International Migration of Nurses

Issues and Strategies

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International Migration

Past three decades, migrant population doubled

- 2004: 192 million people
- 48% female
- Global: One out of 35
- Industrialised countries: One out of 10
Health Sector

- Labour intensive: 100 million health sector workers
- No international recording system
- Looking for:
  - Learning opportunities
  - Professional advancement
  - Improved quality of life
  - Personal safety
Migration Patterns

- Industrialised to industrialised
- Developing to developing
- Developing to industrialised
  - More Ethiopian-trained MDs in Chicago than in all of Ethiopia
  - Increased number of supplier countries (71/1990 vs 95/2001)
  - More foreign-educated new registrants than domestically educated (UK, NZ)
- « Carrousel » movement
  - 40% Filipino nurses in the UK previously in SE Asia and ME
- Cause of shortages?
Where does migration begin?

• Hierarchy of wealth
  – Rural to urban areas
  – Lower to higher income neighbourhoods
  – Lower to higher income nations
    (not all destination countries industrialised)

• National sectors
  – Public to private
  – Health care to health industry
  – Health system to other industries
  – Unemployment, e.g. Zambia, Philippines, Eastern Europe, Grenada, South Africa
Migration Facilitators

- History - Language (Commonwealth)
- Remuneration differentials
- Global labour market
- Trade agreements (services 60% of global production and employment)
- Mutual recognition agreements
Migration Barriers

- History - Language (EU)
- Social cost
- Regulation - accreditation
- Suspicion, exploitation, abuse
- Return migration?
**Impact**

**Problem**
- Redistribution of shortage
- Neglect causes of shortage
- Integration
- Loss of investment in education
- Gender exploitation

**Solution**
- Redistribution of global wealth
- Quick «fix» for destination countries
- Transcultural exchange
- Improved quality of life
- Gender emancipation
Ethical Dimension

- Right to migrate
- Right to health
- Right to development
  - Education
  - Remittances
- Right to equal opportunity and a safe work environment
Basic Issues

Nurse Migration

Nursing Shortage
Temporary Migration

• Predominant form?
  (UK nursing data)
• Assumption: permanent migration is the norm
• Dependent on return migration
• Documented Caribbean circular migration
What must we do?

• Collect nurse-specific workforce data
  – Definitions
  – Link with migration
  – Quantitative and qualitative
• Health sector investment
  – Foreign
  – Domestic
• Human resources management
  – Capacity building
  – Safe staffing
  – Retention and recruitment
What must we do?

• Strengthen training capacity
  – Faculty
  – Student places
• Negotiate competitive pay and safe work environment
• Influence international trade agreements
• Negotiate mutual recognition agreements
• Encourage circular migration
Protection of the migrant nurse

- Regulate the recruitment process
- Inform – orient
- Integrate
- Represent nurses with grievances
Realities

• Globalisation will continue.

• No matter how attractive the pull factors, migration occurs only when there are strong push factors.

• Migration is a symptom and not the primary disease.
Paradigm Shift

Reduce the need to migrate rather than artificially curb the flows.