



Employment goals, expectations, and migration intentions of nursing graduates in a Canadian border city: A mixed methods study

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ABSTRACT

Background: Internationally, nurse migration in border cities has received little attention. Nurses who graduate from nursing programs in Canadian border communities have the option of working in Canada or the United States. They are able to cross the international border each day as commuter migrants returning to their home country after work. Despite recent investment by Canada to increase the number of nursing students, the migration intentions of graduating nurses and the factors influencing their decision making has not been explored.

Objectives: The objective of this study is to explore the migration intentions of a graduating class of baccalaureate nursing students in a Canadian border community and the factors influencing their decision making.

Methods: An explanatory sequential mixed methods design was used. In the first quantitative phase, data was collected by a web-based self-report survey. In the qualitative phase, semi-structured interviews were conducted. Data collection took place between February and July 2011.

Results: The response rate to the survey was 40.9% ($n=115$). Eighty-six percent of graduates preferred to work in Canada although two thirds identified that they were considering migrating for work outside of Canada. Knowing a nurse who worked in the US (Michigan) influenced intention to migrate and living in a border community was a strong predictor of migration. Migrants had significantly higher expectations that their economic, professional development, healthy work environment, adventure and autonomy values would be met in another country than Canada. Evidence from the interviews revealed that clinical instructors and clinical experiences played a significant role in framing students' perceptions of the work environment, influencing their choice of specialty, and where they secured their first job.

Conclusion: The value-expectancy framework offered a novel approach to identifying job factors driving migration intentions. The study offered a snapshot of the graduates' perception of the work environment before entering the workforce. The graduates doubted that their future work environment would meet many of their job expectations, a troubling finding requiring further investigation. Expectations influenced their migration intentions and may be relevant to their integration and retention in the workforce.

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What is already known about the topic?

- There is a shortage of Registered Nurses and almost every country in the world predicts needing more nurses than they will produce or retain.
- A lack of health human resource planning in developed countries has resulted in a growing dependence on nurse migrants to address their nursing shortages.

What this paper adds

- This study adds to the international literature by identifying factors influencing the migration of new graduates and focusing on commuter migrants in a Canadian border city.
- The value–expectancy framework offered a novel approach for identifying job factors that were driving migration intentions in nurse graduates.
- This research provides further evidence that clinical instructors and clinical experiences play a significant role in framing perceptions of the work environment of new graduates.

1. Background

Migration has had a long tradition in the nursing profession beginning with Florence Nightingale but the current trends and effects of nurse migration differ greatly from what was observed in the past (Habermann and Stagge, 2010). Globally, there is a shortage of Registered Nurses (RN) and almost every country in the world predicts needing more nurses than they will produce or retain (Aiken et al., 2004; Buchan and Calman, 2004; Kline, 2003). As a result of underinvestment in nursing, developed countries have a growing dependence on nurse migrants to address their nursing shortages (Aiken et al., 2004; Brush, 2008). This shortage occurs at a time when the role of nurses has been acknowledged as critical in maintaining the health of countries (Buchan, 2006). Meanwhile, the role of RNs is assuming greater importance as health care delivery systems are redesigned to meet the health care needs of growing and ageing populations (Institute of Medicine, 2010; Oulton, 2006).

Despite these developments, the migration of Canadian nurses has received little attention. In the 1990s, hospital restructuring and downsizing resulted in approximately 27,000 nurses migrating to the United States (US) in search of jobs (Baumann and Blythe, 2003; Industry Canada, 1999). In 1996/97 the total outflow of nurses to the US was equivalent to about a quarter of the 3000 new Canadian graduates (Zhao et al., 2000). According to McGillis Hall et al. (2009) “little or no attempt has been made to determine why nurses leave Canada, remain outside Canada, or under what circumstances might return to Canada” (p. 198). The loss of Canadian RNs is a significant problem because of the predicted nursing shortage in Canada of almost 60,000 full time equivalents (FTEs) by 2022 (Tomblin Murphy et al., 2009). Canada already had fewer RNs in 2009 relative to the size of the population than there were 20 years ago, with 824 RNs per 100,000 in 1992 compared to 789 per 100,000 in 2009 (Canadian Institute for Health Information, 2010).

Despite recent investment by Canada to increase the number of nursing students (Baumann et al., 2006), the migration intentions of these recently graduated nurses and the factors influencing their decision making has not been explored. The increase in supply will not decrease Canadian shortages if large numbers migrate to the US and elsewhere. A review of the literature found only one study on the intent of nursing students to migrate from Uganda (Nguyen et al., 2008) and no studies on the intent of Canadian nursing students to migrate.

Nurses who leave Canada seeking full time employment represent a brain drain for the health care system. Migration signifies a loss of tax dollars used to educate nurses in Canada. It subsidizes nurse education abroad (Pink et al., 2004) and intensifies pressure on educational institutions to prepare sufficient nurses to meet Canadian demands (Hancock, 2008).

Student nurses who attend university nursing programs in communities along the US Canada border have the option of working in Canada or the US. They have access to jobs in large American health care systems. They are able to cross the international border as daily commuter migrants returning to their home country after work. Although these nurses contribute significantly to the Canadian economy, they represent the loss of nursing human resources to Canada.

The purpose of this paper is to report on a study exploring the migration intentions of a class of baccalaureate nursing students graduating in June 2011 in a Canadian border community and their intent to migrate from Canada for their first nursing job. The value–expectancy (V–E) framework (De Jong and Fawcett, 1981) guided the study and other factors influencing migration intentions were examined (see Fig. 1). The research questions were (1) What are the migration intentions of these graduates? (2) What factors (values, expectations, personal characteristics and other) can potentially influence their migration intentions? (3) Does the V–E framework contribute to our understanding of these factors?

1.1. Value–expectancy framework

Migration theories have evolved over many years. They focus on various levels of analysis: micro levels concentrate on individual migration decisions, macro-levels on aggregate explanations, and the meso-level examines household and community level influences on migration (Hagen-Zanker, 2008). Although these theories are useful in explaining migration *ex post facto* (after the fact) their limited ability to forecast or explain potential migration has been criticized (Bijak, 2006).

Theories of migration rarely inform research on nurse migration. The push pull theory is most commonly employed (Bach, 2007; Kingma, 2006a; Kline, 2003; Meija et al., 1979). This framework offers explanations of why nurses migrate (antecedents) but does not explain the individual's decision making. The framework has also been criticized for its inability to explain why people decide not to migrate (Arango, 2000; De Jong and Fawcett, 1981). These criticisms suggest the need to further explore the factors influencing nurses' decisions to stay or migrate.

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