Tehran University of Medical Sciences

Nursing Practice Today

2022; Volume 9, No 2, pp. 81-83

Letter to Editor

Who gets the benefits from nurse migration?

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Received 10 January 2022
Accepted 01 February 2022

Human resource is an essential element in the survival and success of organizations. Notably, qualified human capital is currently recognized as the most significant advantage in every organization in responding to constant changes and social impacts, which is an inevitable necessity for contemporary organizations (1). To improve health coverage and achieve health goals, having an adequate number of nurses is highly crucial because the quality of care depends on the availability of enough nursing professionals (2). While both developing and developed countries consider that the nursing profession is fundamental in providing health services, one of the significant current challenges of most healthcare systems worldwide is the shortage of the nursing workforce. This issue significantly impacts nurses' workload and substantially impacts nurses' performance in providing quality services (3). Lack of nursing professionals can reduce patients' immunity; increase post-operative infection rates; increase longer hospital-stay days and mortality rates (4). The consequences of nursing professionals' shortage include severe work stress, burnout, and aggravated work problems, eventually leading to leaving the job (3).

A systematic review showed various policies had been implemented in the world to resolve the nursing shortage, including increasing wages, increasing the number of nursing schools, facilitating employment conditions, employing strategies to train more competent nursing students, and noting the decline in the job leaving (4). Some countries recruit overseas trained nurses as a resolution for the shortage of nurses. It was reported 5-8% of nurses in the US, 10% and 6% in UK and Canada, respectively, are overseas qualified ones (5). The worldwide shortage of nurses has led to an unprecedented rate of qualified overseas nurses (6). As a result, national and global policy debates have begun to address the growing rate of overseas qualified overseas nurses and their impact on healthcare systems. While employing qualified overseas nurses can reduce some of the demand for nursing services in the host countries, it may create a more considerable shortage in the regions from which nurses migrate (7). Nurse migration has become a favorite topic for both the host countries and the donor countries that attempt to retain nurses who are keen to migrate (5). These nurses migrate from low-income countries to countries like the US, UK, and Canada to obtain a financial advantage (8). Studies revealed that the motivating factors among

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DOI: 10.18502/npt.v9i2.8891

Please cite this article as: Moshiri E, Mohammadi N, Yarahmadi S. Who get the benefits from nurse migration? Nursing Practice Today. 2022; 9(2):81-83

migrated nurses were professional development, increased financial benefit, and higher academic achievement (9). While traction factors included improved working conditions and better opportunities, pressure factors included poor payment, lack of opportunity for professional development, and stressful work conditions (9).

Literature is scarce concerning the history of nurse migration. However, it is evident international nurse migration is not a new phenomenon. Available literature indicates that nurse migration may have started in the 1940s with the initiatives of the UK and then the US. These countries intended to familiarize western nursing in their respective colonies with the supposed intent of improving the delivery of care to the natives. However, a following review of the literature shows that such initiatives may have strengthened its dominance over its colonies. As current events in international nurse migration would show, a shared language, standard academic curriculum, and post-colonial links between countries tend to be the factors causal which developing countries are targeted as sources of nurses (10). In Iran, more than 100 years have passed since the academic training of nursing. As with many other developing countries, such as China, Taiwan, and Lebanon, modern nursing was introduced to Iran by European and American foreign nurses (11). There was no evidence of a history of migration of Iranian nurses. However, Fortney's study noted that more than 300 Iranian nurses were employed in New York before 1970 (12). This study shows the history of migration of Iranian nurses dates back to at least 50 years ago.

The flow of nurses migrating classically is from developing countries to developed countries. However, there are other different flows. For example, the migration of Canadian nurses to the US or the migration of Irish nurses to the UK is considered a non-classical type migration. The immigration flow of the nurses may change over time. For instance, although Ireland has been known as a country that exported nurses for many decades, it is now the receiver of many nurses from the Philippines, Australia, India, South Africa, and ever the US. The trend of nurses' immigration has also changed as more countries have entered the international labor export market. From 1990 to 2001, the number of countries which send a nurse to England has increased from 71 to 95 countries (13). During the COVID-19 pandemic, the International Council of Nurses stated that developed countries have expanded policies to employ migrant nurses to compensate for the shortage of nurses and that the migration of nurses to these countries has increased (14). Philippines, South Africa, Sub-Sahara Africa, Malawi, Haiti, Zimbabwe, and India are facing the problem of nurses' migration and shortage of nursing professionals (8).

In Iran, the migration of professional nurses to developed countries is a crucial factor that exacerbates the nurse shortage. According to a formal report in recent years, approximately 1,000 Iranian trained nurses have migrated abroad through working schemes each year (15). Although accurate and official statistics on the migration of Iranian nurses during the COVID-19 pandemic are not available, according to unofficial statistics provided by the Iranian Nursing Organization (INO), the migration of nurses has tripled during COVID-19, and around 100 nurses migrate from Iran every month. The COVID-19 pandemic has driven Iranian nurses to foreign countries with better financial and workplace incentives (16). In Iran, in addition to dissatisfaction with wages, other issues add to nurses' problems and immigration motivation. Among these issues, we can mention; instability of financial resources, bureaucratic procedures in allocating and distributing financial credits, disputes between health insurance funds and affiliated units of the ministry of health, inadequate payments and compensation mechanisms, non-implementation of the nursing tariff act, and the dependence of medical universities on dedicated revenues (not sustainable national resources).

Health care system of nursing exporting countries, a reverse strategy should be used, and necessary measures should be taken to prevent the migration of nurses from their country and develop conditions for their

retention (14). Immigration from developing countries to developed countries has gained significant political and media importance (13). However, there are many benefits which include transferring of currency as remittances to the country of origin due to nurses' migration (9). Nevertheless, the devastating effects of the migration of nurses are undeniable, and the most critical asset that leaves the country is the young and educated workforce. There is no doubt that nurses are valuable human resources in healthcare systems, and the healthcare system is highly dependent on the nursing profession. The letter was written to arouse the attention of world leaders to the global issue of nursing migration and its consequences in countries of origin. Also, Iranian authorities should consider strategies to improve Iranian nurses' living conditions and welfare and prevent the outflow of valuable assets from the country.

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