Migration of Lebanese nurses:
A questionnaire survey and secondary data analysis

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Abstract

Background: Nursing is becoming a mobile profession. Nurse migration is multifactorial and not limited to financial incentives. Non-economic factors that might lead to migration include poor recruitment and retention strategies, poor job satisfaction and working conditions, socio-political and economic stability, and the poor social image of the nursing profession. Lebanon is facing a problem of excessive nurse migration to countries of the Gulf, North America and Europe. No study has been conducted to understand the determinants and magnitude of the problem.
Objective: The objective of this study is to provide an evidence base for understanding the incidence of nurse migration out of Lebanon, its magnitude and reasons.
Design: A cross-sectional research design comprising both quantitative and qualitative methods was employed to achieve the stated objectives. This includes a survey of nursing schools in Lebanon, survey of nurse recruitment agencies, secondary data analysis and survey of migrant nurses.
Results: An estimated one in five nurses that receive a bachelors of science in nursing migrates out of Lebanon within 1 or 2 years of graduation. The majority of nurses migrate to countries of the Gulf. The main reasons for migration included: shift work, high patient/nurse ratios, lack of autonomy in decision-making, lack of a supportive environment, and poor commitment to excellent nursing care. Further, nurses reported that combinations of financial and non-financial incentives can encourage them to return to practice in Lebanon. The most recurring incentives (pull factors) to encourage nurses to return to practice in Lebanon included educational support, managerial support, better working conditions, utilization of best nursing practices and autonomy.
Conclusion: Nurse migration and retention have become major health workforce issues confronting many health systems in the East Mediterranean Region. Our study demonstrated that nurse migration is a product of poor management and lack of effective retention strategies and sufficient knowledge about the context, needs and challenges facing nurses. Nurse migration in Lebanon underscores the importance of developing a monitoring system that would identify implications and help implement innovative retention strategies. Nurse migration out of Lebanon is likely to persist and even increase if underlying factors are not properly resolved.
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Keywords: Nurse migration; Reasons for leaving; International recruitment; Nurse practice environments

What is already known about the topic?

- The demand for highly skilled and qualified nurses in developing countries is rising and those countries are

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facing a shortage of nurses due to increased international recruitment and migration.

- Nurses' motivation to migrate is multifactorial and not limited to financial incentives.
- Nurses are a valuable asset to a country's health system, their loss may sometimes be more costly than economic losses and the consequences in certain cases can be measured in lives lost.
- There are very few reported studies focusing on international recruitment and migration of nurses in the Eastern Mediterranean Region and no studies have been conducted in Lebanon.

What this paper adds

- Nurses reported that a combination of financial and non-financial incentives can be an effective method to decrease the rate and consequences of out-migration.
- Reasons for leaving include: high patient to nurse ratios, autonomy in decision-making, working in a supportive environment, being valued by other health professionals, career development/promotion, salary levels, equality with other professional careers, being treated as a valued health professional, a permanent position, commitment to excellent nursing care, educational support by employer, safe working environment and recognition of excellent program.
- Lebanon is a source country for international nurse migration. Nurse migration in Lebanon is a product of poor management and lack of effective retention strategies and sufficient knowledge about the context, needs and challenges facing nurses. Further research on this topic for Lebanon and the Eastern Mediterranean Region is recommended.

1. Background

Migration of health professionals is affecting the national supply and has become a significant item on policy agendas (Kingma, 2007). The demand for highly skilled and qualified nurses is rising (Buchan and Sochalski, 2004; Vujicic et al., 2004) and the rate of nurse migration has never been higher (Stillwell et al., 2004). Nurse migration literature reports a variety of push factors that might lead to migration. While early work in the field of migration presumed that individuals would migrate for financial reasons, recent research emphasized the critical importance of non-economic factors. The empirical migration literature has shown factors such as relative income, income inequality, unemployment rates, political and social freedoms and distance to be important determinants of migration (Ross et al., 2005). Many recent studies show that nurse migration is multifactorial. Several reported reasons for nurse migration include economic (i.e. low salary), work environment (poor working conditions, poor job satisfaction, workload, stress, limited professional development opportunities, poor social image and value

given to nursing) and socio-political (i.e. political and social instability, personal safety) factors (Lorenzo et al., 2007; Aiken, 2007; Aiken et al., 2002b; Buchan and Sochalski, 2004; Larrabee et al., 2003; O'Brien-Pallas et al., 2003; Vahey et al., 2004). Evidence in the literature shows that one of the reasons for nursing shortages in some countries is the rise of international nurse migration (Aiken, 2007). The International Council of Nurses (2005) reports that the root cause of the current relatively high level of nurse migration is nursing shortages in developed countries, combined with the existence of "push" factors of low pay, poor career prospects, unsafe work environments and instability in some developing countries. While there is still limited empirical evidence in the migration literature about a causal relationship between migration and shortages in countries of origin, the International Council of Nurses (2005) argues that the heavy dependence of health systems on international recruitment and migration to fill their vacancies may exacerbate shortages in the countries of origin (ICN, 2005). A study by Zurn et al. (2004) noted that developed countries are taking advantage of "push" factors by engaging in active recruitment of nurses from developing countries to alleviate their own shortages. Such recruitment is only serving to re-distribute the nursing shortage and is intensifying the magnitude of the problem.

Nurses who migrate often leave behind an already disadvantaged system, thus worsening the existing working conditions. Nurse migration has severe financial implications since it can intensify existing shortage thereby creating a need to recruit, educate and train new nurses (Stillwell et al., 2004). The cost of nurse turnover can reach up to two times a nurses' salary (Gullatte and Jirasakhiran, 2005) and is the largest contributor to total hospital costs (GNRI, 2005). Besides the financial impact of turnover, loss of experienced nurses results in increased workload on the nurses that stay behind which may result in adverse patient outcomes (Gullatte and Jirasakhiran, 2005). Evidence shows that with every increase in nurse workload (nurse to patient ratio), there is an increased likelihood of patient mortality (Aiken et al., 2002a).

Recent study by Kingma (2007) shows that a serious consequence of the nursing shortage in developing countries is the heavy workload, which continues to drive nurse migration (Kingma, 2007). The nurses who remain are faced with heavier workloads and often experience reduced work satisfaction and low morale (Kingma, 2007). This contributes to high levels of absenteeism and has an adverse impact on the quality of care (Dovlo, 2007). As such, nurse migration has an impact on patient safety and quality of care (Xu and Zhang, 2005).

For low and middle income countries (LMICs), the loss of nurses is critical (Buchan and Sochalski, 2004). LMICs are in a poor position to lose their scarce resources due to poor health outcomes and the need for qualified health professionals (Vujicic et al., 2004). LMICs are not only suffering from poor health indicators and lack of reliable