



Global migration of internationally educated nurses: Experiences of employment discrimination



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ABSTRACT

With over 57 countries reporting a critical shortage of healthcare workers worldwide, increasing reliance of developed countries on registered nurses from less developed countries of Africa and Asia has generated a significant policy debate about public health, ethical and policy concerns related to international migration of nurses.

Discrimination and unequal treatment faced by migrant nurses is one of the most important issues related to international migration of nurses. This article present a discussion of the broad topics surrounding nurse migration followed by a synthesis of 15 published qualitative and quantitative research articles related to specifically to the subject of employment discrimination experiences of internationally educated nurses in Canada, United Kingdom and the United States. Evidence shows that international nurses often encounter covert and overt discrimination in the workplace. It is important for nurses to be aware of the extent and nature of employment discrimination encountered by migrant nurses. Nursing leaders and policy makers need to ensure that all nurses are treated equally in the workplace.

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1. Introduction

Globalization and worldwide shortage of registered nurses are key influences on migration of health professionals (American Association of Colleges of Nursing, 2011; Bach, 2006; Kingma,

2006; World Health Organization [WHO], 2010a). High per capita income countries such as Canada, the United Kingdom (UK) and the United States (US) attract large numbers of registered nurses (RNs) from developing countries (Bach, 2006). Changes in the population structure, emergence of new diseases and changes in the prevalence and distribution of chronic conditions, advancement of healthcare systems and technology aging nursing workforce, shortage of nursing faculty and fewer numbers of new RN

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graduates are some of the factors driving the shortage of RNs in the developed countries. With over 57 countries reporting a critical shortage of healthcare workers worldwide (United Nations, 2010), increasing reliance of developed countries on registered nurses (RNs) from less developed countries of Africa and Asia has generated a significant policy debate about ethical issues related to international migration of nurses (Bach, 2010; Buchan & Sochalski, 2004; Kingma, 2006; Pittman, Aiken, & Buchan, 2007; Yeates, 2010). In many developed countries, internationally educated nurses (IENs) are critical to the country's ability to meet the healthcare needs of its population. For example IENs comprise over 5% of the US nursing workforce (United States Department of Health and Human Services [USDHHS], 2010 and approximately 8.6% of the Canadian RN workforce (Canadian Institute of Health Information, 2013).

Global migration of healthcare workers in general and RNs in particular is a complex issue that requires concerted multi-lateral global attention from ethical, legal, political and population perspectives. Discrimination and unequal treatment faced by IENs is one of the most important issues related to international migration of RNs (Kingma, 2006). This paper focusses on experiences of workplace discrimination encountered by IENs in the destination country because it is imperative for migrant RNs and nursing leaders and administrators to develop an understanding about the prevalence and the nature of employment discrimination experienced by IENs. This paper presents a synthesis of the published research literature related to IENs' experiences of employment discrimination in the destination countries.

2. Background

Healthcare workers leave their home countries for better income and career opportunities, good working conditions, greater job satisfaction and in some cases to move away from political instability in their home countries (WHO, 2010a). A number of pull and push factors have been attributed to influence migration of healthcare workers (Buchan, 2006; Kline, 2003). First, there has been a global shortage of health professionals, which according to one estimate is as high as 4 million (Chen et al., 2004). In the developed countries, inadequate internal supply of RNs to meet the growing healthcare needs of its aging population has served as a major pull in influencing migration of RNs from poorer countries to wealthy countries (Aiken, 2007; Aiken, Buchan, Sochalski, Nichols, & Powell, 2004).

Second, poor employment conditions and lower quality of life situations in many developing countries serve as the push factors (Kline, 2003; Clark, Stewart, & Clark, 2006). Wage differential between the source and destination countries is an important factor in global migration of health care workers (Brush & Sochalski, 2007). For example, in 2003, Filipino RNs working abroad made up to \$4000 per month while RNs working in the Philippines made to \$170 per month in the urban areas and less than \$100/month in the rural areas (Martin, Abella, & Midgley, 2004). Remittances sent home by healthcare workers from developed countries are a major source of external income for some developing countries (International Council of Nurses, 2007). In addition to income, professional development opportunities in the destination countries also motivate RNs to leave their home countries (Bach, 2006; Buchan, Jobanputra, Gough, & Hutt, 2006; Kingma, 2006). Regardless of the causes and dynamics of global migration of RNs, a discussion of the ethical issues related to this migration is warranted.

2.1. Ethics

The primary ethical consideration related to global migration of health professionals is to find a balance among the needs and the

rights of health professionals, source countries and the destination countries involved in this migration (Clark et al., 2006). Countries with lower per capita income (for example, Malawi, Haiti & Zimbabwe) have a higher likelihood of losing their RNs to developed countries compared to countries with higher per capita income (Ross, Polsky, & Sochalski, 2005). According to one study, maternal mortality and infant mortality rates of a country are inversely related to the population density of health professionals (Chen et al., 2004). Increasing dependence of developed countries on international healthcare professionals to resolve their internal labor shortages has decreased the need of the developed countries to find permanent solutions to improve their education and retention policies to have an adequate internal supply of healthcare workers (Buchan & Sochalski, 2004; Forcier, Simoen, & Guiffreda, 2004) thus, creating a global shortage of health professionals.

Although the main focus of ethical discussions of global migration of health professionals relates to the impact of this migration on the health of the populations, the rights of health professionals to migrate for employment and career opportunity cannot be denied (Bach, 2006). An important consideration related to migration of RNs is how IENs are treated in their destination countries. IENs are at a risk of facing disadvantage and discrimination not only due to their gender, class and race characteristics but also because of their immigrant status (Smith and Mackintosh (2007).

2.2. Employment discrimination

Discrimination in the work place often occurs through exclusion of a minority group at institutional levels by the dominant group, to maximize their own advantage and privileges (Rosigno, Garcia, & Bobbitt-Zeher, 2007). Employment discrimination is not only illegal, but it creates a hostile and unproductive work environment (Wang & Kleiner, 2002) and may lead to poor health outcomes in immigrants (de Castro, Gee, & Takeuchi, 2008). Furthermore, employment discrimination leads to underutilization and devaluation of IENs' skills (O'Brien, 2007). Discrimination is implied when employment outcomes are influenced by personal characteristics (for example, gender, race, national origin, religion, kinship, etc.) that are not associated with productivity (Baumle & Fossett, 2005). Employment discrimination refers to "unequal treatment of persons or groups" (Pager & Shepherd, 2008, p. 182) on the basis of race, color, religion, sex, national origin, disability, or age. Employment discrimination also includes, harassment (intimidating, hostile, or abusive work environment) or inequality in employment decisions (hiring, firing, compensation, job assignment, promotion, benefits) based on stereotypes on the basis of race, religion, national origin, or disability (Equal Employment Opportunity Commission, 2004). Unequal treatment in recruitment and employment, faced by Internationally Educated Nurses (IENs) is one of the most serious issues related to global migration of RNs (Kingma, 2006).

Two legal cases related to IENs in the US further underscore the need for the employers to be cognizant of any workplace practices that may be discriminatory. First, in 1999, the Equal Employment Opportunity Commission (EEOC) of the US announced a \$2.1 million settlement in a wage discrimination class action lawsuit filed by 65 Filipino RNs against one nursing home in Missouri. The EEOC noted that these RNs were, "mis-assigned into lower-paying and less responsible positions than that of a Registered Nurse, and being treated differently from the U.S. employees" (EEOC, 1999). More recently, in 2006, in a highly publicized case, 26 Filipino RNs resigned from their jobs at a nursing home in New York, claiming that they were underpaid and did not receive the same health insurance and workers' compensation benefits as other RNs. In 2007, ten of these RNs were then charged for abandoning children under their care,

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