



ISSN No: 2319-5886

International Journal of Medical Research &
Health Sciences, 2016, 5, 9S:486-491

Nurses' Immigration: Causes and Problems

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ABSTRACT

Immigration of those working in the health sector (including nurses) as parts of the intellectual assets of a country is of great political, social and economic importance. Due to its influence on the efficiency and effectiveness of the healthcare system, lack of nurses is one of the major concerns in many developing countries. Meanwhile, the availability of various incentives encouraging the nurses to immigrate to other countries is another cause which has further complicated the situation in the countries of origin. Problems such as job dissatisfaction, social or political unrest and less social welfare are some of the factors that increase the pace of this immigration. The present review article seeks to study the causes of nurses' immigration, the problems caused by it and possible solutions.

Keywords: Lack of Nurse, Nurses' Immigration, Destination Countries, Countries of Origin.

INTRODUCTION

Lack of nursing forces is a global problem [1]. Lack of nurses and other healthcare forces is called human resources crisis in healthcare sector and the shortage of nurses in some industrial countries is a challenge which has pioneered national debates of healthcare policies since 1990s [2].

Shortage is a label or noun used for various descriptions. A shortage does not necessarily mean the shortage of people with nursing capabilities, but it refers to the lack of nurses satisfied with the current conditions and ready to continue working. Shortage of nurses necessarily refers to the gap between the number of the nurses available and the number of nurses required. However, there are many discrepancies in the definitions and measurement of lack of nurses in various countries. Shortage is usually described and measured in relation to the level of workers, resources and estimation of demand for healthcare services in a country. Thus, it is not so easy to quantify it and we may conclude that lack of nursing forces is a multidimensional phenomenon [3-5].

It is estimated that we have more than 12 million nurses all around the world. According to WHO, we have a shortage of 4.3 million doctors, nurses, midwives and supporting workers all around the world [1, 6]. The shortage of nurses in various countries also makes up a large number. Australia is estimated to have a shortage of 6000 nurses roughly equal to 5% of the workforce active in the field [7]. A conservative estimate of nurse shortage is Canada is roughly 16000 which is equal to 6.9% of the workforce in this field (The Consultative Nursing Committee of Canada, 2002). Netherlands also faces a nurse shortage of 7000 equal to 1% of the current working nurses [8]. The

US government reported a shortage of 70000 nurses (5% of the working force) in 2000 (National Center for US workforce analysis and healthcare, 2002). For each one million people in this country, there are 9300 nurses [9].

Iran is located in the Middle East and nearly 68% of its population live in cities. Based on 2011 census, the population of Iran is 75149669 people. With an average growth rate of 1.3%, the population is estimated to reach 100 million people by 2036 [10]. Based on the statistics of 2008, the total number of nurses in Iran was 90026 among whom 54020 worked in public hospitals, 12000 worked in army hospitals, 12000 worked in social security hospitals, 6000 worked in private hospitals and the remaining 6000 worked in pre-hospital emergency [11, 12].

Based on the above-said statistics, we have 1200 nurses for every one million people. In other words, if we require 3 nurses for each one thousand people, we will need to have 21 thousand nurses. If we require a ratio of 3 to 1 concerning the proportion of nurses to doctors (keeping in mind that we have 8000 doctors in Iran), we will require 24 thousand nurses. Considering the standard of having 1.5 to 2 nurses for each hospital bed (this number is 0.8 nurses for each bed in Iran, while we have 110 thousand active beds), we will require 2 nurses for each bed rendering number of nurses required in Iran 22000 [12, 13].

According to healthcare scholars, the world will face a shortage of 400 thousand nurses by 2020 [1, 14]. The lack of nurses will have an impact on healthcare system, diseases prevention, health promotion, nursing service satisfaction, and nursing services quality. This shortage will result in compulsory overtime of the nurses and, as a result, fatigue and job burnout, higher rate of nursing errors, less quality of nursing services and, in a defective cycle, desertion [15-17].

There are various factors that contribute to the shortage of nursing forces around the world. Some of these factors are listed here: inappropriate distribution of nurses around the world, poor deployment, disaffiliation between the goals of education policies and healthcare, poor working place, shortcomings in regulatory arrangements, poor scientific bases in healthcare work force and lack of evidence for policy and decision making, nurses' aging, less registration in universities, more alternative jobs for women, changes in healthcare services system, job burnout and desertion, higher demands for healthcare, immigration and not gaining a professional identity as people misunderstand what nurses do in hospitals [11, 13, 18, 19]. In addition to the factors just mentioned, some socio-economic trends like higher number of the elderly, rise of technology and greater expectations of the healthcare system influence the healthcare delivery and increase demands for experienced nurses.

Further to the several components just mentioned, there are other factors which contribute to the lack of nursing workforce in Iran. The majority of Iranian institutes especially the central management system of healthcare and particularly those in the public hospitals rely on governmental funds. Over the period of 2002 to 2005, only one nurse has been hired for every 2 retired nurses. Thus, hospitals are not free to employ their workforce [11].

The pervasive shortage of the nurses and the complicity of training procedure have turned into an international problem for the developing and the developed countries [20-23]. Thus, concerns about the proper deployment of the nurses and also preserving skilled workforce have been on the rise and turned into one of the most important concerns in different countries. We may say that one of the most important causes of nurses' immigration in most countries is their dissatisfaction with their work condition and level of life compared to the destination countries. On the other hand, shortage of nurses in the developed countries and better working and living conditions in the developed countries have resulted in an immigration flow to these countries [22].

Healthcare professionals

The reports issued by WHO in 2006 strongly suggest a relationship between the number of healthcare professionals and positive results for people's health. The results also indicate the difficulty of achieving the healthcare goals set in the areas facing shortage of medical and nursing forces. Countries with the highest level of difficulty in fulfilling the standards set by WHO had a considerable shortage in their healthcare force [24]. Over the recent decades, nursing has quickly turned into one of the movable jobs. Thousand of nurses (mostly women) undertake the difficulties of immigration in quest for better income, more appropriate working conditions, completion of their personal skills, better social welfare, personal security or even new experience and adventure [25].

The present research seeks to study the causes of nurses' immigration and the problems caused by their immigration.

Different types of immigration and their causes

As we have millions of nurses around the world who apply for immigration every year, it is impossible to come up with a comprehensive list about the causes and goals of their immigration. However, we may set certain categories to facilitate the investigation of immigration phenomenon and each immigrant may fit into one of these categories. Generally, nurses immigration falls into two categories: permanent and temporary [25].

Permanent immigration

As economic factors constitute the most important reason of patients' immigration, economic immigration is the most common type of immigration among nurses. This type of immigration is based on having higher levels of material welfare or higher income. Making money for the financial security of family is one of the most important incentives in this category. For example, more than 50% of the nurses in India are not officially employed by the government, and financial security of their families is the only reason they would consent to undertake all the difficulties of immigration to other countries [26].

"Immigration in search for a better life" is another type of immigration different from economic immigration. It is not higher levels of income which encourages immigration, but better social conditions in the destination country such as lower level of crimes, gender equality, and better family or social values are the cause of immigration. For example, 95% of the immigrants from South Africa name the high crime rate as the main cause of their immigration [25].

Speaking of different types of immigration, we may point to couple immigration and recreational immigration (where the nurse utilizes her expertise to make the money necessary to travel to somewhere).

Temporary immigration

In many cases, immigrants don't seek to live permanently in their destination. Many of the nurses immigrate to somewhere for a short time and after gaining the necessary skills or running their errands, they will return to their own country.

Another type of immigration is occupational-recreational immigration. In this type of immigration, the immigrant seeks to gain new experience and enhance his information and knowledge by travelling to various places. Mostly young nurses who have just graduated embark on this kind of trip and immigration. Cases including temporary work contracts can also be placed in the category of temporary immigrations [25].

Immigration flows

Traditionally, the international immigration of the nurses has followed a north to north or a south to south pattern. For example, Irish nurses have immigrated to England, while Canadian nurses have chosen US for work. However, immigration from developing countries to the developed countries has gained significant political and media importance [24].

In 2000, nearly 500 nurses emigrated from Ghana to the developed countries which was twice as many as the graduates from the nursing faculties in that country [27]. From 1999 to 2001, more than 60% of the nurses in a certain hospital in Malawi left this country to work in another country. According to the latest statistics in Iran, some 500 nurses resort to the nursing organization and receive their letters in order to immigrate to other countries every year.

The immigration flow of the nurses may change over time [4]. For instance, although Ireland has been known as a country which exported nurses for many decades, it is now receiver of many nurses from Philippines, Australia, India, South Africa and even the US. The established north to south trend of nurses' immigration has also changed as more countries have entered the international market of labor export. From 1990 to 2001, the number of countries which send nurse to England has increased from 71 to 95 countries [28]. Philippine once used to send the greatest number of nurses to England and Ireland, but it was outpaced by India in 2005 [29].

In some cases, nurses choose indirect paths for their immigration to the destination countries and try to enhance their experience and working resume in the middle of the process of immigration. For instance, if we study the Filipino nurses who are working in England, it will turn out that about 40% of them have had an experience of working in the Middle East or south East Asian countries [29].

The problems caused by the immigration of nurses and professional healthcare forces

There is a simple and clear relationship between brain drain and creating voids in the healthcare sector which weakens the health system in the countries experiencing it [30].

Brain drain confirms this fact that experienced and expert forces in each section always seek more income and better level of life and prefer to immigrate to richer and better places. Healthcare immigrants are considered as intellectual assets of a country and are socially, politically and economically important [31]. The impacts of the nurses' and doctors' immigration on the healthcare system of a country cannot be easily predicted. The relationship between lower levels of health level and higher levels of immigration indicates the negative effects of the immigration of these people on one hand, while immigration of doctors and nurses may result in the greater tendency of people to learn the skills associated with healthcare and result in educational development [32]. If we want to move away from this view that immigration results in more healthcare problems in society, we will arrive at the conclusion that in the majority of the cases, both of these issues are caused by other substantive problems such as lack of economic and social progress in the society [33].

Some of the methods employed in some countries to prevent immigration of professional nursing and medical forces are to hinder the process of employment and gaining visa. Lack of nurses and reduction of the medical welfare of the patients are not caused by the number of people working in the healthcare system of a country, thus imposing limits on these people can not be a good solution. On the contrary, some researches have pointed to the fact that limiting the immigration and hindering the process will merely make the situation worse. However, implementing an organized and pre-planned program of immigration can help us retain our educated forces [33].

One method to reduce immigration is the establishment of charities of NGO's which suggest better working and employment conditions than governmental organizations [34]. International aids to those suffering from HIV are a successful example of this approach. In this project budgets are dedicated to the medical and healthcare services for mothers and kids and improvement of healthcare system, rather than dedicating them to treating HIV [35].

Since many decades ago [36] up to now [37], there has been a general agreement that the solution to the problem of immigration of healthcare professionals is not something to be sought within immigration, but this problem needs to be solved through changes in the social and political systems [36].

Shortage of nurses in the developed countries

Despite the rise in the number of graduates in the field of nursing, lack of skilled labor in various parts of the healthcare system in the international level has turned into a major problem with many negative consequences for patients. Lack of nurses is no longer limited to developing states, but developed countries are facing this issue as well. The same issue might encourage nurses to immigrate to other countries, especially those from developing countries [38].

United states sought to solve the problem of shortage of nurses in various sectors by amending the laws of employing married, old and aboriginal nurses in 2002. Despite this corrective measure, the US would require 1.2 million new nurses until 2014. Further to the general shortage of nurses, lack of nurses with special expertise (for example ICU or Emergency service unit nurses) is another problem in the healthcare system [39].

CONCLUSION

As the studies indicate, lack of encouraging factors, shortcomings and failures in the countries of origin can contribute to immigration. In the majority of cases, immigration is a personal decision that the individual makes due to the problems he faces in his work place or society. Nurses' immigration is an issue with various social, occupational and even political incentives and factors. A good solution to cope with the problem of lack of nurses in the healthcare system can be attained only when the salary and benefits system and the working conditions in the healthcare sector improve.

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