

A world map composed of puzzle pieces, with the continents in dark blue and the oceans in a lighter blue. The puzzle pieces are interlocking, symbolizing global interconnectedness.

Nurse Migration Is Not An Economic Zero-Sum Game

By Jennifer Fimalan BSN RN

When foreign-trained nurses migrate into a developed nation, do they leave a devastated local economy in their wake? Does one nation's gain inevitably mean another's loss? A closer analysis of the global movement of skilled nurses reveals some surprises. Sometimes working internationally is the *only* way that nurses from developing nations can earn a better life for themselves and their families. Further, it is also often a key way for them to improve conditions in their home country — even to the point of measurably alleviating poverty conditions.

First, we need to understand that the nursing shortage is *everywhere*.

The economic implications of nurse migration are complex; and the intricacies can be discounted, misunderstood — or even misrepresented! For example: it's often just *assumed* that recruiting nurses into developed nations out of developing countries is like robbing Peter to pay Paul. It is a mistake, however, to look at nurse migration in this way when *no one* is wealthy with skilled nurses.

The International Council of Nurses puts it succinctly: "With few exceptions, nurse shortages are present in all regions and constitute a priority concern."ⁱ

The migration of a nurse from a developing nation to a developed one is analogous to a native nurse moving from a rural environment to a big city. Both regions are suffering from the same shortage; a new skilled nurse will provide equal relief regardless of destination. It is not the shortage that pulls or pushes the nurse; it is the presence of good opportunities.

We also need to remember that we're talking about *individuals*, not populations.

That means nurses *will* migrate. That's because — while studies and conversations around this topic discuss the movement of *aggregate* populations and its impacts — fundamentally the decision to migrate is being made by the individual nurse and their family who are seeking better opportunities for themselves (*and even their native countries*).

If the small town nurse doesn't move to *your* big city, s/he'll move to the next one over for the improved options it offers. If the nurse from Sri Lanka doesn't help you staff *your* U.S. hospital, s/he'll just bolster the health care system in England or elsewhere. "A better life and livelihood are at the root of decisions to migrate," says the World Health Organization.

Often policies designed to keep nurses out just inadvertently disadvantage them. For example, nurses might not be able to find employment in their nation of origin.

Even if nurses **stay** in their nation of origin, they're **not** guaranteed employment.

Nurses may feel *compelled* to migrate when they can't get hired locally *despite* shortages. Per the World Health Organization: "Paradoxically...insufficiencies often coexist in a country with large numbers of unemployed health professionals."ⁱⁱ

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The problem arises when local health systems in developing nations are unable to incorporate native nurses who are willing to work. The local systems might lack the funds. That's why, for example, Zimbabwe is maintaining a freeze on recruiting new staff despite a critical shortage of nurses: sometimes the funds are being dispensed to "ghost workers," or people on the payroll who don't exist or don't show up.ⁱⁱⁱ Ghost workers can be a symptom of either corruption or inefficiency, but either way, it depletes the local system of money to pay those nurses who would actually show up.¹

Other factors could be at play as well, such as political instability or policies in need of reform. The end result is the same: nurses can't get jobs locally. Instead, they look abroad and find themselves pulled toward open positions and higher paychecks.

But won't the loss of a knowledge worker hurt the local economy of their nation of origin? Actually, migration often has the exact opposite impact and can actually boost the economy in both nations.

¹ And just to underscore the fact that the nurse shortage is universal, this happens even in developed nations: for example, despite an overall shortage, cash-strapped Ontario hospitals have been laying off registered nurses.

Given **healthy incomes**, nurses will send money home – **a lot of money**.

Nurses from developing nations earn significantly more money abroad, but they won't pocket all of that money. According to the World Bank's 2016 *Migration and Remittances Factbook*, international workers will send \$601 billion in remittances back to their families in their home countries. Developing nations specifically will receive \$441 billion.^{iv}

This is only possible because nurses from developing nations make, on average, ten to twenty times more than what they would earn in their home countries.^v For example, the average Filipino nurse earns between \$200 and \$300 monthly. Meanwhile, the average RN in the U.S. earns about \$320 in *one shift*.^{vi}

All told, remittances sent through formal channels are more than twice the amount of international aid; remittances sent through informal channels may add 50% or more. It's enough that the World Bank believes these remittances are associated with declines in poverty among the recipients.

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Specifically, these remittances can improve access to education and encourage youth to stay in school; households in developing nations that receive remittances spend almost three times more on education than others, in addition to enhancing household savings and spending.^{vii}

Migration into an **advanced economy** can spur **financial** and **economic stimulus**.

Long-term economic analysis reveals that foreign-trained workers may be associated with overall increased income and output per worker in the recipient economy.

For example, the Federal Reserve Bank of San Francisco analyzed a study of the impact of immigration on the recipient economy over time. Their review paints a dynamic portrait of long-term effects: as local employers make provisions for

absorbing and optimizing their use of foreign-trained professionals, the effects lead “to increases in the efficiency and productivity of state economies.”^{viii}

In addition to adding consumers who can help fuel the local economy through their spending for basic living costs and demand for local services, these nurses can pump thousands or tens of thousands of dollars into the local economy.

But what does all of this mean for ethical nurse recruitment in a world of **global nurse migration**?

As all countries are faced with shortages on a global platform, the migration of nurses can have positive outcomes for both countries.

The economic relationships just involve too many moving parts for us to be able to render the impact in simplistic ways. In other words, it's inaccurate that if the U.S. hires a nurse from an African or Asian nation, the U.S. is up one and the developing nation is down one. Instead of discounting migration, health care systems should embrace the positive implications of global nurse staffing.

The economic reality of nurse migration is complicated, but research paints a clear picture: nurse migration is not a zero-sum game.





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