

Abstract: International Migration of Nurses
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The past three decades have seen the number of international migrants double, to reach the unprecedented total of 192 million people in 2004. Professional nurses are part of the expanding global labour market and this migrant stream.

The decision to migrate is complex, influenced by mobility barriers as well as facilitators. Although not always the case, migration tends to follow the hierarchy of wealth, at the international as well as the national level. Promises of a better life, the upgrading of educational standards, and globalization all support the continued existence of nurses' international migration.

Does nurse migration lead to a redistribution of global wealth or only a redistribution of nurse shortage? For a profession predominantly of women, is migration a form of gender emancipation or of gender exploitation? International migration is often blamed for the dramatic nurse shortages witnessed in developing countries. There is growing evidence, however, that critical staff shortages are reported in countries with unacceptable levels of nurse unemployment - a modern paradox for the most part ignored.

Strategies are needed to address the issues raised by international nurse migration. The process must begin by collecting relevant nurse-specific workforce data and building human resources management capacity globally. The critical underinvestment in the health sector must be reversed and national training capabilities need to be strengthened. At the same time, remuneration at the national level must be determined within a framework of pay equity and nurses' right to a safe work environment must be respected. Finally, once they migrate and find employment in a new country, nurses must be fully integrated in the health care team and protected against abuse or exploitation.

No matter how attractive the pull factors, migration occurs only when strong push factors are at play. Ironically, the reasons behind the nursing shortage in industrialised countries, creating the greatest international pull factor, and the factors pushing nurses out of developing countries are very similar. Migration is a symptom of dysfunctional health systems that cannot retain their workers. To address migration, we must focus on staff retention. It requires a major paradigm shift to reduce the need to migrate rather than artificially curb the flows.