Individual rights or international scandal - complexity and the ethics of nurse migration

There is a growing shortage of nurses in developed countries, fuelled by rising life expectancy, increasing chronic health care need and an ageing nursing workforce. While there can be no debate about the need for all involved in the processes linked to nurse migration (recruiters, agents and employers) to behave ethically, perhaps it is time to re-examine the issues and perspectives of stakeholders in this complex, multifaceted social phenomenon. New Zealand is a significant exporter of nurses. It is also a destination country for nurses from poorer and less developed countries and is well placed therefore to understand the wider ethical implications for nurse migration.

Much has been written about the impact of losing significant numbers of skilled, trained workers on the health care capacities of source countries. For many developing countries, nurses play vital roles in combating high ill health burdens, especially in rural settings, often undertaking tasks reserved for doctors in other countries. Where training of nurses is partly subsidised by tax payers, there have been demands that these professionals reciprocate the investment by serving the needy in their own countries.[1] Nurse migration is largely a female phenomenon, and the independence and accomplishment associated with it can be both emancipatory and in conflict with roles as wives , daughters and mothers. (Interestingly, though the costs of training, and the impact of losing medics are arguably much higher than for nurses, there has been far less moral panic related to international doctor migration)

The ICN, while recognising the potential adverse effects on source countries argued as long ago as 2001 that: *"Career mobility allows nursing to respond to scientific, technological, social, political and economic changes by modifying or expanding the roles, composition and supply of nursing personnel to meet identified health needs*"[2]

Many countries have experimented with voluntary codes and bans on aggressive recruitment, and with manipulating Nursing Registration requirements as mechanisms to limit over-recruitment from vulnerable countries.[3] However, these tactics have not only been ineffective in protecting source countries, they have actively disadvantaged international nurses; condemning them to employment in the most poorly paid and least regulated health sectors. It is in no-one's interests that highly trained theatre nurses are working as porters or care givers on minimum wages. Additionally, some source countries such as the Philippines[4] and China[5] increasingly deliberately produce trained nurses as an export commodity – to generate hard currency as part of national development strategies. Though undoubtedly, patients in both the Philippines and China would have better access to healthcare if there were more nurses, it is not the absolute lack of trained staff, but the lack of funds to employ the staff that underlies the lack of capacity. For individual nurses who have invested personally in their training and registration, the aspirations

to work abroad for decent wages are completely understandable. For many, such opportunities may lead to a quality of life beyond their dreams.

For nurses from the destination countries, balancing the benefits of having international colleagues with the difficulties caused by the different cultural, linguistic and professional backgrounds can be confusing and threatening. Even for a migrant from an English speaking country, accent, slang, idiom and culture are surprisingly unfamiliar – and clinical protocols, scopes of practice and workplace policies and procedures new and challenging. It can be frustrating to move from one environment where your skills and experience are prized and respected, to one where they appear to count for little, or you have to join the career ladder back near the bottom rung. Unless tensions and misunderstandings on both sides are managed well, the potential for personal and professional damage is large.

In the past, national professional nursing organisations have perceived the interests of their members (job security, wages and competition) to be in conflict with the benefits of the influx of migrant nurses.[6] New Zealand's nurses have a more sophisticated understanding of the economics and politics of international migration generally, and many have personally benefitted from increased experience and financial gain while working abroad. As a country, there is much to be gained from access to nurses with different ideas, new skills, and a passion to work here. Most migrants are resourceful and resilient, and with the right support can contribute to increasing New Zealand's social and economic capital.

The human right of nurses (as with all workers) to migrate, to further their careers and assist their families frequently collide with other political and social imperatives. Identifying and addressing the causative factors behind nurse migration requires concerted action by governments in both developed and developing countries. As James Buchan[7] said, " *Careful workforce planning, and effective recruitment and retention of domestic nurses are among the most important messages to prevent brain drain from developing countries"* In 2007New Zealand signed the Islamabad Declaration[8] on Strengthening Nursing and Midwifery, one goal of which was that "*each country must establish policy and practices to ensure self-sufficiency in workforce production within the limits of its own resources"* Production and retention are equally important:

While New Zealand cannot greatly affect the pull factors for nurses from countries that can ill afford to lose them, it can, with appropriate political will, remedy the push factors that drive our nurses overseas in search of fair pay, flexible careers, safe staffing and working environments that are stimulating and empowering.

1. Singh et al 2003 *The Ethics of Nurse Poaching from the Developing World* Nursing Ethics10 (6)

2. Yu Xu and Jianhui Zhang 2005 *One size doesn't fit all* Nursing Ethics 12 (6)

3. Kingma 2006 *Nurses on the move*. ILR Press

4. Aiken et al 2004 *Trends in International Nurse Migration* Health Aff 23 (3)

5. Yu Xu and Jianhui Zhang 2005 *One size doesn't fit all* Nursing Ethics 12 (6)

6. Peterson (2001) *In short supply: around the world, the need for nurses grows* Am J Nurs 101 (9)

7. Buchan and Calman 2004 *The global shortage of registered nurses: an overview of issues and Actions*. ICN

8. Islamabad Declaration, 2007 http://www.icn.ch/Islamabad_Declaration.pdf