



A White Paper Overview of Papers Presented at

## Building Global Alliances III:

THE IMPACT OF GLOBAL NURSE MIGRATION  
ON HEALTH SERVICE DELIVERY





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## Building Global Alliances III:

### The Impact of Global Nurse Migration on Health Services Delivery

"Building Global Alliances III: The Impact of Global Nurse Migration on Health Services Delivery" was the third annual international, invitational think tank sponsored by the Commission on Graduates of Foreign Nursing Schools (CGFNS International) and held in Philadelphia September 11 through 13, 2005. CGFNS International is an internationally recognized authority on credentials evaluation and verification pertaining to the education, registration, and licensure of nurses and healthcare professionals worldwide.

The issues surrounding nursing shortages and global nurse migration are inextricably linked. The shortage of practicing nurses worldwide has led to aggressive recruiting by healthcare employers in the United States, the United Kingdom, and other countries. Foreign-educated healthcare professionals represent more than a quarter of the medical and nursing workforces of Australia, Canada, the United Kingdom, and the United States (Organisation for Economic Cooperation and Development, 2002).

The impact of global nurse migration on developed and developing countries is dramatic. For instance, in the Caribbean, even a minor reduction in available nurses results in a reduction of healthcare services regionally (Yan, 2006). In the Philippines, an average of 2,600 people leave daily for overseas work in the healthcare sector (Sison, 2002). In parts of the United Kingdom and the United States, it is not unusual to find that internationally recruited nurses make up 60% to 70% of the total number of employed nurses in a given health facility (Ball & Pike, 2004).

Nurses are being drawn to the United States and other developed nations in unprecedented numbers. In the United States, 12% of nurses and 22% of physicians are foreign born. Although the United States has almost 3 million nurses and 800,000 physicians, representing almost half of all nurses and physicians among the English-speaking countries (Cooper & Aiken, 2006), the mass migration of nurses to the United States is not solving America's nursing shortage.

It is interesting to note other country-specific experiences in addressing the effects and challenges of migration on nurses and health systems. For example, in 2003, Canada had approximately 4,000 internationally educated nurse applicants, of which only about one third became licensed to practice. It was devastating to these nurse applicants to learn that their education was not equivalent and that their language fluency, in either English or French, was insufficient to ensure patient safety. Canada is taking measures to improve the success rate of these individuals (Jeans, 2006).

According to a survey of 6,477 registered nurses in Canada, 7.1% received their basic nursing education in another country, and 13% were not born in Canada. The top four countries of birth were the United Kingdom, the Philippines, the United States, and China. There were no significant differences between internationally born nurses and Canadian-born nurses

with regard to work effectiveness; however, work environment issues were cited by both groups (O'Brien-Pallas & Wang, 2006).

Nurses who migrate and work in receiving countries gain valuable experience and opportunity. Sending countries should encourage them to return to their home country after this experience to share the knowledge gained (Keatings, 2006). Around the world, public officials often have short-term vision, driven largely by election cycles or other political considerations. Public officials need to understand the long-term implications of their decisions to ensure that nursing capacity is sufficient for adequate care (Oulton, 2006).

### Nurses who migrate and work in receiving countries gain valuable experience and opportunity.

International recruitment of nurses in the United Kingdom has helped the health system there deal with its nursing shortage. The Royal College of Nursing and the King's Fund, an independent health think tank based in London, have released London Calling, a report based on a survey with international nurses working in London (Buchan, Jobanputra, & Gough, 2004). This survey focused on what motivated international nurses to come and work in the United Kingdom. It also tried to assess how likely international nurses were to stay in the United Kingdom or whether they would submit to the "pull" factors exerted by other developed nations looking to fill their own nursing shortages. More than 4 in 10 of the international nurses questioned reported that they were considering moving from the United Kingdom to another country to work as a nurse. Overall, the United States was the most frequently reported potential destination, cited by more than half the potential movers. One third of the respondents had also been contacted by a recruitment agency within the past 6 months and offered work outside the United Kingdom—again, predominantly in the United States (Denton, 2006).

Nurses born overseas need supportive policies and acceptable working conditions, or they simply will not stay in their adopted country (H. Catton, personal communications September 12, 2005). If countries become better at retaining the nurses they already have, it will minimize the cost and difficulty in recruiting new nurses. The onus is on the employer to address the retention problem and issues such as working hours, continuing education, and clear career paths (Buchan, 2006).

Countries that receive significant numbers of internationally educated nurses employ a variety of regulatory approaches to attempt to ensure that nurses are prepared to practice competently and safely in new and often unfamiliar health systems and cultures (Kingma, 2006). In the United States, requirements include meeting state regulatory requirements to practice as a registered nurse, including sitting successfully for the licensure examination.

The Chicago Bilingual Nurse Consortium (CBNC) is a collaborative partnership whose primary purpose is to provide education and support services to internationally educated nurses who are U.S. citizens or legal residents preparing to meet the requirements for registered nurse (RN) licensure in Illinois (Lebold & Walsh, 2006).

To date, 51 candidates have enrolled in courses that address barriers and challenges in the recruitment and licensure of foreign-educated nurses. On average, these nurses have been out of practice for 10 or more years. Candidates represent the following countries: Bolivia, Cuba, Costa Rica, Guatemala, Guyana, India, Mexico, Nicaragua, Nigeria, Peru, Philippines, Poland, Puerto Rico, and Togo. The CBNC has noted that developing adequate English-language proficiency and basic computer skills are major challenges for the majority of the program participants. In the third year of the project, the program moved from a primary focus on Hispanic nurses to the inclusion of nurses of all nationalities.

The Magnet Recognition Program is an award made to healthcare institutions that excel at changing their cultures to provide excellent patient care through an increased capacity to recruit and retain the best and the brightest (Floyd, 2006). This program has worked with developing countries to strengthen the infrastructure to begin and sustain the magnet process. Facilities in the United States have been teamed with facilities in Armenia and Russia, and nurses have been sent back and forth during a 2-year period to build the knowledge base.

Participants in the Think Tank identified several critical challenges arising from the impact of global nurse migration on the delivery of health services.

Those challenges include the following:

- Assuring patient safety
- Addressing the negative impact or "brain drain" on developing countries losing nurses to migration
- Preventing the degradation of health systems
- Improving language fluency
- Collecting quality data to assess impact
- Training nurses transculturally
- Maintaining and developing nursing leadership
- Eliminating cultural biases to improve nurse patient cultural fit
- Creating and enforcing ethical recruitment
- Upgrading nursing educational infrastructures in developing countries

### There is a need for a public awareness campaign on global nurse migration and management.

Participants also called for addressing challenges arising from global nurse migration by:

- Establishing international educational standards
- Creating an international database on nurse migration, including descriptive characteristics of migrating nurses by country
- Creating regional information centers for nurse migration
- Development of an international program for deploying nurses to sites of severe need and providing them with appropriate salaries
- Establishing an international nurse-leader exchange program
- Establishing a public health advisory committee to advise appropriate trade/representative bodies
- Taking action against discrimination in the healthcare workplace
- Educating public officials about the impact of global nurse migration on developed and developing countries
- Engaging health policy makers in the United States and other countries that are receiving migrating nurses in a discussion about global nurse migration

There is a need for a public awareness campaign on global nurse migration and management. In addition, global healthcare policy makers worldwide are calling for nations to become self-sufficient in their ability to develop their own nursing talent.

The American public has not been fully engaged with this issue because they simply do not have enough information about the nursing shortage or the impact of international nurse migration on healthcare services in the United States or internationally (C. Georges, personal communications, September 12, 2005). A commitment of leadership, insight, and resources are required to address the global nursing challenge.

In May 2005, the International Centre on Nurse Migration ([www.intlnursemigration.org](http://www.intlnursemigration.org)) was created by CGFNS International and the International Council of Nurses (ICN). The goal of the International Centre on Nurse Migration is to facilitate safe patient care and positive practice environments for nurse migrants worldwide. With its mission to be the global resource for nurse migration, the Centre promotes, collects, creates, and disseminates data; tracks trends and patterns of global, healthcare workforce migration; analyzes current policy and generates new policy where needed; acts as a resource center; and shares consultation and expert advice on nurse migration (Nichols & Oulton, 2005).

The president and chief executive officers of CGFNS and ICN manage the International Centre on Nurse Migration. The strategic advisory group for the Centre includes representatives of the International Labor Organization (ILO), the World Health Organization (WHO), the World Trade Organization (WTO), the International Organization for Migration (IOM), the World Bank, and those having expertise on migration, regulation, and nursing organizations. The secretariat for the Centre, located in Philadelphia, is composed of technical experts from both CGFNS and ICN. The Centre sponsored its first conference, "Creating Positive Practice Environments for the International Nurse," in February 2006 in London.

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