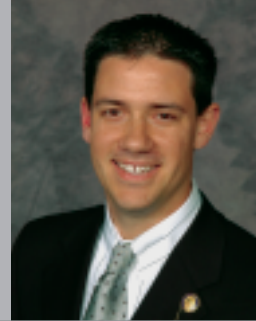


Nurse Migration and the Nursing Shortage



Every year, more nurses join the millions of migrants worldwide who travel elsewhere to pursue better economic, social, or political situations. In the wake of the nursing shortage, nurse migration has not only garnered media attention, but has challenged policy makers and other experts to address the ethical, financial, social, political, and health implications surrounding the issue. Some view the recruitment of nurses as the answer to the shortage, while others see it as a ‘band-aid’ solution that fails to address the underlying reasons behind migration. Others still point to the potential worker exploitation that the multi-billion dollar industry creates.

Dr. Mireille Kingma, PhD, RN, examines these and other issues in *Nurses on the Move: Migration and the Global Health Care Economy*, a comprehensive book that breaks down the contradictions, controversies, realities, and opportunities that nurs-

ing migration poses to the international arena.

Dr. Kingma is a consultant for nursing and health policy with the International Council of Nurses (ICN). Her new book reflects a wealth of knowledge gained over the past twenty years, as she has worked on issues ranging from the socioeconomic welfare of nurses to occupational health and safety concerns, to international trade in health services.

In February 2006, she participated in a conference in London entitled “Creating Positive Practice Environments for the International Nurse” which addressed how to fairly approach the integration of international nurses into healthcare systems.

Dr. Kingma spoke with *Imprint* about her new book and about the complex issues surrounding nurse migration.*

- Paul Padilla

People migrate for a variety of reasons: to escape oppressive political climates, to pursue better economic opportunities for themselves and their families, to better their education or those of their children, or even just for adventure.

“There are different categories of migrants and all of them have different needs and expectations from the experience,” says Dr. Kingma.

Of the current 175 million migrants that venture out for different lives, an increasing number are nurses and the majority of those are women.

Why do nurses migrate?

“Traditionally, nurses travel for educational opportunities,” notes Kingma. “They want access to resources so

they can learn and practice in a better way. Some migrate to be more autonomous. Other still just don’t find the employment opportunities in their own countries.”

It’s important to understand, Kingma emphasizes, that given the choice, most people would prefer to remain in their home countries. However, there are a series of ‘pull’ and ‘push’ factors that motivate a person to leave home and family to pursue other opportunities.

She highlights an example in *Nurses on the Move* in which a nurse who earned a teaching degree abroad went back to her own country only to find that there were no teaching positions available. In this case, the nurse decided to go back abroad to continue her career.

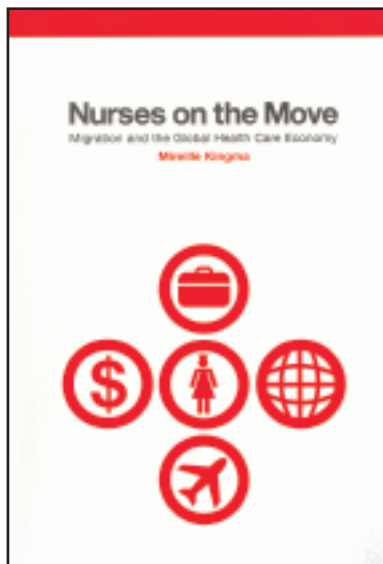
This isn't an uncommon situation, unfortunately, as nurses find that they are unable to find employment that will give them the opportunity to practice advanced skills or specialties.

Other factors play a key role in "pushing" nurses out of their home country including an unsafe work environment, lack of political stability, high workloads, or lack of economic remuneration. The "pull" factors address some or all of those concerns and promise a better situation elsewhere.

"In some countries nurses work full time and still earn a salary below the poverty line," says Kingma.

"Many of these nurses are also single parents and when you're faced with not only the financial needs of your children or perhaps elderly parents or even siblings, those financial constraints can become enormous. This is especially true in countries where family ties are strong and the responsibility for other family members is great."

It is ironic, Kingma notes, that international attention has focused on the migration of these health care professionals



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rather than other issues that create the attrition of nurses from active practice.

"In a country where the general population has an HIV rate of between 30 and 40 percent, for example, the nursing population will also be affected at those levels," she states when asked about the concern that healthcare professionals are leaving countries that most need them, like sub-Saharan nations.

"What we're seeing is that the number of nurses either dying of AIDS or having to deal with the illness of AIDS, is almost equal to the number of nurses leaving the country. Yet the attention is focused more on migration than the illness."

The nursing shortage: misnomers and misconceptions

Kingma also brings up an excellent point regarding the "need" and "demand" for nurses. In the United States, for example, there are over 500,000 qualified nurses who aren't active or employed. The number is about 35,000 in South Africa, yet both countries are facing a shortage. *Need*, she says, is determined by professional associations

who understand that patient care is affected when there are not enough nurses to meet the health requirements of a patient population, while *demand* is an economic consideration that limits the number of positions open to nurses based on financial constraints.

The economic cut-backs on public health spending that were a direct result of the restrictions placed on the developing world by the International Monetary Fund (IMF) and the World Bank, for example, often decimated health care systems and forced many nurses out of jobs and placed greater strain on those that remained.

The situation was exacerbated by the mistaken – but common – notion that a “nurse is a nurse is a nurse” and that as a result you could “substitute” a nurse with less qualified personnel.

The good news, says Kingma, is that institutions like the World Bank and the IMF have a greater awareness that human resources are not only a cost, but an investment, and that they are critical in the delivery of care. However, recovery from cutbacks in health care – which happened in both the developing and industrialized world – is a slow process at best.

Another misconception regarding the nursing shortage

and migration is that the latter takes place only from developing countries to industrialized nations. In fact, most of the migratory flows occur from one industrialized country to another. Kingma notes that the United Kingdom and Canada, for example, are quite concerned about the shortage of nurses in the United States and its potential implications on the recruitment of their healthcare staff.

Additionally, migration can also occur internally when nurses move from rural areas to urban areas. This is particularly concerning in developing countries.

While Kingma emphasizes that nursing ratios don't always provide an accurate depiction of quality of care, they can certainly point to deficiencies in healthcare systems.

She points to countries where only twenty percent of the population lives in urban areas, but where seventy to eighty percent of healthcare professionals work: “The implications are quite dramatic for the health status of a population that has such poor access to qualified health personnel.”

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Meeting the nursing need

Rather than addressing the underlying problems that drive nurses to seek opportunities elsewhere, such as increasing salaries and benefits, some countries have tried to implement bans on nursing emigration or in the case of many industrialized countries, have turned to the world market to supply their demand.

As a result, the international migration of nurses has become a multi-billion dollar industry. “It’s difficult to come up with a sum of money involved in nurse migration,” cautions Kingma.

“But it’s clear that the trade and services of the industry has generated all sorts of business ventures that support it either through education, through companies that facilitate immigration, recruitment agencies, travel agencies, banks, and even telephone companies that cater to the immigrant nurse that wants to call home.”

A new adjustment

The challenges of nurse migration are not just those that drive the traveling nurse to leave her home country.

There are also the questions surrounding her journey and her new country of employment. Once these nurses have had their qualifications recognized, have tested for licensure in another country, and have had their visas approved, they then have to deal with adjusting to a new country, a new health care system, and new cultural expectations.

“This is a critical issue,” says Kingma. “These nurses have a license to practice but they’re unfamiliar with the health system, or some of them may have problems with communication. Although you may be fluent in a language, you may not be at ease with its slang or medical terminologies.”

Worse, she adds, is that many nurses are denied an orientation period even when they are promised one. This is also a problem faced by nationals, who receive little or no orientation either because of the shortage or due to lack of incentive.

Exploitation

Part of the concern surrounding the international migration of nurses is that it opens the door for potential exploitation.

For example, says Kingma, it can start off by the fact that nurses are asked to pay recruitment agencies a fee to find them employment abroad. In some cases, this fee can extract up to six months’ salary from a nurse, and worse, just provide access to employment *information*, rather than a position. Many nurses don’t realize that hospitals are responsible for paying the fees and that these agencies are in fact, double-billing – a practice illegal in many countries.

Another concern, she adds, is contract substitution. In this situation, a nurse arrives in her destination country and because she has to trust others to deal with her immigration papers, customs, and other matters, she hands her travel documents to agency representatives.

“The agencies then tell the nurse that unless she signs a new contract, she won’t get her documents back,” says Kingma. “In some cases this can mean that having signed up to work for an acute hospital at \$100,000 a year, for example, the nurse has to accept a job at \$30,000 at a nursing home.”

There is also a great deal of fraud and abuse in accommodation. Because many times new migrants don’t know any better, they are made to live in particular apartments where the rent is doubled, and they have to pay additional “fees” and “surcharges” to the landlord. According to Kingma, they are bound to their employer at this point since their entire salary has essentially been paid in rent.

Finally, Kingma stresses that it’s important to note that men and women in nursing are at equal risk of recruitment abuse and other workplace exploitation, including violence (physical and psychological), but it occurs more frequently to women because they make up the majority of nurse migrants. The exception is sexual harassment where women are more likely to be the victims.

Again, Kingma stresses that while these cases are rare, they do happen, and they need to be addressed simultaneously with the questions of nurse recruitment and migration.

Finding Answers

Addressing nurse migration, Kingma stresses, means addressing the need to migrate, and monitoring the process of migration, a basic human right.

Many ministers of health in developing countries claim that they cannot hope to compete with salaries offered in places like the United States and Canada and as such, they can’t stem the tide of nurses leaving their countries.

Nurses in Canada, Kingma states, earn about fourteen more times than what nurses earn in Ghana even after adjusting for purchasing power.

“However,” she adds, “you find that when questioned, these nurses don’t necessarily want nor need those kinds of salaries. They would just like pay equity within their national context.”

Furthermore, addressing the shortage also requires that health care systems everywhere address the concerns that lead nurses to migrate or leave the profession, including poor workload management, the lack of a support system, poor remuneration, and the lack of an adequate family support system since many nurses are responsible not only for their children, but for elderly parents.

“Nurse migration,” says Kingma, “would not be such a big issue if there wasn’t a nursing shortage.”

“Migration is and will continue to be a part of our lives, especially with increasing globalization. If we deal with the need to migrate, we’ll address the nursing shortage, and migration will not be an issue, it will be an enrichment.” ☺

notes

* It is important to remember that both men and women are part of the nurse migration flows described in the book and article. For style consistency and because women make up the majority of these migrants, the pronoun she was used to describe nurses, in the generic sense, throughout the piece.

bio

Larisa C. Mendez, is *Imprint's* Managing Editor. She was delighted to have the opportunity to interview Dr. Kingma for the BTN column.