

RESEARCH ARTICLE

TRENDS AND ISSUES IN INTERNATIONAL NURSE MIGRATION: A CANADIAN PERSPECTIVE

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Abstract

This paper explores the issues surrounding international nurse migration to Canada. Within the context of Karl Marx's idea of a "disposable industrial reserve army [of labor]" (Magdoff & Magdoff, p. 20; Marx, 1887, p. 438), this paper posits that internationally educated nurses (IENs) are viewed as disposable labour who have the potential to assume different labour requirements needed by the receiving nation state (Magdoff & Magdoff, p. 26). This paper provides a brief background of international nurse migration in history and literature. It proceeds to explore the issue of gendered and racialized labour, and a more focused discussion of the current state and pathways of IEN migration to, and the plight of IENs in Canada.

Keywords: internationally educated nurse, nurse migration, disposable labour, Canada

Introduction

Migration has been an ongoing issue around the globe, and is often perceived to be a response to uneven distribution of opportunities measured in terms of economic, social and working conditions in both the source and receiving countries (Luck, as cited in Connell, 2008). This is particularly true with respect to the migration of health care professionals, including nurses, that is encouraged by the ongoing and cyclical shortage and/or uneven distribution of care workers in different parts of the globe (Greco, 2010). Canada is not immune to this issue of health care worker shortage. From a nursing workforce perspective, it has been reported that Canada continues to experience registered nursing shortage and if this is not appropriately addressed, the country will be needing approximately 60,000 full-time equivalent registered nurses by 2022 (Canadian Nurses' Association [CNA], 2017; Grant, 2015). This nursing shortage has led to the closure of an emergency department in one Canadian province; this situation negatively impacts not only the health and well-being of patients, but of nurses, as well (Betts, 2017; Fraser, 2018; Steeves, 2018). The CNA (2009) does not support international nurse recruitment as a strategy to remedy RN shortage in the country but it recognizes the many benefits that internationally educated nurses (IENs) bring to Canada's health care system, "such as the filling of nursing vacancies by educated, experienced and often specialized nurses... from culturally diverse backgrounds, which

is particularly important in a country such as Canada" (CNA, 2005, p. 2). While nursing shortage is often blamed as the precursor of nurse migration, this phenomenon is actually a result of various factors arising from either the source country, the receiving country, or both. In many instances, it is the result of an unholy alliance between and amongst capitalist states in the global labour market that constantly aims to ensure a constant supply of labour-power (Colley, 2015). In this paper, I will present a brief history of international nurse migration. This will be followed by a discussion of the reasons that promote nurse migration, the issues respecting nurse migration to Canada, and how IENs are used as a form of disposable labour.

International Nurse Migration in History

In 1940, the United Kingdom (UK) established the Colonial Nursing Service under the Colonial Office, a government agency formally tasked with the recruitment of British nurses to work in British colonies abroad (Solano & Rafferty, 2007). The tasks of these British nurses were twofold: the provision of health care services and the westernization of nursing education and practice in the colonies (Solano & Rafferty, 2007). This initiative, however, was quite limited in scope as the opportunity was only available to white, British women who were educated, had good social standing, and the capability to be agents of imperialism (Solano &

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Rafferty, 2007). Nursing, race, class and gender represented power and authority, and were used as strategies to reach out to, and pacify the natives of the colonies.

A few years following the conclusion of the Second World War, in 1947, the US began to host IENs in its hospitals through an Exchange Visitor Program (EVP) initiated by the International Council of Nurses (ICN) (Brush & Sochalski, 2007). The EVP provided nurses trained in other countries such as Denmark, Norway, Sweden, the Philippines (a former US colony) and the UK to gain exposure to, and acquire knowledge and skills from American hospitals with the intent of promoting capacity-building in the IENs' home countries (Brush & Sochalski, 2007). This program was subsequently assumed by the American Nurses' Association. Unfortunately, instead of enhancing the practice of nursing in the IENs' home countries, the EVP only instilled amongst the participants and their colleagues back home the desire to advance their personal and professional circumstances. Amongst Filipino nurses who participated in the EVP, those who went home perpetuated American nursing trends, alongside the belief that nursing practice in the US would be the pinnacle of their nursing career (Choy, 2003). What is peculiar about this program was the timing of the initiative; it was allegedly implemented to demonstrate goodwill efforts on the part of the US that was extended to its World War II allies during a period of nursing shortage across the North American continent, including Canada (Ross-Kerr, 1998; Smeltzer, Vlasses & Robinson, 2005).

There is paucity of literature with respect to the history of international nurse migration. It is evident, however, that international nurse migration is not a new phenomenon. Available literature indicates that modern international nurse migration may have started in the 1940s through explicit and implicit initiatives of the UK and the US, respectively. The UK and the US aimed to introduce western nursing in their respective colonies with the supposed intent of improving the delivery of care to the natives. However, subsequent review of literature indicates that such initiatives may have been flawed and covertly used as a means to strengthen their hold on the colonies. As recent events in international nurse migration would indicate, a shared language, common educational curriculum, and post colonial ties between countries tend to be the factors determining which developing countries are targeted as sources of nurses, as in the case of the US and its former colony, the Philippines (Kingma, 2006; Kingma, 2007). Kingma (2006) noted that by 1970, the combined number of Philippine-trained nurses registered in the US and Canada exceeded the number of nurses in the Philippines. Developing countries such as the Philippines, therefore, became the steady supplier of labour power required to support the health care system of capitalist states. Capitalist states benefit immensely through increased profits and by meeting their labour power needs with minimal to no investment in the training of a highly skilled workforce (Zaman, 2006).

International Nurse Migration in Literature

Several authors have attributed international nurse migration to a set of push and pull factors (Buchan & Calman, 2005; Buchan, Kingma & Lorenzo, 2005; Kingma, 2006; Kingma, 2007; Kline, 2003; Ogilvie, Mill, Astle, Fanning, & Opere, 2007; Registered Nurses' Association of Ontario [RNAO], 2008; Sparacio, 2005). Generally, higher salaries, opportunities for professional development and safer working environments attract or pull nurses toward developed countries while poor working conditions, lack of professional development opportunities, lack of involvement in decision making and low wages are considered push factors (Kingma, 2007). Job dissatisfaction related to poor physical and organizational infrastructures, lack of respect from physicians and supervisors and an underutilization of their nursing knowledge are also considered push factors and contribute to nurse migration (Buchan & Calman, 2004; Kline, 2003). In other situations the nurse may not wish to migrate, but circumstances may give them little choice as in the case of health care professionals from sub-Saharan Africa who were forced to flee their countries due to HIV/AIDS epidemic in the region (Ogilvie, Mill, Astle, Fanning, & Opere, 2007).

Regrettably, creating this binary of push and pull factors has resulted in an over-simplification of the true reason surrounding international migration. It fails to acknowledge that migration, notably from developing countries that emerged from colonization, is a legacy of colonialism and imperialist capitalism manifested in the form of labour brokerage "under conditions of neoliberal globalization" (Rodriguez, 2010, pp. xxi-xxii). This can be exemplified by the Philippines. In addition to being a beneficiary of the US' EVP, exporting labour power, specifically nurses, was further institutionalized in 1973 when then President Ferdinand Marcos, during his martial rule, declared his commitment to exporting Filipino nurses. In his address at the annual meeting of the Philippine Nurses' Association, he declared that "[w]e will encourage the training of all nurses because... this is a market that we should take advantage of. Instead of stopping the nurses from going abroad, why don't we produce more nurses? If they want one thousand nurses we produce a thousand more" (Marcos, 1974). Filipina/o nurses, alongside other Filipinas/Filipinos who went abroad to work, became a source of dollar remittances to boost the country's economy.

At the turn of the 21st century, at the height of the Asian financial crisis and political instability in the Philippines, more individuals resorted to studying nursing as a way to find a better life for themselves and their families in other countries. Many Philippine-trained nurses applied to become live-in care-givers and domestic helpers in other countries, such as Canada, Hong Kong and Middle Eastern countries. Even physicians who had specialty training in medicine and surgery re-trained to become nurses as a passport to move overseas. More nursing schools mushroomed across the country to cater to the growing demand for nursing education. In 2010, it was reported that there were over 460

nursing programs across the Philippines, many of which were unable to produce graduates who could pass the government licensure examination (ABS-CBN News, 2010). In 2016, it was reported that the Philippines had more than 200,000 registered nurses who were jobless (Badilla, 2016). What is appalling at this point is that many hospitals continue to be understaffed as both government and private institutions are unable to hire RNs. Ultimately, migration has become “a powerful force affecting receiving countries through immigration policies that attract and recruit immigrant labor, affecting sending countries through aggressive labor export policies, and affecting organized labor through the huge profits that can be made by [capitalist] agents and recruiters” (Zaman, 2006, p. 25).

Feminization of Migrant Workers

There has been an ongoing recognition of the rising feminization of migrant workers. For example, the Philippines, considered the largest migrant nation, exported women labour in various unskilled and skilled employment, such as domestic service and nursing, to different parts of the globe (Ball, 2008). This is even more evident in nursing as a female-dominated profession. More female nurses participate in migration, and are primarily driven by their relationships, either to follow their male spouses, or to support family members in their home countries (Winkelmann-Gleed, 2006). In the latter instance, these female nurses, as daughters and mothers, “play a central role in household income generation” (Ball, p. 34). Unfortunately, there is a lack of recognition of the plight of this group of nurses. This can be a result of the traditional feminine stereotypes attributed to nursing to the extent that their employment conditions are aligned with the subordinate status of women in society, as well as an extension of the female's caregiving role in societies (Das Gupta, 2009; Kingma, 2006). An IEN leaves her children and/or aging parents under the care of relatives or other family members to seek employment overseas by looking after the children or parents of her sponsoring employers (Sigler, 2010). Migration comes with social costs, and it is not unusual to hear stories of migrants who pay a high price to achieve their dreams for the family (Kingma, 2006). As the IEN leaves his or her family back home with the desire of improving their social status in life, they also make extreme sacrifices that may potentially lead to dissolution of the family unit.

Migration of Internationally-Educated Nurses to Canada

Canada has become a destination of choice for many IENs because of its immigration policies that attract many skilled workers. In addition, there continues to exist a shortage of registered nurses across the country (CNA, 2017). Ogilvie, Leung, Gushuliak, McGuire and Burgess-Pinto (2007) suggested it would be difficult to estimate how many IENs reside in Canada because of the different ways by which they arrive here. Some of them arrived here as skilled workers, as spouses of skilled workers under the economic class, as sponsored spouses in family reunification, as refugees or as temporary workers such as those belonging to the live-in care-giver program (Ogilvie, Leung,

Gushuliak, McGuire & Burgess-Pinto, 2007). However, if one considers the number of IENs who successfully passed the Canadian Registered Nurse Exam (CRNE) on first attempt from 2005 to 2009, it can be noticed that their numbers steadily increased from a low of 711 in 2006, to a high of 1944 in 2009 (CNA, 2010). This does not include the number of IENs who were unable to meet the baccalaureate entry-to-practice requirement and who, for a variety of reasons, may have opted to pursue practical nursing, or to forgo of the opportunity to return to nursing. Jeans (2006) estimated that only about a third of IENs ultimately gain registration in Canada.

In Ontario, the number of IENs (excluding US graduates) registered in the Registered Nurse (RN) category decreased from 12,036 in 2012 to 10,907 in 2016 (College of Nurses of Ontario [CNO], 2017). On the other hand, the number of IENs (excluding US graduates) licensed as Registered Practical Nurses (RPN) in Ontario increased immensely from 2,174 in 2012 to 4,433 in 2016 (CNO, 2017). As the number of IENs becoming RNs is decreasing, I argue that there is potentially an even greater number of hidden and undocumented IENs present in Canada. There are IENs who, due to financial reasons, are no longer able to shoulder the cost of RN application, or to re-write the licensure/registration examination after multiple failures. In Ontario, for example, the cost of applying for evaluation with the National Nursing Assessment Service (NNAS) (2015) is \$650 in US funds. The College of Nurses of Ontario requires an additional \$910.10 and \$1,021.50 to cover the initial application and registration for RPNs and RNs (CNO, 2018), respectively, on the premise that applicants pass the registration exam at their first attempt. For many IENs, this is a huge sum of money to invest, especially if one considers that a substantial number of IENs initially arrive in Canada and find survival work, and therefore, only earn minimum wage while supporting their families back home. In addition, there are IENs who, due to various reasons, have abandoned their application for RN registration or failed to complete the registration process. As a result, the number of IENs applying for registration with the CNO (2015) has decreased sharply as of 2015 with the introduction of the NNAS requirement. Only applicants who have sufficient monies are able to proceed with this initial requirement in the registration process.

In recent years, a new approach has emerged as a faster way for IENs to come to Canada - by applying as international students. The Association of Canadian Community Colleges (ACCC) (n.d.) collaborated with Citizenship and Immigration Canada in implementing the Student Partners Program (SPP) in countries such as India. The SPP is designed to expedite visas for international students to study in Canadian colleges. However, I question the wisdom (or its absence) behind its implementation. In my previous work as an IEN program coordinator, I saw and heard how Indian nurses, for example, were brought to Canada on student visas to enroll in programs other than nursing (e.g., medical office administration, health and wellness). This in itself indicates the lack of academic advise provided to prospective international students. Understandably, these Indian nurses'

ultimate goal was to become RNs in Canada the most expedient way. However, they soon find out after their arrival that the route they chose to achieve Canadian registration was inappropriate. I was subsequently asked how I could help 15 Indian nurses who failed a health and wellness program primarily due to language barrier. Under the cloak of globalism, both Canadian and Indian states have put in place processes that would facilitate the labour migration of nurses that created huge profits for both Canadian and Indian agents and recruiters (Zaman, 2006). The Canadian states and its agents, e.g., international recruiters of postsecondary institutions, promote the de-skilling, re-skilling, and economic exploitation of these migrant students/workers with the promise of an expedited student visa, and the opportunity to become permanent residents in the future.

IENs as Disposable Labour

The recruitment of migrant workers, the internationalization of Canada's postsecondary institutions and the promotion of immigration as strategies to augment the country's labour force, create what Karl Marx refers to as a "disposable industrial reserve army [of labor]" (Magdoff & Magdoff, p. 20; Marx, 1887, p. 438) who have the potential to assume different labour requirements needed by the nation state (Magdoff & Magdoff, p. 26). Typically educated, these individuals can readily assume professional roles with minimal investment on the part of capitalist nation states when there is a demand for their specialized skills, or they may willingly accept temporary, low-paying jobs with little or no benefits at other times in order to support themselves and their families. Immigrants and foreign workers become "a mass of human material always ready for exploitation" (Marx, 1887, p. 438) and, in certain instances, are employed in unskilled positions (Connell, 2008). This can be best exemplified by IENs who come to Canada as permanent residents, participants of the live-in caregiver program, refugees, or international visa students. They face the paradox of being warmly welcomed by the state, and yet they are subjected to various rules and regulatory policies that impose severe, almost insurmountable restrictions on their ability to become nurses in Canada. IENs who were educated and experienced as RNs elsewhere, especially those who come from developing countries, find that their education and work experience are devalued in the workplace. Those who are lucky may find an opportunity to become a registered practical nurse, while others end up being personal support workers. I have met a number of Filipino/a live-in caregivers who continue to stay in those roles even after they receive an open work permit or permanent residence status due to prolonged periods of deskilling. Unfortunately, while the live-in caregiver program provides IENs and other migrant workers an opportunity to become permanent residents after two years of hard labour, precarious immigration status, low income, and minimal social capital and support, an overwhelming majority of these individuals remain as nannies or move on to unskilled employment such as food service workers, cashiers, elder care, baby sitting, and janitors (Nocos, 2013; Pratt, 2003). Those who

chose to remain as nannies summarized their journey in the following words: "from R.N. to R.N.... from Registered Nurse in the Philippines to Registered Nanny in Canada" (Pratt, 2003, p. 6).

Conclusion

Nursing shortage has been often cited as the reason for nurse migration. However, as noted from the preceding discussion, IEN migration is more than the issue of nursing shortage. As suggested by Zaman (2006), labour force migration, in general, is an instrument used by capitalist states to promote the growth of capitalism by maintaining a reserve army of labour that can meet the needs of the state at any given time. The Canadian state promotes capitalist imperialism through its immigration policies that espouse modern day slavery amongst migrant and immigrant workers based on their gender, race, and class. As a patriarchal state, Canada supports the servitude of women and other migrant workers to ensure the continued supply of labour-power needed for production (Colley, 2015). Capitalism, after all, has the ability to "intensify the exploitation of the majority of women and men on the world scale through the organized socialization of production" (Carpenter & Mojab, 2017, p. 125).

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