses per 10,000 people in Iraq, compared to the global average of 29.4 nurses per 10,000 people. The lack of a robust educational system for nurses compounds this shortage. There are only a limited number of nursing schools in Iraq, and the quality of the education provided is often inadequate. Many nurses continue to rely on on-the-job training and learning from experienced colleagues, leading to knowledge and skill development gaps. Another significant challenge facing Iraqi nursing is the lack of adequate infrastructure for nursing practice. The healthcare system in Iraq is severely under-resourced, with outdated equipment, limited access to medications, and inadequate facilities. Nurses are often required to work in challenging environments, with insufficient support from management and

little access to essential supplies and equipment. This situation has been exacerbated by the COVID-19 pandemic, which has strained Iraq's already fragile healthcare system (World Health Organization, 2022).

To compound these challenges, many nurses in Iraq face social and cultural barriers to their professional development. Nurses are often undervalued and underpaid, leading to a lack of motivation and high turnover rates. In addition, many nurses in Iraq are women and face significant social and cultural barriers to their participation in the workforce. Gender discrimination and the expectation of traditional gender roles often limit women's career opportunities and restrict their social mobility. Despite these challenges, Iraqi nursing professionals have significantly contributed to healthcare in the country. Some nurses have pursued leadership roles, and others have developed innovative care delivery models. A range of strategies will need to be implemented to improve the situation, including developing curricula that equip nurses with the knowledge and skills necessary for advanced practice, increasing salaries, improving working conditions, and enhancing the profession's image. Furthermore, the government and healthcare institutions need to acknowledge the importance of nursing and provide support to nurses. Reforming laws and regulations around nursing could help to improve the situation and promote the nursing profession as a respectable career choice for both male and female professionals.

Despite recognizing the challenges facing workforce planning, suggest recommendations on addressing them unless we act immediately; it could be too little and too late, the profession is in danger, and the world's public health is at risk. Future education models should focus more on advanced methods of problem-solving and analysis rather than trying to teach increasingly complex knowledge. Despite this prophecy, nursing education remains hospital-centred when most health services are provided outside acute care. Similarly, the care delivery model should focus on a fundamental redesign rather than an incremental layer, quickly becoming a task that cannot be managed. The interdependence of structures that drive nursing education and practice must be radically redefined, not only reorganized to meet the unique differences of challenges apparent today in health care. In conclusion, the challenges faced by Iraqi nursing are complex and varied; however, they are not insurmountable. There is a need for investment in nursing education and training, along with an improved healthcare infrastructure. Furthermore,

efforts must be made to ensure that nurses are valued and recognized for the critical role they play in healthcare delivery. While there are many obstacles to overcome, there is hope for the future of Iraqi nursing, and with continued support and investment, it is possible to build a stronger and more sustainable healthcare system that supports the needs of all Iraqi citizens.

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Conflict of Interest

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