Policy Brief

Situational Assessment of Nurses in Bhutan (2023):

Conducted for evidence-based decisions on Overseas Nursing Programs/Proposals



Department of Employment and Entrepreneurship (DoEE) Ministry of Industry, Commerce and Employment Royal Government of Bhutan

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I. Introduction

Employment generation for citizens remains an important mission and mandate of the Ministry of Industry, Commerce and Employment since its inception. The unemployment issue in the country is on the rise with the overall unemployment rate in 2022 at 5.9 percent, an increase from 4.8 percent in 2021 (LFS, 2022). Despite the concerted efforts of the Ministry, the increase in the unemployment rate of the country can be attributed to the implications of the COVID pandemic which has crippled the economic sector and exacerbated problems in the labour market.

The Ministry initiated various schemes to mitigate unemployment issues at various levels. Among the schemes, the Overseas Employment Program (OEP) under the Department of Employment and Entrepreneurship (DoEE) facilitates placement of job seekers aged 21 to 29 years in the Middle East countries and other third countries for employment. In the financial year 2022-2023, 2063 Bhutanese have been placed as of June 30, 2023. Under the OEP, candidates with nursing backgrounds are placed in Japan and Singapore. Efforts are underway for placement of nurses to the United Kingdom for employment. Specifically, under the Asian Nursing Scholarship (ANS), students are provided the opportunity to study a three-year Nursing Diploma course followed by six years of employment in Singapore. Similarly, placements are also offered for nurses to work as registered and enrolled nurses and Health Care Assistants in Singapore. An indicative proposal for placement of nurses in Germany has also been received and is currently under review.

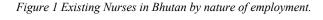
In view of the challenges that may emerge due to high attrition of nurses in the country, the Department has undertaken this situational analysis by reviewing relevant literature and consulting with various key stakeholders. This approach aims to ensure that future actions taken are grounded in proper assessments and supported by evidence.

II. Situational Analysis

This section presents the Situational Analysis on the assessment of nurses in Bhutan. It delves into the present state of the nurse workforce, attrition rates, the demand for nurses in Bhutan, aims to understand the supply side situation, and carry out gap analysis of the same.

Nurse Workforce Profile

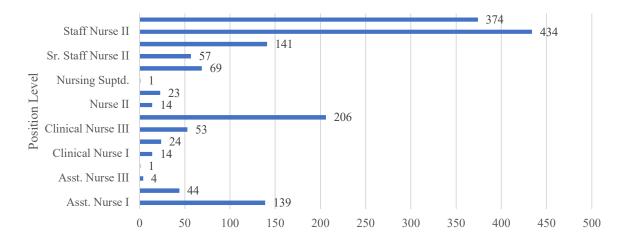
As per the Annual Health Bulletin 2022, Bhutan has a total of 1395 Health Facility Centers, which include 53 Hospitals, 179 Primary Health Care Centers with 53 sub-posts, and 555 Outreach Clinics. As of May 18, 2023, the country has a nurse workforce of **1598** (1457 regular and 141 contract), serving in various positions and levels. *Figure 1* shows nurses on regular and contract in the nurse workforce.





Source: Royal Civil Service Commission (RCSC) (As of May 18, 2023).

Figure 2 Nurses in various position categories.



Source: Royal Civil Service Commission (RCSC) (As of May 18, 2023).

Of the total nurse workforce, 18.6 percent are in the Professional and Management category while 81.4 percent are in the Support and Supervisory Category, making the Support and Supervisory category the majority. Nurses with Diploma qualification fall under the Support and Supervisory Category and are titled as assistant nurse and staff nurse while those with Bachelor's Degree and equivalent qualification are Professional and Management Category and titled as Clinical Nurses.

Demand for Nurses

The demand for nurses in today's healthcare landscape is driven by various factors. Notably, the increase in attrition rates among the nurse workforce, nurses on extended leave such as those availing extraordinary leave, and upcoming health infrastructure projects has contributed to the increased demand of nurses.

Attrition Trend

The nurse attrition and decline in the nurse workforce in the country is posing critical challenges. *Figure 3* shows the attrition trend over the past nine years. It is evident that nurse attrition is a pertinent issue, and the rate of attrition has significantly risen since 2017. There was a temporary decrease in nurse attrition from 2020 to 2022, which could be attributed to the impact of the COVID-19 pandemic. However, in the first half of 2023 itself, an alarming number of 73 nurses have left the nursing workforce. This current trend shows that the attrition rates are considerably higher compared to previous years.

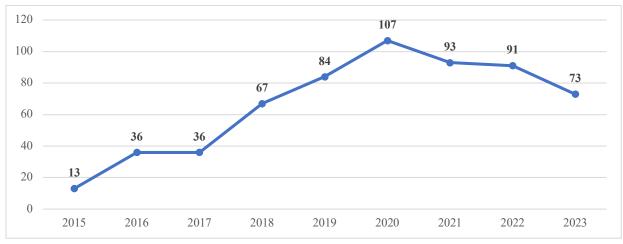


Figure 3 Nurse Attrition Trend in Bhutan, 2015-2023

Source: Royal Civil Service Commission (RCSC) (As of 18th May, 2023).

Nurses on EOL

Besides nurse attrition, nurses leaving on extraordinary leave is worsening the situation of nurse shortage in the country.

Position Title		To Date		Grand Total
	2023	2024	2025	
Asst. Nurse I		4		4
Asst. Nurse II		1		1
Clinical Nurse II	2	3		5
Clinical Nurse III		4	2	6
Clinical Nurse IV	1			1
Sr. Staff Nurse II			1	1
Staff Nurse I		5	1	6
Staff Nurse II	2	17	11	30
Grand Total	5	34	15	54

Table 1 Nurses on Extraordinary Leave (As of 18th May, 2023)

Source: Royal Civil Service Commission (RCSC).

Table 1 presents data regarding the number of nurses on extraordinary leave (EOL) as of May 28, 2023. According to the information provided, there are five nurses expected to return in 2023, 34 in 2024, and 15 in 2025. It is noted that the figure for 2025 is expected to increase as it was updated on May 28, 2023. The growing number of nurses taking EOL raises concerns because the current system does not allow recruitment of new staff to fill the gap left by those on leave. Additionally, there is an increasing trend of nurses resigning after completing their EOL, further exacerbating the issue.

Upcoming Health Infrastructure Projects

Furthermore, the demand for nurses and midwives has increased globally post pandemic. In Bhutan, there is a transformation in the health sector which seeks to "build a people centred, resilient, and sustainable health system" and guarantees the actual objective of providing excellent tertiary healthcare services and technical support to all hospitals around the country (Annual Health Bulletin, 2022). Health infrastructure including a multi-disciplinary super structured hospital to reduce international referrals and Mother and Child Care hospital in the Dzongkhags will be established. Policies and programs such as the National Health Policy, National Policy for Senior Citizens and Accelerating Mother and Child Health and Health Flagship Programs are at various stages of implementation. *Table 2* shows the nurse staffing proposed for the 150-Bedded Mother Child Care Hospital at Mongar.

SN	Department	Position Title	Position Level	Existing	Proposed Staffing	Required Gap
1	Nursing	Clinical Nurse	P5-ES1	0	159	159
2	— Services	Staff Nurse	S1A-SS1	0	106	106
	Total				265	

Table 2 Proposed nurse for 150-Bedded Mother and Child Care Hospital

Source: Jigme Dorji Wangchuck National Referral Hospital.

Table 1 presents data regarding intended nurse staff required for the upcoming 150-bedded Mother and Child Care Hospital at Mongar. According to the information provided, there is a requirement of a total of 265 nurses and it is concerning that there are no incumbent nurses to be able to fill these positions within the Nursing Services Department. Consequently, this deficit leads to a demand for 265 nurses in order to address the shortfall.

Therefore, the demand for nursing services has increased substantially within the last few years with the change in the healthcare system, increasing morbidity, trends of disease patterns, service delivery approaches, etc. The health sector has targeted to reach the minimum desired level of health professionals to population ratio, which is 3,107 nurses for the 53 hospitals by 2026 (Annual Health Bulletin, 2022).

Supply of Nurses

On the supply side of the nurse workforce in the country, the increase in government scholarships abroad, intake of aspiring nurses under KGUMSB institutes including both private and government institutions have contributed to the rise in the supply of nurses.

The Civil Service Exam and Undergraduate Scholarship Division (CSE & UGSD) increased the number of scholarships from 5 intakes in 2019 (India) to 25 (15 RTC and 10 India) from 2020 till 2023. Furthermore, in-country colleges produce a total of 370 nurse graduates annually, comprising 95 degree holders and 275 diploma holders, who enter the market. Additionally, the number of nurses in the labour market is further augmented by self-financed students graduating from nursing colleges outside the country. The table below presents data regarding the registered Nursing Professionals (self-financed nurses who studied abroad) categorised by their qualification level.

Year _	(Total		
	Degree	Diploma	Certificates	
2015	22	103	9	134
2016	6	82	6	94
2017	24	188	3	215
2018	42	57	20	119
2019	57	142	28	227
2020	42	43	11	96
2021	46	42	0	88
2022	49	42	2	93
2023	14	1	0	15
Total	302	700	79	1081

Table 3 Number of Self-financed Nursing Professionals graduated from abroad and registered with Bhutan Oualifications and Professional Certification Authority (BOPCA).

Source: Bhutan Qualifications and Professional Certification Authority (BQPCA).

*Note: 1. Included only Bhutanese nationality

- 2. Both active and inactive registration but excluded deregistered professionals
- 3. Graduates registered in the given year (Till May 10, 2023).

The total number of Nursing Professionals registered has ranged from 88 in 2021 to 227 in 2019. As of May 10, 2023, there are 1081 self-financed nurses graduated from abroad who are in the market certified to practise nursing professions.

Gap Analysis

There exists a gap between the supply and demand of nurses in the market. The increase in nurse attrition rates and other factors discussed above, has increased the demand for nurses, while at the same time, the supply of nurses has also increased from the colleges and universities both within and outside the country. the Despite the increase in supply of nurses from the colleges and universities both within and outside to address the increasing demand created due to rise in nurse attrition rate and other factors, there still exists a gap between the supply and demand of nurses in the market.

The recruitment of clinical nurses is conducted through the Bhutan Civil Service Examinations (BCSE) process but adequate numbers of nurses cannot make it through the Preliminary and Main Examinations. In addition, the slots announced by the Royal Civil Service Commission (RCSC) are limited and do not reflect the actual needs of the Health Sector. *Figure 4* depicts the recruitment of Clinical Nurses through the BCSE.

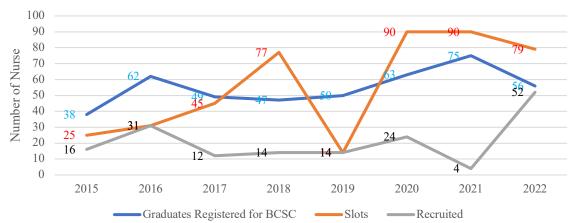


Figure 4 Nurse graduates register for BCSE, vacancies announced for clinical nurse and total number of clinical nurses selected.

Source: Royal Civil Service Commission (RCSC).

Figure 4 shows the number of graduates registered to appear in the BCSE for clinical nursing, number of vacancies announced and number of graduates selected for the same from 2015 till 2022. Only in the year 2016 and 2019, all the slots announced were filled. However, in the other years, especially in 2020 and 2021 there is a huge gap in the slots announced and the candidates selected. From 90 slots announced each in 2020 and 2021, 24 and 4 candidates were selected respectively (RCSC, 2023).

The trend in the graph shows that the number of nurses appearing the BCSE for clinical nursing is less than the number of vacancies. This pattern could be due to many applicants not being able to pass the Preliminary Examination and consequently not being able to appear in the Main Examination. Moreover, the recent incidents of nurses preferring to work on contract appointment to gain some working experience and not opting for regular appointments were also raised during the stakeholder consultation. Based on this analysis, the supply of nurses in the country is determined to increase creating an excess of supply of nurses in the labour market despite existing demand for the nurse workforce.

To fill up gaps in the health facilities, clinical nurses are recruited on contract terms. Similarly, Diploma graduates are also recruited as Staff Nurses at Support and Supervisory Category and they do the same job as the nurses in the Professional and Management Category of clinical nurse. The staff nurses, therefore suffice the clinical nurses in Outreach Health Facilities and BHUs.

The following graph represents the number of staff nurses recruited in JDWNRH on regular and contract basis in each year starting 2015 till 2022:



Figure 5 Number of Staff Nurses Recruited in JDWNRH.

Source: Jigme Dorji Wangchuck National Referral Hospital.

The JDWNRH have been recruiting staff nurses to meet the shortage of nurses in the hospital. In response to the global pandemic in 2020, the highest recruitment of staff nurses was made (39 regular and 11 on contractual basis) in the particular year. In 2022, JDWNRH did not place any staff nurses in Thimphu, since the priority was shifted to other hospitals signalling the attrition of nurses around the country. Although staff nurses are recruited to meet the manpower shortage, JDWNRH alone has a shortage of 33 clinical nurses against the current workforce of 142 nurses while the approved number of clinical nurses is 162. Similarly, of the total 309 approved staff nurses, JDWNRH has only 266 staff nurses at present. Such a scenario is common in other hospitals in the country too.

To conclude, according to Annual Health Bulletin 2022, in Bhutan, the Ministry of Health has set a standard nurse patient ratio of 1:6 or 1:4 or 1:3 in the non-critical care settings and 1:1 or 1:2 in critical settings in order to provide high-quality healthcare services. A total of 1950 nurses is needed to achieve the standard nurse-patient ratio, of which 54 should have Master's degree, 582 Bachelor's, and 1314 with Diploma in Nursing. Thus, there is a shortfall of 625 nurses. In addition, 16.2 percent of the existing nursing workforce are on contract which does not contribute to a sustainable solution to solve the problem of labour shortage. Additionally, there is a shortage of clinical nurses with half of them employed on contract basis.

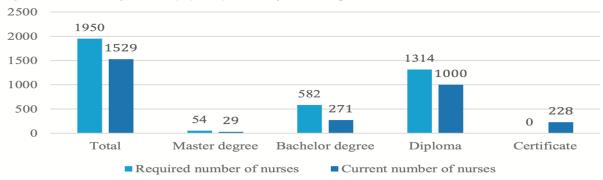


Figure 6 Current nursing and midwifery workforce strength versus required numbers.

Source: National Strategic Direction for nursing and Midwifery 2021-2025.

Issues and Challenges

This section presents the issues and challenges concerning the demand and supply side of the nurse workforce in the country.

Demand Side:

- The increase in nurse attrition has led to increased workloads and burnout for the existing nurses in the system.
- RCSC provides replacement for those superannuating and resigning but not for those on EOL and maternity leave, thus increasing the workload for the existing staff.
- In-service nurses holding Diploma qualification are expected to upgrade their qualification on their own and their qualification is not recognized unless they pass the BCSE.
- Training for specialised services is planned but due to acute shortage of human resources and lack of incentives there are no takers.
- There is an increasing trend of nurses on contract leaving service once they fulfil the overseas employment requirements where earlier they would serve 5-6 years.

Supply Side:

- Every year there is a supply of 380 nursing graduates from the various private and government colleges/universities from within and outside the country. This represents an excess in the supply of nurses in the country.
- The accreditation of nursing professionals (irrespective of the country where the Bhutanese nurses completed their nursing qualification) currently undertaken in the country may not be internationally recognized and hence the nurses available in the market may not meet the standard requirements of the overseas job market.
- Majority of the graduates opt to work on contract for a few years after which they explore better prospects overseas.

- Concerns were raised on high attrition rates of specialised and experienced health professionals leaving for better prospects overseas.
- The current practice of nurse recruitment does not reflect the actual needs in the health sector which leads to an excess of nurses in the market.
- While globally diploma courses are being discontinued, 275 (74.32%) number of students are enrolled in diploma courses against the degree courses in Bhutan which undermines career progression and delivery of quality services.

III. Findings and Recommendations

Based on the secondary data review and several rounds of stakeholder consultations to understand the gap analysis of the demand and supply side of the nurse workforce in the country, the following recommendations are proposed:

A) There exists a gap between the supply and demand of nurses in the market. The increase in nurse attrition rates and other factors such as nurses on EoL and upcoming health related infrastructures, have increased the demand for nurses, while at the same time, the supply of nurses has also increased from the colleges and universities both within and outside the country. However, the trend of employment of nurses by RCSC is very low.

Recommendation 1: Promote overseas employment to address unemployment and enhance the employability of those underutilised nursing graduates.

Although there is an existing demand for nurses in the country, from the supply and demand gap analysis, it is observed that these nursing graduates are not able to penetrate the labour market. This leaves them unemployed as well as not being able to practise their profession despite their technical expertise. Thus, it is recommended for exploring overseas employment opportunities for these underutilised nursing graduates. By designing interventions and programs to connect them to the overseas nursing market, these candidates will not only be able to put their skills into practice but also be gainfully engaged.

Recommendation 2: Harmonise existing policies to address the gap between the demand and supply of nurse workforce.

The data on the clinical nurses recruited by RCSC from 2015 to 2022 depicts that only in the year 2016 and 2019, all the slots announced were filled. On the other hand, the other years saw a huge gap in the slots announced and the candidates selected. This is especially the case of the year 2020 and 2021. From 90 slots announced each in 2020 and 2021, 24 and 4 candidates were selected respectively although 63 and 73 candidates had registered. This indicates that the candidates were not able to pass the Preliminary Examination creating a gap against the demand although there are candidates on the supply side.

Similarly, in order to make up for the gap created in the demand side, staff nurses are recruited. However, as per the JDWNRH, the staff nurses perform the same duties as the clinical nurses but are placed in the support and supervisory category. For the staff nurses to upgrade their qualification to meet the clinical nurse requirement, the candidates are required to fund their studies on their own. The JDWNRH expressed concern over nurses not taking up government scholarships for such qualification upgradation due to the stringent criteria and requirements put in place. Thus, it is recommended to harmonise the existing policies governing the recruitment, selection and career upgradation of nurse workforce to address the gap created in the demand and supply side.

Recommendation 3: Ensure effective recruitment by conducting HR forecasting assessment to anticipate staffing needs accurately.

Although the need for nurses has been expressed for many upcoming health facilities, the recruitment for the same has not been carried out. Similarly, the elderly population of Bhutan (age ≥ 60) is expected to be 13.4% of total population and accordingly the nurse workforce should be planned. Therefore, it is recommended to carry out periodic strategic plans and HR forecasting assessments to be able to deploy adequate nurses for the efficient delivery of healthcare services.

B) One of the key challenges that the nurse workforce is currently facing is increased workload and burnout. This is attributed to the increasing attrition and nurses on EOL amongst other factors. Similarly, the increased workload and burnout also leads to attrition of nurses.

Recommendation 4: Enhance the working conditions for the current nurse workforce with attractive incentives.

The Ministry of Health has set a standard nurse patient ratio of 1:6 or 1:4 or 1:3 in the noncritical care settings and 1:1 or 1:2 in critical settings in order to provide high-quality healthcare services. However, at present, the health facilities in the country are yet to achieve this standard leading to increased workload for the nurses. The attrition of nurses exacerbates the issues. Hence, the nurses are required to extend their shift hours to be able to attend to the medical needs causing burnout and fatigue demotivating those in the system. Thus, it is recommended to enhance the working conditions of the current nurse workforce by providing attractive incentives, improving the working conditions and instituting mentorship mechanisms.

Recommendation 5: Professional development by exploring training opportunities to achieve heightened motivation and enhanced career prospects.

The nurses in the system are overburdened and do not get opportunities for career advancement while committing to the emerging needs arising from high attrition. Therefore, it is recommended that nurses be provided opportunities for professional development by exploring training opportunities in order to motivate them and also provide them career advancement opportunities.

C) In order to leverage on the skills and expertise gained overseas, it is imperative to facilitate a smooth reintegration.

Recommendation 6: Develop a comprehensive and responsive reintegration mechanism to leverage on the skills and expertise gained by nurses opting employment overseas.

It is recommended that effective reintegration mechanisms be established to ensure smooth transition of returnees into the healthcare system and also leverage on their skills and expertise. This requires collaborative effort among relevant stakeholders to create such a facilitative environment.

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