



International career mobility and ethical nurse recruitment

Providing quality healthcare and achieving universal health coverage depends on a healthcare workforce with an adequate number of qualified, motivated, and well-supported nurses. Career mobility is important for nurses to further their professional development, fulfil their personal career goals and maximise their skills and qualifications in contributing to safe and effective care. Career mobility can include the movement of nurses between different specialties and within and between organisations, sectors, regions and countries.

Flows of nurses between countries, often termed international migration, has been an everpresent feature of nursing labour markets, but in recent years has risen markedly in magnitude. Global nurse migration presents policy challenges for health, education, immigration and regulation, and in turn these challenges impact its dynamics (e.g. retention and sustainability).¹ Factors underlying or enabling this growth include skills shortages, remuneration differentials, education and career opportunities, job and personal security, international trade agreements, mutual recognition agreements and improvements in transport and communications. ICN respects and supports the rights of nurses to pursue professional achievement through career mobility and to better the circumstances in which they live and work. Migration of nurses offers potential beneficial outcomes including multicultural practice and enhanced learning opportunities.

The increasing mobility of the health workforce is one of many factors contributing to a global health labour market which is characterised by imbalanced levels of healthcare workers between countries and regions, creating severe shortages of nurses and other healthcare workers in many countries. Globally, alarming mismatches between need, demand, and supply – need being the required number to address priority health issues, demand being the number that can be supported economically, and supply being the number available - have been reported because of market failures.² Particularly in low- and lower-middle-income countries, the needs and demands are not being met by the supply of healthcare workers. Upper-middle-income countries and the Western Pacific region are projected to have strong economic demand for healthcare workers creating a heightened competition for available nursing human resources from low- and lower-income countries, who often cannot compete financially to retain these staff, thereby contributing to a continued increase in international mobility.² A range of 'push' and 'pull' factors exist that lead nurses to seek employment outside of their country of origin.³ Examples of push factors include low pay, pay discrimination, poorly funded health systems and unfavourable working conditions, including those that pose safety concerns. Destination countries often have pull factors, such as better salaries and conditions of employment, and career development opportunities. Some highincome countries have come to regard inward international migration as a permanent solution to their nursing shortages.4,5

Recruitment abuses during the international recruitment process have been reported. Recruitment agencies and employers may use unethical recruitment strategies that focus on



large numbers of recruits, or may contract a large number of newly graduated nurses from a given educational institution, significantly depleting the institution or health facility. Internationally educated nurses (IENs) (nurses educated outside of the country in which they are practising) may be recruited using false or misleading information about their terms and conditions of employment, remuneration and benefits. IENs may also be discriminated against in employment and in access to education and career opportunities. IENs can also be at risk of exploitation or abuse because of challenges related to distance, language barriers and cost in verifying licensing and regulatory information, and in the terms of employment.

Losing highly skilled nurses to actively recruiting high-income countries is compromising the capacity of some countries to achieve and sustain health systems improvements and provide universal access to quality healthcare.⁶ In addition, for countries that sustain long-term high levels of active international recruitment, there is a risk that this will delay local measures that would improve recruitment, retention and long-term human resources planning, and support workforce stability. The WHO Global Code of Practice on the International Recruitment of Health Personnel establishes and promotes voluntary principles and practices for the ethical international recruitment of health personnel and the strengthening of health systems, including effective health workforce planning, education and retention strategies.⁶ As highlighted in the Code, the goal for all countries should be to have a sustainable national nursing workforce that focuses on a stable core of domestically educated nurses, while acknowledging and enabling the contribution of IENs and other health professionals.

ICN Position and Recommendations

As the global voice of nursing, the International Council of Nurses (ICN):

- Calls for governments and organisations, including employers, recruiters, and nongovernmental organisations, to systematically adopt the following foundational principles, which consider the needs of multiple stakeholders, to guide informed workforce planning and decision-making resulting in regulated, ethical, and cost-effective recruitment processes, both domestically and internationally:
 - Comprehensive and effective nursing regulation: Legislation must authorise the nursing regulatory body to determine entry to practice registration requirements, including nurses' standards of education, competence and standards of practice, and to have access to information regarding criminal offences and/or practice misconduct, irrespective of where they have been educated and licensed. Regulatory bodies must ensure that only individuals meeting these registration requirements are allowed to practise as a nurse. Employers have an important role in regulation, and where there is no regulatory body, are responsible for assessment of credentials.
 - Access to full and flexible employment opportunities: IENs in a recruiting region/country and seeking employment should be made aware of job opportunities. If necessary, health stakeholders, especially government and employers, need to explore



policies that would facilitate nurses' active participation in the workforce such as 'family friendly' policies, and safe and supportive working environments.

- *Freedom of movement:* Nurses should have the right to migrate and to work if they comply with the destination country's immigration/work policies (e.g. work permit, visa requirements) and meet obligations in their home country (e.g. bonding responsibilities, tax payment).
- *Freedom from discrimination:* Nurses have the right to expect fair and equal treatment on employment related issues, such as working conditions, promotion, and access to career development opportunities and continuing education.
- Good faith contracting: Nurses and employers must be protected from false information, the withholding of relevant information, misleading claims and exploitation. This means there should be accurate job descriptions, full written information on benefits/allocations/bonuses, and authenticated educational records. Access to factual employment-related information must be guaranteed, including social or daily life information, including access to accommodation, compassionate leave and sick leave. The concept of informed consent must be applied to all parties involved in employment contract negotiations.
- Equal pay for work of equal value: There should be no discrimination between occupations/professions with the same level of responsibility, educational qualification, work experience, skill requirement, and hardship (e.g. pay, grading). Similarly, there must be no discrimination between persons within the same profession with the same level of responsibility, educational qualification, experience, skill requirement and hardship.
- Access to grievance procedures: When nurses' or employers' contracted or acquired rights or benefits are threatened or violated, appropriate processes must be in place to hear grievances in a timely manner and at reasonable cost.
- Safe work environment: Nurses must be protected from occupational injury and health hazards, and from workplace violence and made aware of existing workplace hazards. Effective prevention, management and reporting mechanisms must be in place and supported by legislation.
- *Effective orientation/mentoring/supervision:* The provision of quality care in the current highly complex and often stressful healthcare environment depends on a supportive supervisory infrastructure. Nurses have the right to expect appropriate clinical and cultural orientation, and on-going supportive supervision within the work environment.
- Freedom of association: Nurses have the right to affiliate to and be represented by a professional association and/or union in order to safeguard their rights as health professionals and workers. Partnerships between the associations/unions in the recruiting and recruited countries could facilitate the exchange of timely and accurate information. They would also ensure the continuation of a supportive professional environment providing needed assistance.



- *Regulation of recruitment:* Recruitment agencies (public and private) should be regulated, and effective monitoring data should be transparent and in the public domain (e.g. cost-effectiveness, volume, success rate over time, retention rates, equalities criteria and client satisfaction). Disciplinary measures must be introduced sanctioning agencies whose practice is unethical. Voluntary initiatives, such as the CGFNS Health Care Code for Ethical International Recruitment and Employment Practices, can be used to supplement gaps in legal regimes.⁷
- National self-sustainability: In collaboration with nurses, governments must have robust, valid, evidence-based human resource planning systems and policies at the national, regional and international levels that, through demand, match nursing supply to patient and population health needs.
- Works through its partnership in the International Centre on Nurse Migration to establish dynamic, effective global and national migration policies and practices that facilitate safe patient care and positive practice environments for IENs.⁶
- Denounces unethical recruitment practices that exploit nurses or mislead them into accepting job responsibilities and working conditions that are incompatible with their qualifications, skills and experience.
- Recognises the 'WHO Global Code of Practice on the International Recruitment of Health Personnel'; the 'Global Strategy on Human Resources for Health: Workforce 2030'; the policy recommendations and priority actions as set out in the report of the High-Level Commission on Health Employment and Economic Growth 'Working for health and growth: Investing in the health workforce'; and the UN Global Compact for Migration, and works to align their relevant recommendations with the issue of international career mobility and ethical nurse recruitment.^{8,9,10,11}
- Supports the work of the newly established 'International platform on health worker mobility' to improve monitoring of flows of nurses and other health workers, and promote good practice in recruitment, integration and employment of mobile health professionals.¹
- Recognises the rights of individual nurses to migrate and to work, and believes that nurses in all countries have this right as a function of choice, regardless of their motivation.
- Condemns the targeted recruitment of nurses from countries or areas within countries that are experiencing a chronic shortage of nurses and/or a temporary health crisis in which nurses are needed.⁷
- Acknowledges the adverse effects that international migration of nurses and other health professionals may have on healthcare quality in countries seriously depleted of their nursing workforce.
- Condemns the recruitment of nurses to countries where employing authorities have failed to implement sound human resource planning and have not adequately addressed issues of retention.
- Advocates for safeguards that protect nurses' interests and acquired rights and ensure decent work when career moves, transfers and international migration occur.





- Recognises the potential benefits of circular migration and calls for national mechanisms to support nurses who wish to return to their home countries.
- Calls on governments and nursing regulatory and credentialing bodies to remove unnecessary barriers to migration while ensuring systems are in place to maintain safe, quality patient care and to safeguard the public.
- Recommends that countries, when developing healthcare worker education and training policies, invest in and expand the primary health care workforce, with a focus on services in rural and community settings, and provide economic incentives to shape demand for and supply of healthcare worker training and education.¹²

ICN encourages national nurses' associations (NNAs), in collaboration with their respective government, to:

- Disseminate information on the working conditions of nurses and migration issues in an effort to inform nurses and health sector stakeholders, including the public.
- Make public any information on abusive recruitment practices to the nursing workforce in their country and information on who to contact should they experience recruitment abuses, and lobby for the elimination of these practices.
- Support and engage in research to document the impact of nurse immigration and emigration on: quality of care provided; demand for nursing personnel; the level and quality of educational preparation; and the characteristics and demographics of the mobile nurse population.
- Cooperate with decision-making bodies and governmental and non-governmental agencies to achieve appropriate human resources planning, ethical recruitment strategies, and sound national policies on the immigration and emigration of nurses.
- Contribute to the development of effective national approaches to nursing workforce planning, based on standard, comprehensive, and systematically acquired data; evidence-based policy; and scenario projections that take account of international flows.
- Support research on the shortage, mal-distribution and mis-utilisation of nurses at the national and regional level; analyse data within the social, political and economic situations specific to their area, and apply findings in human resources planning.
- Contribute to the development of a standard minimum dataset to track and compare different flows of nurses.
- Actively engage with employers to ensure that IENs have conditions of employment as favourable as those of the nurses of the country, in posts requiring the same level of competence and involving the same duties and responsibilities.
- In recruiting countries, develop national strategies to acknowledge and recognise the contribution of IENs working in their countries and to encourage an environment that respects diversity and multicultural perspectives.





References

¹ International Labour Organisation, Organisation for Economic Co-operation and Development, World Health Organization. The international platform on health worker mobility: Elevating dialogue, knowledge, and international cooperation [Internet]. Geneva: ILO, OECD, WHO;2018 [cited 2019 Oct 10]. Available from: www.who.int/hrh/migration/International-platform-HW-mobility.pdf?ua=1

² Scheffler R, Campbell J, Cometto G, Maeda A, Liu J, Bruckner TA, et al. Forecasting imbalances in the global health labor market and devising policy responses. Hum Resour Health [Internet]. 2018 Jan [cited 2019 Sep 13];16(5). Available from: doi.org/10.1186/s12960-017-0264-6

³ Dywili S, Bonner A, O'Brien L. Why do nurses migrate? – a review of recent literature. J Nurs Manag [Internet]. 2011 Nov [cited 2019 Oct 10];2(3):511-520. Available from: 10.1111/j.1365-2834.2011.01318.x.

⁴ Siyam A, Dal Poz MR, editors. Migration of health workers: the WHO code of practice and the global economic crisis [Internet]. Geneva: World Health Organization; 2014 May [cited 2019 Oct 10]. 220 p. Available from: https://www.who.int/hrh/migration/migration book/en/

⁵Masselink L, Jones, C. Immigration policy and internationally educated nurses in the United States: A brief history. Nurs Outlook [Internet]. 2014 Jan-Feb [cited 2019 Oct 10];62(1):39–45. Available from: 10.1016/j.outlook.2013.10.012

⁶ International Centre on Nurse Migration. ICNM [Internet]. Philadelphia, PA: International Centre on Nurse Migration; 2018 [cited 2019 Oct 10]. Available from: <u>https://www.intlnursemigration.org</u>

⁷ Alliance for Ethical International Recruitment Practices. Health care code for ethical international recruiment and employment practices [Internet]. Philadelphia, PA: Alliance for Ethical International Recruitment Practices; 2017 Sept [cited 2019 Nov 19]. 11 p. Available from: <u>https://www.cgfnsalliance.org/wp-content/uploads/2019/03/Health-Care-Code-for-EIREP-Sept-2017_FINAL.pdf</u>

⁸ World Health Organization. The WHO global code of practice on the international recruitment of health personnel [Internet]. Geneva: World Health Organization; 2010 May [cited 2019 Oct 10]. 12 p. Available from: http://www.who.int/hrh/migration/code/code_en.pdf?ua=1

⁹ World Health Organization. Global strategy on human resources for health: Workforce 2030 [Internet]. Geneva: World Health Organization; 2016 [cited 2019 Oct 10]. 64 p. Available from: www.who.int/hrh/resources/pub_globstrathrh-2030/en/

¹⁰ High-Level Commission on Health Employment and Economic Growth. Working for health and growth: investing in the health workforce [Internet]. Geneva: World Health Organization; 2016 [cited 2019 Oct 10]. Available from:

http://apps.who.int/iris/bitstream/handle/10665/250047/97892415?sequence=1

¹¹ Global Compact for Migration. Global compact for safe, orderly, and regular migration [Internet]. New York, NY: United Nations; 2018 [cited 2019 Oct 10]. Available from: <u>https://refugeesmigrants.un.org/sites/default/files/180713_agreed_outcome_global_compact_for_mig</u> <u>ration.pdf</u>





¹² McPake B, Squires A, Mahat A, Araujo EC. The economics of health professional education and careers: Insights from a literature review [Internet]. Washington, DC: World Bank; 2015 Oct [cited 2019 Jun 7]. Available from: 10.1596/978-1-4648-0616-2.

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