International Migration of Nurses from South to North amidst the COVID-19 pandemic and beyond: A gain or a drain

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Abstract

The complexity of health, social and economic problems caused by the COVID-19 pandemic demands rapid, adequate and effective responses. This includes the urgent response from the existing health system to provide high quality of care for infected persons. Unfortunately, the performance of health system in low-resource settings has been weakened prior to the COVID-19 pandemic. The current pandemic has posed more pressure to the health system including the health workforce security and availability with the isolation periods and lock-down scenarios for many low- and middle-income countries. Nursing has been recognized as a profession with high global mobility. Nurses from the South (developing countries) would often migrate to the North (developed countries) due to security, better pay, and professional development, including working conditions. Nevertheless, aggressive recruitment of nurses from South amid the COVID-19 pandemic is considered unethical. Nurses as part of the essential health workforce are critically needed in their home countries. This editorial argues the benefits and disadvantages of nurses' migration from South to North. Several key sources from both scientific and grey literature were used in this editorial.

Keywords: developed countries; developing countries; international migration; nurses; south-north

Main Text

The COVID-19 pandemic creates significant challenges to the health system globally. The effort of delivering and enhancing routine healthcare services is also challenged by the urgent need of responding to the rapid increase in COVID-19 cases. As one of the essential components of health service delivery, healthcare workers, such as nurses, need to be strengthened in responding to the high demand of healthcare services during and beyond the COVID-19 pandemic (WHO, 2020). The demand to meet the needs of sufficient and qualified nurses is even more crucial for all countries. It has been argued that, prior to the COVID-19 pandemic, developed countries have been actively recruiting nurses from the developing countries for tackling the nurses shortage in their countries (Stievano, Hamilton, & Bakhshi, 2021).

Despite the benefits of international migration of nurses from developing countries, which also known as the South to the North (developed countries), the criticism against the negative impacts of nurses' migration remains. Recruiting nurses from the South during the COVID-19 pandemic and beyond has to be ethically reconsidered as this may weaken the health system in many low- and middle-income countries (LMICs) which have been identified as having a fragile health system (International Council of Nurses, 2019). This editorial argues the disadvantages of international migration, such as the weakening of LMICs' health systems, causing a brain drain phenomenon. Brain drain could be simply defined as the migration of health staff for various purposes, such as better working conditions, career development and quality of life, to other countries.

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The World Health Organization (WHO) has reported that there has been an increasing number of foreign doctors and nurses in Organization for Economic Co-operation and Development (OECD) countries since 2004 and most of them are migrating from developing countries such as the Philippines, India and Africa (World Health Organization, 2010). It is reported that the number of doctors and nurses from the South to the North continues to rise significantly even during the COVID-19 pandemic as a quick solution to their health crisis (Stievano et al., 2021). To overcome the health crisis caused by COVID-19, the developed countries such as the UK, Canada and USA aggressively attracted health care workers from the South to work in their countries by easing the immigration procedures (Stievano et al., 2021). As a result, significant numbers of nurses and doctors from LMICs have migrated to the North. Better remuneration package, better working and living conditions are considered as pull factors that have attracted nurses and doctors to work overseas, particularly for developed countries (Aluttis, Bishaw, & Frank, 2014). On the other hand, low remuneration, poor working conditions, lack of professional development, lack of recognition from the government and inadequate appreciation from the professional association are the push factors that motivate nurses and doctors to leave their country of origin (Aluttis et al., 2014).

Migrating to industrialized countries has been recognized as a fundamental human right option for seeking better working and living conditions (Shaffer, Bakhshi, Cook, & Álvarez, 2022). Furthermore, international placement of nurses provides economic benefits for the country of origin. Remittance incomes from the migrated nurses boost the stabilization of their household income and the home country's economic dynamics. Furthermore, this remittance can be used for improving countries' health systems. It has been accepted that international migration contributes to the reduction of poverty as well as improves the economic growth of the sending countries. According to a study by the World Bank, a 10% increase in citizens leaving developing countries to work in developed countries is associated with a 1.6% of poverty reduction (World Bank, cited in WHO, 2010). In contrast, a study of nine sub-Saharan African countries conducted by Mills et al. (2011) found that the total investment loss on training for doctors who migrate reached $2.17 billion and Kenya loses investment worth the US $300,000 for every emigrating nurse. Moreover, Mills et al. (2011) (Mills et al., 2011) calculated that the United Kingdom and the United States of America as receiving countries can reduce their training investment for doctors and nurses and save about $2.7billion and $846 million, respectively. Accordingly, it can be said that there is a shift in investment to the destination countries, which has benefited the high-income countries.

In addition, for the source countries, which are commonly LMICs, the negative impacts of nurses' migration outweigh its benefits. The first negative impact of losing nurses to the North is the weakening of the health system. It has been well-documented that the health system in many LMICs is fragile. The COVID-19 crisis has exacerbated weaknesses of many LMICs health systems. As indicated by the WHO, healthcare workers such as nurses are one of the health system's key building blocks. Health workforce should be equally well-managed as an important aspect of health systems, besides access to medication, health information systems and access to healthcare. If a country fails to have adequate number of health workers, the health outcomes cannot be reached effectively. Health problems in the developing countries, such as HIV/AIDS, tuberculosis and maternal deaths, remain high when compared to the developed nations (Batata, 2005), and this is exacerbated by the COVID-19 crisis (Stievano et al., 2021). For example, in the Philippines, a country with a high number of migrant nurses abroad (Shaffer et al., 2022), the migration of nurses creates a gap in the supply of health workers, which has affected the quality of care delivered, especially in rural areas (Castro-Palaganas et al., 2017).

The second drawback of sending nurses out of the home country is the "brain drain" phenomenon where talented people go to other countries to improve their economic status, the standard of living and better access to more advanced technology (Dodani & LaPorte, 2005). Industrialized countries tend to recruit excellent performing nurses from developing countries. Hence, developing countries will likely to experience a lack of competent nurses. Consequently, health services in the developing countries will be provided by the less motivated and less skilled nurses compared to those who migrate with excellent skills and experience. This situation will impact the overall quality of healthcare services (Ahmad, 2005).

It is argued that migrant nurses working in the North can gain more skills and competence, especially for advanced technology in health. The benefit of this is that, when these nurses return to their country of origin, they can transfer their knowledge and skills to other nurses. This phenomenon is called "brain gain" (Dodani & LaPorte, 2005). It has been argued that interventions that are implemented to enhance brain gain will minimize the brain drain. However, since most developing countries have poor human resource management systems, particularly in the healthcare sector, there are insufficient records on the database for nurses who have migrated to other countries and who have already returned to their home countries. As a result, the circular migration strategy which should be implemented by the government will be ineffective and the phenomenon of brain drain will continue to exist.

The migration of nurses from the South to the North would also lead to another disadvantage known as "brain waste." This phenomenon happens when nurses cannot perform their nursing duties for

a certain period due to destination countries having different standards that allow someone to work as a nurse in the healthcare settings such as hospitals. This leads to the nurses losing all their nursing competencies. For example, Indonesian nurses who work in Japan, cannot work in hospitals before they pass the Japanese nursing licensure exam, they can only work as caregivers. In addition, if they cannot pass the Japan licensure test over a 3-year period, they have to come back to Indonesia (Efendi, Chen, Nursalam, Indarwati, & Ulfiana, 2016). In this case, when they return to Indonesia, they will also experience losing their nursing competencies. Therefore, the Indonesian government will not be able to reach its goal of gaining benefits from these returnees.

The WHO (2010b) (WHO, n.d.) has suggested there are three methods of international recruitment of health professionals. The first is the Government-to-Government collaboration (G-to-G). This scheme is a formal method in which a memorandum of understanding is made by both sending and receiving countries. The second method is the Government-to-Private (G-to-P). In this less formal scheme, the sending country initiates to make a memorandum of understanding with the private recruitment agency in the host country. Finally, the least formal scheme is Private-to-Private (P-to-P). This scheme is run through business-oriented recruiter agencies both in sending country and receiving country. It has been argued that Indonesia has been experiencing a surplus of nurses, and, in combination with the increase of nurses globally in response to the COVID-19 pandemic, an increasing number of nurses to be placed abroad has been claimed as an Indonesian government' strategy to reduce unemployed nurses in the country. Nevertheless, formal cooperation between Indonesia and the receiver countries is still lacking.

The Global Code of International Recruitment regulates international recruitment practices and is aimed to protect the sending countries from the negative effects of international migration. Moreover, this global code strongly recommends that the international recruitment of healthcare workers should be conducted through the scheme of Government-to-Government agreement in order to protect the migrant health workers as well as facilitate full potential benefits for both the sending and receiving countries (World Health Organization, 2010). International migration could also create psychological and social tensions due to feelings of fear of a new situation, as well as feeling lonely and overwhelmed by the cultural differences. Moreover, this stressful situation is exacerbated by the inability to speak the language of the host country. Furthermore, the migrant workers will not be able to communicate appropriately, which could cause a stressful situation in the workplace. These issues are even more crucial in the COVID-19 pandemic where migrant nurses with their limitations are vulnerable to be infected with COVID-19 in their workplace. Therefore, migrant healthcare workers such as nurses need to have formal protection from both the destination country and their home country. The government of the source country should collaborate with the destination country especially in maintaining a database and registry of migrant healthcare workers, comprehensively recording and including essential data, such as the hiring institutions, address of the employer and date that their contract starts and ends. In addition, the communication between migrant healthcare workers should also be maintained both by both the country of origin and the destination country. However, this situation will be unlikely to occur in the case of the recruitment process through Private-to-Private. The WHO has reported that the G-to-G scheme is fewer than other schemes such as the Government-to-Private (G-to-P) scheme or the Private-to-Private (P-P) scheme. The nature of the Private-to-Private scheme is purely business. Therefore, the private recruitment agencies will pay less attention to the security and protection of nurses. Consequently, as an obligation to protect its citizen, home countries must make extra effort to tackle the issue and protect their migrant healthcare workers abroad. This measure can be costly for the source countries and will furthermore create greater burden on the source countries. Again, rather than gaining more economic benefits from sending nurses or healthcare workers to work abroad, the developing countries must struggle to overcome the problems caused by the migration of qualified nurses. It can be argued here that the paradoxical situation occurs where developed countries which are supposed to help to strengthen the health system in developing countries, but instead it is the developing countries who actually support the health system of the developed countries.

In conclusion, developed countries need more nurses to strengthen their health services with the increasing number of older population and health crisis due to the COVID-19 pandemic. To fulfill this need, developed countries rely on the nurses from the developing countries which, to some extent, are already lacking relating to nurses' availability. Nurses in the South are, for several reasons, interested in working abroad. The reasons can come from destination countries, namely pull factors, or push factors which originate from the home countries.

The international movement of nurses has both positive and negative impacts. The disadvantage of sending nurses abroad is brain drain. This phenomenon occurs when highly talented and motivated health professionals leave their home country to work in other countries for a better salary and working conditions. The phenomenon can weaken the existing health system in the developing countries as the source countries. On the other hand, international migration can increase a country's remittance. However, the sending countries' loss of investment in nurses' training and education outweighs the benefit of having remittance from the

international migration. Therefore, the governments of developing countries should improve the nurses' working and living conditions as well as recognition of their essential contribution to the healthcare system. Also, the international placement of nurses should be managed strategically and efficiently to gain full potential benefit for nurses as individuals, as well as for the improvement of health systems in the developing or source countries.

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