

 **Global Migration and Ethical Recruitment**

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 **The demand for nurses**

General

- Aging populations
- Increasing population growth
- Burden of chronic and non-communicable disease

Specific

- Aging nursing workforce
- Inadequate funding to support new recruits
- Growth of alternative career opportunities for women
- Minimum nurse:patient ratios set by first world countries

 **Critical issues driving nursing shortages**

- Inadequate human resource planning and management
- Poor deployment practices
- Internal and external migration
- High attrition
- The impact of HIV/AIDS
- Underinvestment



Migration



- People have always travelled for work.
- Nurses have always travelled to gain better career prospects often to support their families in home nations.
- There is a global market for nursing skills.
- UK short of 14,000 nurses (*RCN Jan 07*)
- US prediction of 808,000 (\pm 3%) by 2020
- Do these figures forecast a further/bigger "brain drain"?

Would you like to nurse in America?
Just say yes... and we'll do the rest

Your nursing experience is your passport to better life in the USA. You only have to commit for 30 months, so why not broaden your horizons and see more of the world. You just have to have 1 to 2 years current hospital-based RN/ICU/ED/ICU experience.

Benefits include:

- \$1,000 bonus on arrival
- Quarters or home and a full
- subsidized health care for employees
- interest free loan for car deposit

We will pay all your travel expenses to the US

We will find you accommodation and furnish and pay your first month's lease payment

We will handle all your paperwork

We will keep you informed at every stage

We will be there for you throughout your contract

Nurses Wanted in Australia & New Zealand

For over 20 years, Global Health has helped nurses make the most of their careers by working overseas. Personal freedom, extra pay, "Adventure overseas" - nothing else like it. Global Health "Nurses Wanted in Australia & New Zealand" is the only agency to work in the most sought after countries in the world. We have a range of roles in all of the major cities in Australia and New Zealand.

Working in the UK

1000 Health care professionals, including 1000 in just 24 hours in the UK. The only agency to work in the most sought after countries in the world. We have a range of roles in all of the major cities in Australia and New Zealand.

REGISTER NOW

There are over 1000 jobs available in all of the major cities in Australia and New Zealand. We have a range of roles in all of the major cities in Australia and New Zealand.

Nurse Vancouver
British Columbia, Canada

Take your career to new and different heights! Consider some of Vancouver's best housing and work/life opportunities.

Vancouver, British Columbia, Canada is offering the ultimate possibilities that come with moving your career to a city ranked "most livable in the world" by International Living. A place where you can all the best mountains in the morning and airplanes to host the 2010 Winter Olympics! Whether you prefer the cosmopolitan bustle of Vancouver or the high Fraser Valley or Vancouver, Canada.



WHO 2004a:1 statement

- *The loss of human resources through migration to developed countries usually results in a loss of capacity of the developing health systems to deliver health care equitably*
- *Data on the extent and the impact of such migration are patchy and often anecdotal and fail to shed light on the causes, such as high unemployment rates, poor working conditions and low salaries*



An example - Ghana

| | | | | |
|----------------------------|--------|--------|---------|---------|
| Cadre 2002 | Total | Public | Private | NGO |
| Registered nurses/midwives | 10,265 | 6,481 | 3,784 | Unknown |

| | | |
|--------------|-------|------|
| | 1998 | 2002 |
| RN vacancies | 25.5% | 57% |

Can you imagine having 57% vacancies?



Ghana - destinations

| | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | Total |
|--------------|------|------|------|------|------|------|-------|
| USA | 50 | 42 | 44 | 129 | 81 | 80 | 426 |
| UK | 97 | 265 | 646 | 738 | 405 | 317 | 2468 |
| Canada | 12 | 13 | 26 | 46 | 33 | 10 | 140 |
| South Africa | 9 | 4 | 3 | 2 | 6 | - | 24 |
| Other | 4 | 4 | 8 | 8 | 5 | - | 29 |
| Total | 172 | 328 | 727 | 923 | 530 | 407 | 3087 |

Source Ghana Nurses and Midwives Council 2004



Ghana - reasons for leaving (push factors)

- Low salary and remuneration
- Limited career prospects
- Feeling of lack of respect/value placed in health care workers by country/system
- Concern about poor governance and management of health system
- Concern about poor retirement benefits and prospects

— Source Buchan and Dovlo (2004)



Ghana focus group

- A single professional nurse required to oversee a full ward of some 30-40 beds (with double occupancy) with only small numbers of enrolled nurses or untrained assistants
- 20-30% nurse tutors left the workforce - reduced capacity to train future generations.



The Philippines

- 7.2 million Filipino migrants
- 85% of employed Filipino nurses work overseas (estimated at 150,000 in 2002)
- Mostly in Saudi Arabia, USA and UK
- Independent decision by nurses but some countries are 'training for export'

Source - POEA/Lorenzo (2002)



UK; Australia, USA and Norway migrant nurse sources

- 2001 - UK - 18% low income source, 60% medium income source, 22% high income source
- 2003 - Victoria, Australia - 4% low income source, 14% medium income source, 82% high income source
- 2002 - USA - 12% low income source, 60% medium income source, 27% high income source
- 2002 - Norway - 1% low income source, 5% medium income source, 94% high income source



Workforce variations



- The nursing workforce deficit in South Africa led Nelson Mandela to ask the outside world to stop draining the country of nurses
- Global variations of nurse:patient ratios are stated as - from 10:100,000 to 1,000:100,000



Global workforce overview

- Europe has ten times the staff:patient ratio than that of the lowest regions - Africa and SE Asia
- The average ratio in North America is 10 times that of South America
- The average nurse:population ratio in high-income countries is almost 8 times greater than in low-income countries
- The low availability of nurses in many developing countries is exacerbated by geographical mal-distribution - there are less in rural and remote areas



Policy questions for source countries

- Should outflow be supported and encouraged (to stimulate remittance or to end oversupply)?
- Should outflow be constrained or reduced (to reduce brain drain)? If so, what is effective and ethical?
- Should recruitment agencies be regulated?



Policy questions for destination countries

- Why is an inflow necessary?
 - Is inflow sustainable?
 - Is inflow a cost-effective way of solving skill shortages?
 - Is inflow ethically justifiable?
 - Should/can recruitment agencies be regulated?
- Example- *in USA alone there are over 2 million nurses fully registered, but several hundred thousand are not in the health sector.*



The ethical problem

Nurses working as migrants, very often feed their families at home and are the main earners; is it right to deny them or is it wrong to deny their patients safe and effective care?





A Zimbabwean nurse's story

"Almost on a daily basis we lose at least three babies on our ward. Sometimes we work without gloves, sometimes there are no drugs for patients and food is rationed. When we see patients dying, this affects us as well"

The emotional drivers for our colleagues are extreme





Some possible solutions?

Organisational

Twinning
Staff exchange
Educational support
Bilateral agreement

National

Gov to gov agreement
Ethical recruitment code
Compensation
Managed migration
Train for export

International

International code
Multilateral agreements



Ethical nurse recruitment - key principles

| | | |
|---|--|-----------------------------|
| Effective human resource planning and development | Credible nursing regulation Regulation of recruitment | Access to full employment |
| Equal pay for work of equal value | Good faith contracting | Freedom of movement |
| Access to grievance procedures | Safe work environment | Freedom from discrimination |
| Effective orientation, mentoring and supervision | Employment trial periods | Freedom of association |



Solutions?

- Caring for those we already have
- Using our older nurses effectively
- Using other care deliverers
- Increasing current skills to widen effectiveness
- Robotics?
- Cloning?





'Just in time' nurses kept in a warehouse?





.....or Robotic nurses?





UK current issues

RCN Bulletin 19-30 Jun
or issue no. 168 p3

News in brief:

RCN in the news on leaked DH report

The RCN gained extensive press coverage earlier this month in its response to a leaked Department of Health document that predicts a shortage of 14,000 nurses. The document, a draft of *The pay and workforce strategy up to 2017*, says the NHS in England is heading for an unwanted surplus of consultants, therapists, scientists and technicians – but a shortage of 14,000 nurses, 1,200 GPs and 1,100 junior doctors. The RCN called for an end to 'yo-yo policies on NHS staffing'.

- The politics of health care do not serve the patient well with yo-yo policies and decision making



And finally.....

- Health is mainly in the hands of politicians and it may be that there is no global shortage of qualified nurses but a shortage of people who want to use the fiscal purse to pay them.
- There are nurses not working who are disenchanted and need inspiration to return.
- Strategies to recruit, retain and sustain the nursing workforces worldwide are imperative for a healthy future.



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