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Review

The benefits and caveats of international nurse migration

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ABSTRACT

Worldwide, there is a dramatic shortage of nurses. An increase in the migration of nurses from their home countries to recipient countries is having a global effect on the healthcare system. This global phenomenon stems from historical, economical, social, and political factors. Migration has a significant impact on both the individual and national level. This article summarizes the factors that contribute to nurse migration from the perspective of the source and recipient countries. Additionally, the impacts and issues surrounding nurse migration were also analyzed.

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There is currently a worldwide nursing shortage. In 2013, the International Council of Nurses Workforce Forum found that most industrialized countries are or will be imminently facing a nursing shortage due to the increased demands for healthcare. A warning has been issued as inadequate nurse staffing levels pose a risk to patients and society [1]. According to projections from the U.S. Bureau of Labor Statistics for 2008–2018, registered nurses (RNs) are the fastest growing segment of the profession, with more than 274,000 RN positions expected in hospitals nationwide over the next ten years [2]. A survey performed by the World Health Organization (WHO) found that 77% of developed countries are

facing a nursing staff shortage, with nearly all of the countries relying on nurses from abroad to ease this situation [3]. As in developed countries, the global nursing shortage is also apparent in developing countries. In 2002, hospitals throughout South Africa estimated vacancy rates of 30% [4].

Typically, the nurse migration stream moves predominantly from developing countries to industrialized countries. The Philippines is currently the largest source of migrant nurses worldwide. Other source countries include the Caribbean, South Africa, Ghana, India, Korea, China etc. These nurses primarily migrate to the United States, the United

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Kingdom, Norway, Australia, Ireland, and Saudi Arabia. Some developed countries, such as the United Kingdom and Australia are both a source and recipient for the migrating nurses.

1. Factors influencing international nurse migration

The global nursing shortage is not the sole determining factor for why nurses enter the migration process and the underlying reasons are complicated. Nurses are pushed by their home countries and pulled by recipient countries to migrate. The conditions of the recipient countries represent a pull factor as they attract and facilitate the movement of nurses toward that country. In the home (source) country, substandard conditions or circumstances encourage nurses to leave their country or location of work and thus represent the push factors [5].

The availability of jobs, opportunities for professional or career advancement, personal development, recognition of professional expertise, a professional work environment, sensitive employment policies, stable socio-political environments, quality of life improvement, attractive salaries, and social and retirement benefits represent several of the pull factors that attract nurses to the recipient countries. The following push factors in the source country contribute to nurse migration: low wage compensation, limited career opportunities, limited educational opportunities, lack of resources to work effectively, unstable and/or dangerous working conditions, lack of social and/or retirement benefits, an unsatisfactory or unstable political environment and the prevalence of HIV/AIDS. International Centre on Nurse Migration reported that the primary causes of migration ('push' factors) stem from a desire for more professional development opportunities, a need for greater wage compensation and, in some cases, a need for personal safety due to political upheaval [6].

It is a combination of both the push and pull factors that incite international nurse migration. Nurses from poor countries with lower compensation rates (push factor) will be attracted to wealthy countries with higher salaries and greater employee benefits (pull factors). Moreover, attractive recruitment strategies from the recipient country intensify the pulling force.

2. Impacts and issues of nurse migration

International nurse migration affects many countries across the world. The process of migration can be beneficial at both the individual and countrywide level. There are, however, also negative effects that can have a significant impact.

2.1. Effects of migration on nurse immigrants

When considering the effect of nurse migration on the individual, there are both positive and negative aspects. The most general and significant benefit that migration has on nurses is the improved financial situation for the nurse and his/her

family. For the vast majority of migrant nurses, the financial considerations are likely the primary factor that influences their decision. A majority of nurses are poorly compensated worldwide, particularly in developing nations [7]. Even though nurses' pay is not favorable in developed country, the money is considerable and substantial for nurses from developed country. Nurses from developing nations make, on average, ten to twenty times more than what they would earn in their home countries [8]. With this increase in earnings, nurses are able to send money back to their home countries and improve the lives of their families.

Although the increased salary is a great benefit to migrant nurses, there are also several unfavorable experiences that these nurses endure in the recipient countries. First, there is often a period of adjustment to the new work environment that can prove challenging. Many nurses must leave their families behind to work in the new country and it is difficult to live in an unfamiliar place without that support network. Previous research has shown that foreign-trained nurses have trouble adjusting to a new work environment in a foreign country [9]. Language and cultural differences are frequently reported as sources of difficulty for migrant nurses. Because of the presence of an accent, immigrant nurses often have language difficulties, even when their native language is the same as that of the recipient country [10]. Adaptation to a rigorous set of occupational standards in the recipient country can also pose a challenge for this population of nurses [5]. Stark cultural differences can make it difficult to assimilate into the recipient country as well. For example, a Korean-trained nurse likened the cultures of Korea and the United States to oil and water; the cultural differences made it difficult for her to adapt to a new environment [11].

Immigrant nurses also face challenges when forming working relationships with the host nurses in a healthcare organization [12]. When immigrant nurses are able to establish a good relationship with their colleagues, the nurses are motivated to stay in their work and the safety and quality of care is increased [13]. Alternatively, impaired workplace relationships result in a sense of frustration with the work [9]. Some nurses reported feelings of isolation, loneliness, difficulty coping, frustration, confusion, and loss of self-confidence and self-esteem during the adjustment process [14,15]. Moreover, studies have shown that immigrants, particularly those from Asian countries, experience both high rates of psychological distress and depression [14,16]. A majority of nurse immigrants suffer from the emotional loss of their family. Long-term geographical separation from their family leads the nurses to have feelings of insecurity regarding their marriages and sadness over the lost emotional connection with their children.

Discrimination is an essential ethical issue in nurse migration. Migrant nurses often suffer from discrimination due to poorly implemented equal-opportunity policies and pervasive double standards [11]. Because of nationality and race, these nurses are treated unequally, which is a blatant violation of human rights. Although a recruiter may offer a particular salary, migrant nurses often arrive in the recipient country to find the compensation less than what was originally promised [17]. Despite working the same hours and same number of shifts, migrant nurses are compensated less

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