



# 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



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# 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

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# 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?

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# 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

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# Migration Facilitators

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

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# Migration Barriers

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

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# 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

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# Ethical Dimension

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

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# Basic Issues

Nurse Migration

Nursing Shortage

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# Temporary Migration

- Predominant form?  
(UK nursing data)
- Assumption: permanent migration is the norm
- Dependent on return migration
- Documented Caribbean circular migration

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# 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



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# 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



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# Protection of the migrant nurse

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

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# 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.

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# Paradigm Shift

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

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