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Nursing emigration in the United Kingdom: A qualitative exploration of the Spanish nursing community

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Abstract

Aim: To understand and describe the experiences and perceptions of migrant Spanish nurses working in the UK.

Design: Online survey with open-ended questions.

Methods: A total of 371 participants were recruited from online groups related to Spanish nurses working in the UK.

Results: Four themes emerged from their content analysis: "Motivations for emigration: running away from job insecurity and unemployment," "Professional recognition," "Seeking better life stability" and "Future neediness: between a rock and a hard place." In these results, professional recognition was highlighted as a reason to stay in the host country, although the uncertainty represented by *Brexit* is reversing the migration trend that began years ago. Policymakers should be aware of these experiences to promote strategies and programmes, which encourage inclusion in the host country and will help these nurses in their transition process.

KEYWORDS
economic recession, emigration and immigration, European union, health workforce, nursing, Spain, United Kingdom

1 | INTRODUCTION

The economic crisis of mid-2007 brought an abrupt end to the era of economic growth that preceded it and led to a serious global economic recession. This fact dragged the countries of the European Union (EU) into an economic disaster, more extensively in the Southern countries of the Eurozone (Manzano-García et al., 2017), which will have an impact also in countries such as the United Kingdom (UK). In this scenario, Spain still occupied fourth place among the top five European nationalities that had immigrated to the UK since 2002

(Watkin, 2016) (see Table S1 in File S1). Conversely, according to data provided by the Department for Work and Pensions in the UK in the first quarter of 2016, there had already been an 11% decrease in the registered Spanish population from the previous year prior to the "Brexit" vote, a portmanteau of "British" and "exit," which represents a withdrawal of the UK from the EU (Sampson, 2017). Nevertheless, current data demote Spain to fifth place, with 12,000 registrations less in the National Insurance Number (NIN) than in 2016 (Watkin, 2017). Likewise, these data would be similar for the NHS, which has a long-term tendency to rely on migrant nurses such as Spanish,

Romanian or Portuguese nurses from European Economic Area (EEA) countries or Philippian and Indian nurses from outside the EEA (Nursing & Midwifery Council, 2020). In this sense, there already existed an increasing development for recruiting and retaining EU and non-EU nurses prior to the plebiscite in 2016 to improve the current inverse correlation between foreign nurses and patient satisfaction (Germack et al., 2015; Gillin & Smith, 2020). Still, Brexit vote imply a time of uncertainty for more of the 33,000 EU nurses who are currently working in the UK and may affect patient care in this country (Williams, 2017).

1.1 | Background

The crisis that began in mid-2007 led to a sustained growth in the unemployment rate in countries such as Spain. According to official sources, 800,000 jobs were lost in just three months in the first quarter of 2009 (Spanish Statistical Office, 2009). Moreover, the literature suggests that the economic crisis has influenced employment trends, creating unstable job positions as a consequence of austerity measures (Serapioni, 2017). It is this situation, as explored by Galbany-Estragués & Nelson (2016), that led to more than 7,000 nurses to consider emigration as a solution to the lack of financial and job security in Spain. Besides, several studies have shown that this possible solution has been facilitated by different EU directives such as the Schengen Area (European Parliament, 2004) and declarations from EU Ministers for Education such as Sorbonne or Bologna, which promoted better understanding among European countries and prepared both students and nurses for studying and working abroad (Goodman et al., 2008; Marchetti et al., 2015).

The nursing migration has been a constant trend worldwide in the past few decades and the recent aforementioned factors have led to its gradual increase in Spain, as EU directives recognize nursing education in any country of the EU alike (Galbany-Estragués & Nelson, 2018). Based on information provided by the Nursing & Midwifery Council (NMC) in 2017, a collegiate and legislative nursing association in the UK, the registration of Spanish nurses in the NMC reached its peak in March 2017 with 7,283 Spanish nurses registered (see Figure S1 in File S2). In this vein, the NMC does not facilitate the setting where they work in terms of job allocations to public or private settings, being able to work both in public and/or private sectors once they are registered. Once they begin practicing in the UK, both sectors facilitate support for these nurses throughout induction periods or continuous professional development among others (Watson et al., 2003). Through these data, we can observe a 532% increase in the number of Spanish nurses who immigrated to the UK from 2007–2017. Furthermore, studies suggest that the socio-economic and working conditions that have befallen Spain in the last twelve years have influenced this trend (Gea-Caballero et al., 2019).

Despite this high number of migrant nurses, few studies have investigated the impact of these migrant nurses within the host health system. Over the years, important cross-cultural research has been undertaken on nurses' competencies or attitudes in their home countries, such as the ETHAN Project, Hart and Mareno (2013) or Martinez and Martinez (2002), cultural differences between Spanish and UK nurses and the importance of caring (Watson et al., 2003) and perceptions of nurses from both countries (Watson et al., 2002). However, in spite of some emerging findings such as Gea-Caballero's about Spanish nurses who plan to emigrate in a near future as a consequence of globalization, there is very little scientific understanding of what these competencies and needs involve or mean in their host countries and how these migrant nurses perceive them once they work or have worked in those countries (Choi et al., 2019; Cowan et al., 2007; Moyce et al., 2016). Although statistics and sociology have investigated the migration in a general context throughout history (Villani et al. 2016), analysing the evolutionary profile of Spanish migrants to the UK since the 1960s (Morgan, 2016), it is essential to thoroughly consider these Spanish nurses' experiences and perceptions of practising in the UK, in terms of exploring their reasons for and neediness of moving as it has been suggested previously for foreign nurses (Lee, 2016). Thus, the aim of this study is to understand and describe the experiences and perceptions of migrant Spanish nurses in the UK.

2 | METHODS

2.1 | Design

This study has a descriptive design based on an online survey with open-ended questions which took place with Spanish nurses who were practicing in the UK. To generate descriptions of the topic to investigate, a qualitative description was used to interpret our data based on participants' content (Sandelowski, 2000). The survey was administered online using SurveyHero, an online platform which allows to distribute research surveys for a nominal fee. The online survey was chosen because it was time and cost effective and could reach a broader population (Fielding et al., 2016; Holmes, 2009). Using open-ended questions, we sought to understand what reasons led Spanish nurses to seek an opportunity outside of Spain and the social and working conditions where they found themselves. Both quantitative and qualitative findings are presented in this paper.

2.2 | Participants and settings

The participants for this study were Spanish nurses who met the following inclusion criteria: (i) any age and sex, who were (ii) practising in the UK or (iii) having practised in the UK when invited to complete the survey. Participants were selected based on a convenience sampling in five Spanish nurses' groups on social networks. These groups were open to the public audience, and its members were considered active, posting at least 10 messages per week.

To access potential study participants, moderators on social networks, such as Facebook and Twitter, were contacted and requested to post a recruitment message on their group. The aim

of these groups was to facilitate online communication between Spanish nurses working in the UK and might want to share information of interest for others who are currently working in the same country or planning to do so. In total, 6 groups were contacted on Facebook, which had between 272–12,389 members and 4 groups on Twitter, which had between 9,700–58,700 followers at that moment. The link in this message redirected the participants involved to the web-based survey instrument. As part of a participant's implied agreement, an initial message outlined the aim of the study and established informed consent. A completely anonymous survey procedure was performed throughout the whole process with a participant information sheet (Bonometti et al., 2006).

2.3 | Data collection

The data collection took place from July 2016–January 2017 by two researchers (MR, CR) experienced in conducting interviews who already had an understanding of these experiences and perceptions as they lived similar situations as theirs. In this vein, both researchers had a preunderstanding or previous experiences which may help to lead to a complete understanding of the issue (Fleming et al., 2003). Sociodemographic data and open-ended questions were included into the survey to facilitate a better understanding of the Spanish nurses' needs of working and living in the UK. This survey was distributed in Spanish nurses' groups on online social networks (see Table S2 in File S1). Its structure is based on open-ended questions from previous studies exploring migrants' perceptions concerning

other and different issues such as characteristics and resources in families in cushioning the effect of migration or challenges for old migrant patients, which were consulted to draft our script of questions (Greeff & Holtzkamp, 2007; Thyli et al., 2007). The first question asked respondents to indicate what surrounding *circumstances and needs led them to consider emigration* as an option in their personal and professional life. A *description of their current working and living conditions in the UK* was the second question to depict how those needs for emigration were covered and what their current motivations are. A third question required respondents to draw what their *future expectations* are both in the UK and outside with the objective of knowing how they expect to cover those current needs. And lastly, a final gap was used to allow participants to add any other comments that they could consider important.

2.4 | Data analysis

During the period when data collection was also occurring, the qualitative analysis began reading the surveys. Thereupon, to evaluate the variation or similarity among collected data, an inductive approach of thematic content analysis was conducted throughout constant comparative techniques (Braun & Clarke, 2006; Graneheim & Lundman, 2004). ATLAS.ti (version 7) software was employed for this analysis (Figure 1). Researchers analysed the participants' responses following the steps described by Colaizzi (Morrow et al., 2015). First of all, (1) a period of familiarization, where all researchers read all participants accounts to gain a general idea and two researchers drafted
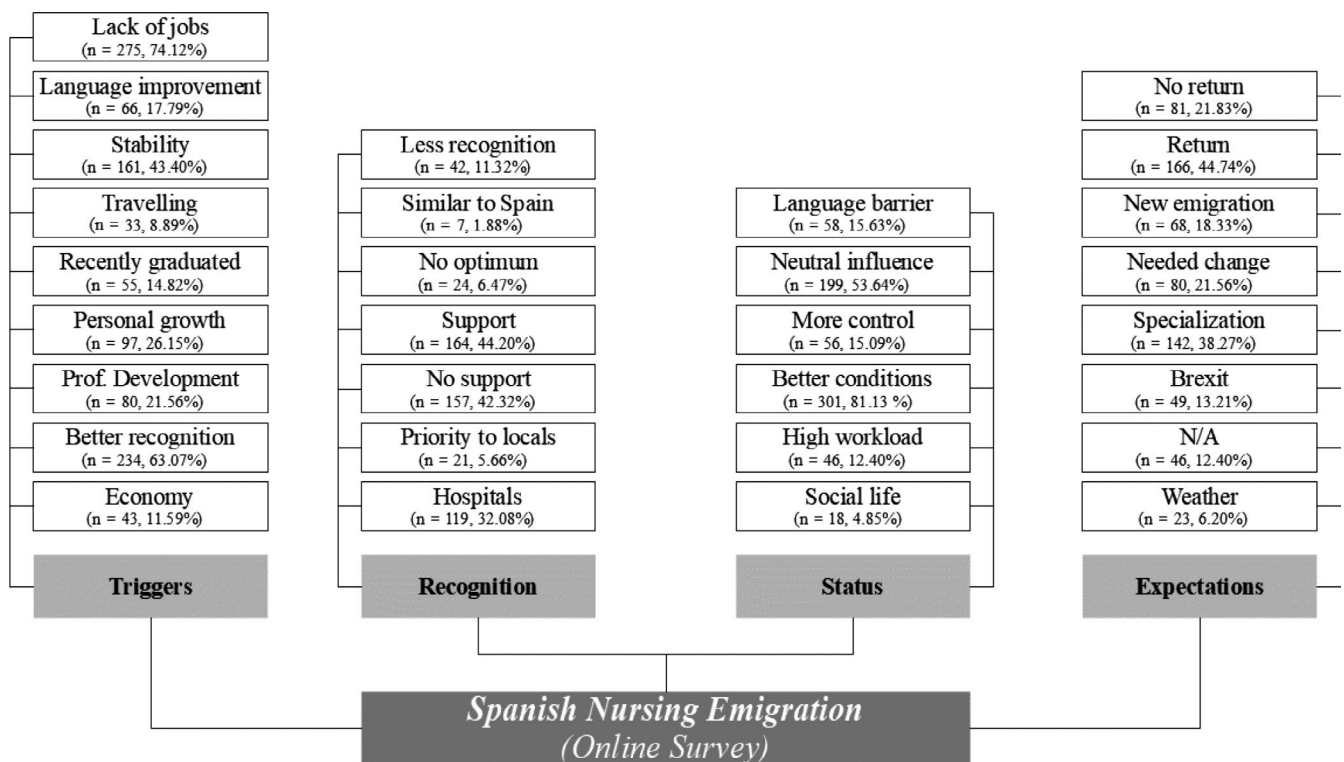

FIGURE 1 Array with transcript codes from the participants' open-ended responses

the initial ideas thereafter. Later, (2) significant statements were identified. The most interesting characteristics of the data were systematically codified by two researches whilst codes were created and data compared for each code. This codification process was carried out using ATLAS.ti software features. The third step was to (3) formulate meanings, or in other words, possible subthemes were organized from codes whilst collecting relevant data for potential subthemes. Then, (4) themes were clustered using ATLAS.ti software and stablishing relationship in two different levels, between codes and subtheme and subtheme and theme. Nevertheless, the grouping of codes was discussed and approved by researches to subsequently (5) develop an exhaustive description. At this point and as result of the data analysis, a conceptual map was generated after checking themes for fit with codes and data set (Figure 1).

The link between statements and emerged themes was shown through this conceptual map, which allow to continue the analysis and refine the general analytic history and the details of each theme. The final step was to (6) produce the fundamental structure for each report by summarizing the most telling extracts and illustrative examples. The most relevant quotes were proposed by the researchers responsible for the analysis process to be included as part of each theme and subtheme. However, an additional quote selection was performed by those in charge of drafting the results and refine the analysis. Finally, once the analysis with the framework and research

question were linked, a last analysis of selected quotes was realized (Figure 2). The stage of theoretical data saturation was reached once all responses were analysed, no new elements appeared in the analysis and the gathered information was enough for the aim set.

2.5 | Ethical issues

Participants' responses were voluntary and completely anonymous. An introduction page on the online survey stated the aims of the study and established informed consent on commencement (Elliot, 2010; Fowler, 2014). This study was part of a doctoral thesis, and therefore, its proposal was sent and approved by the University of Almería. Furthermore, the ethical principles of Declaration of Helsinki were maintained at all times.

2.6 | Rigor

To ensure validity and thoroughness, these participants' transcripts were reviewed by two researchers (MR and CR), identifying, condensing and coding the meaning units. Nonetheless, the primary investigator (MP) was consulted if any discrepancy between researchers' coding emerged, to safeguard the reliability of the findings
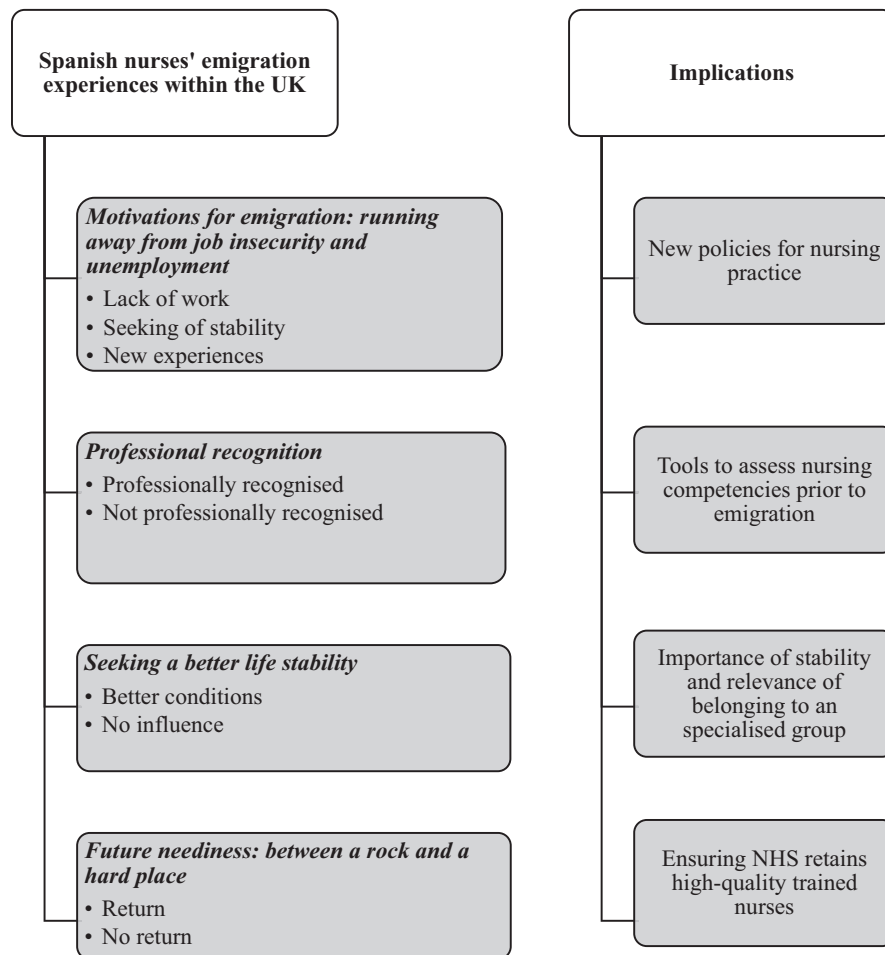
FIGURE 2 Conceptual framework based on participants' responses and improvement suggestions for migration process in the United Kingdom and Spain

(Lings et al. 2005). This research met CHERRIES criteria (Eysenbach, 2004, 2012).

3 | RESULTS

Out of the study population of 591 patients who commenced the online survey, 371 participants completed and returned it. Most of the participants were women (71.70%), with an age range between 20–29 (55.80%). More than 20% of the participants indicated that they had finished their nursing degree in 2014. However, the participants' demographical characteristics are compiled in Table 1. Additionally, a total of 4 themes emerged from the data analysis, which are summarized in Table 2.

TABLE 1 The demographic characteristics of participants

Variables	Total (N = 371)
Gender	
Male	65 (17.52%)
Female	266 (71.70%)
No answer	40 (10.78%)
Age	
20–29	207 (55.80%)
30–39	144 (38.81%)
40–49	16 (4.31%)
50–59	4 (1.08%)
60–69	0
Completion of studies	
No answer	62 (16.71%)
1997	1 (0.27%)
1998	1 (0.27%)
1999	2 (0.54%)
2000	1 (0.27%)
2001	0
2002	1 (0.27%)
2003	4 (1.09%)
2004	1 (0.27%)
2005	3 (0.81%)
2006	0
2007	6 (1.62%)
2008	6 (1.62%)
2009	17 (4.58%)
2010	20 (5.39%)
2011	31 (8.35%)
2012	18 (4.85%)
2013	57 (15.36%)
2014	84 (22.64%)
2015	53 (14.28%)
2016	3 (0.81%)

3.1 | Motivations for emigration: running away from job insecurity and unemployment

The main triggers for emigration that emerged from the participants' answers were lack of job opportunities, the need for stability and having new experiences through living abroad. Nevertheless, many nurses had similar experiences in their home country prior to migrating towards the UK, such as the desperate and frustrating situations that nurses encountered in Spain owing to the scarcity of jobs. Consequently, these circumstances caused a high number of them to search for a job in the UK:

> The lack of work in Spain. I had the sensation of doing nothing there. Lack of responsibilities or anything that retained me.
>
> (E211)

A wide range of Spanish nurses expressed positive considerations, including having a new adventure or learning English. Conversely, participants who were recent graduates considered emigration as the main solution to working conditions in Spain, such as temporary contracts or lack of posts for nurses without previous work experience:

> I finished my degree in June 2015 and as soon as I got my last exam result, I started to complete all the NMC forms. I knew that in Spain the only future was temporary work […].
>
> (E164)

Moreover, another reason for emigration was to seek the stability that was scarce in their home country. This issue compounded the feeling of being professionally stuck, unable to progress and not accessing opportunities that many participants desired:

> I was trapped in the routine of living next to my phone waiting for a call which didn't come, or one- or two-day's contract tops. I was very tired of all my days being like my first day in a new place and the stress which all of that involved.
>
> (E120)

On the other hand, having made their decision to move, getting to know new workplaces and workforce routines was of great motivation to some participants. Additionally, some of them wanted to get out of their comfort zone and face new challenges, as shown in participants' responses:

> Leaving my comfort zone and getting to know other ways of working in nursing.
>
> (E92)

TABLE 2 Themes, subthemes, number of extracts and representative quotes

Main theme	Subthemes	Number of extracts (*n*)	Representative quotes
Motivations for emigration: running away from job insecurity and unemployment	Lack of jobs	275	"The absence of hope for finding a job in Spain. I chose this offer because it is close to London and it is an opportunity to work in a theatre." E002
	Language improvement	66	"It was an opportunity to improve my English. I decided my workplace by its proximity to London once I passed the interview." E038
	Stability	161	"I emigrated because of the ease of finding a stable and permanent job as a nurse within the UK." E346
	Travelling	33	"Emigration was a perfect option for travelling, for having better working conditions, and for moving away from the lack of jobs in Spain." E007
	Recently graduated	55	"The current working situation in Spain means lack of opportunities for new nursing graduates." E059
	Personal growth	97	"When I was a student and the situation in Spain was still good, I was always curious to try the experience of working abroad. Just like years ago, I think of living the experience, but thinking that maybe I could never return to Spain. At the moment I have been in the UK for 4 years." E342
	Professional development	80	"I consider that a general nurse in Spain has more autonomy than an English counterpart, but a nurse has much more opportunities to promote towards higher positions with more autonomy in the UK, having categories which don't exist in Spain, like Advanced Nurse Practitioner." E035
	Better recognition	234	"I feel more sheltered at work than in Spain. There is a lot for working hours and recognition from heads of the service." E280
	Economy	43	"I think we have a good salary as nurses here, despite living in one of the most expensive cities in England. Besides, it gives me the opportunity to earn more many by taking extra shifts when I want to." E345

TABLE 2 (Continued)

Main theme	Subthemes	Number of extracts (*n*)	Representative quotes
Seeking professional recognition	Less recognition	42	"Nursing is not as well recognised as in Spain, in fact nurses don't have so many competences as in Spain." E073
	Similar to Spain	7	"I think that the public recognition of nursing in the UK is more or less similar that in Spain, meaning, there is not enough. Though neither it is so low as in other countries, such as Germany, Finland, etc." E045
	No optimum	24	"The working conditions here are not really optimal, we are just caregivers. Nothing to do with all techniques we can do in Spain" E323
	Support	164	"The working conditions are really good. You can have training to strengthen your confidence and there is the possibility of not doing what you don't feel confidence enough. There is much support in this regard." E332
	No support	157	"I don't feel quite supported at work and moreover I live alone here, as my partner is working in Spain." E334
	Priority to locals	21	"I am better now, but the first hospital where I worked in was horrible. They treated me as a second class, I think because I am a Spaniard. People from the UK who came later than me did not have so many problems." E266
	Hospitals	119	"I prefer working in hospitals. The time is recognised in the public health system in Spain." E047
Seeking better life stability	Language barrier	58	"Theoretically, it shouldn't affect, but we need to take into account the language barrier. It doesn't matter how good our communication skills may be, when the issue is speaking in another language, it is difficult that it would be as perfect as a native person. And this makes us to start with disadvantage." E022
	Neutral influence	199	"In London, for example, the level of outsiders is quite high. Therefore, the condition of being a foreigner may have less influence when it comes to promote for a better position." E044
	More control	56	"The working conditions are great and there is room for growth. You can take your own decisions and more control over your life." E320
	Better conditions	301	"My working conditions are much better than in Spain. I have a permanent position in a public hospital and there are options to promote and training." E358
	High workload	46	"I work in a very dynamic ward and we often change patients, which makes it a very busy unit and we have to work against the clock. This situation has made me to consider to change my job." E109
	Social life	18	"My best friends are Spaniards and they are like my second family here. We support and understand each other. When we are "off", we go out, eat out…" E285

TABLE 2 (Continued)

Main theme	Subthemes	Number of extracts (*n*)	Representative quotes
Future neediness: between a rock and a hard place	No return	81	"I would like to stay here and see my children grow up. And above all, to be happy!" E125
	Return	166	"I don't plan to stay in the UK forever. I suppose I will go back to Spain when I see I can get a decent job back home." E322
	New emigration	68	"My expectations are to move to another country like Switzerland or Norway to roll the dice once I save more money." E115
	Needed change	80	"Going back to Spain? Much has to change. I would need more stability, respect for the profession, economy, possibility to growth…" E107
	Specialization	142	"My short-term expectations are to specialize in emergency and promote professionally, as my new hospital offers specialization training." E108
	Brexit	49	"There is an uncertainty after Brexit. One part of me wants to go back to Spain and try to find another job, but on the other hand I fear that I will find myself back unemployed." E185
	N/A	46	"Future expectations here or in Spain are difficult to predict. You cannot think in years because not knowing what will happen today, it is difficult to know what will happen in a few years." E257
	Weather	23	"Honestly, the weather is the only thing I miss about Spain. The UK is giving me opportunities and conditions that my own country will never give me, sadly. I don't know what I will finally do in my future." E137

3.2 | Seeking for professional recognition

Another of the Spanish nurses' perceptions was that of having professional recognition. Some nurses' job satisfaction whilst working in the UK is evident, such as being recognized and feeling part of a team. Many Spanish nurses highlighted such situations as opportunities to gain greater autonomy and confidence:

> In my professional experience in the UK, specifically in the critical care unit where I worked, I always felt part of the nursing and medical team. I knew what our goals for our patients were at all times and suggestions and criticisms were listened to.
>
> (E58)

On the contrary, a few participants expressed perceptions of their profession as general registered nurses not being as well recognized as others. Interestingly, this observation appeared to be related to nurses as specialists such as mental health nurses or learning disability nurses, who have more competencies in the UK and thus qualified to work in specialized settings. In short, participants perceived that nursing in the UK is more specialized whereas in Spain they might have more general skills and knowledge, albeit more generalized:

> It is recognised that more nursing specialities exist than in Spain. However, a registered general nurse in the UK is less trained in general skills than in Spain.
>
> (E45)

3.3 | Seeking better life stability

Yet, most of the migrant Spanish nurses considered having better working conditions when they started to work in their host country. These experiences illustrate an opportunity for empowerment, facilitating autonomy and control over their work and personal life:

> I chose where to work (unit and hospital), city and working hours per week. It is a permanent contract, so I feel secure if I have to take leave. I have 35 days for holidays per year. Everything in advance, to choose what to do with my life […].
>
> (E115)

The current relationship between the public health services in Spain and the UK allows Spanish nurses to use their UK nursing experience in the public health sector to accrue "points" for their Spanish professional nursing. This scoreboard involves different aspects such

as research, continuous professional development or work experience, where 0.30 points are gained for every 30 days worked, differing between counties or regions, in a public healthcare institution in Spain and in any member country of the EU or the EEA (Boletín Oficial de la Junta de Andalucía, 2010). Once these nurses decide to go back to Spain, these "points" can be used to attain more stable positions in the public health system, which is translated into long-term contracts. In other words, as much "points" awarded during their practice and other qualifications obtained in the UK, they will have better job opportunities back in Spain. This system appears to be a reason for a considerable number of participants to work at hospitals in the UK:

> I think hospitals are, above all, places where we can learn more. Also, most nursing homes are private whilst many public hospitals allow us to accrue points for Spain. The majority of migrant nurses plan to go back to Spain in a few years' time.
>
> (E35)

Moreover, their migrant status appeared to have had neither a positive nor negative influence on their professional experience when working in the UK. Nonetheless, the language barrier was perceived by some of them as an obstacle in the migration process:

> In my experience, migrant nurses' conditions do not have an influence at all. It's been quite easy for me to get promoted when I am ready. My English level might have had an influence, though.
>
> (E74)

3.4 | Future neediness: between a rock and a hard place

The participants' responses provided an overview of their future plans for their personal and professional life, expressing a desire to return to their home country. However, it is clear that this desire to return to Spain would not be fulfilled at any cost:

Curiously, Brexit was uncharted territory, which led to a few participants reconsidering their options about how they see their near future in the UK:

> It will depend substantially on the 'Brexit' process. I wouldn't like to go back, but the result pretty much discourages me, considering its negative emphasis on immigration. At the moment, I will enjoy all advantages that I still have with no rush to go back [...].
>
> (E345)

4 | DISCUSSION

This paper has presented new insights into Spanish nurses' experiences and perceptions within their immigration process to the UK

after or during their experience as immigrants in the UK. Although Gea-Caballero's results provide some Spanish nurses' reasons and intentions to emigrate, our results yielded some interesting findings about these nurses' experiences and perceptions once they are in the UK. Our analysis revealed reasons and perceptions which led them to consider emigration as an opportunity outside of Spain such as a better working recognition, a better life stability and alternative paths which could be followed in the future (Figure 2). Likewise, our results yield some interesting information regarding to practice-related issues such as the need of an adaptation period, an additional training, an aptitude test or combinations thereof for these migrant nurses, which should be taken into consideration by policymakers and will be discussed further on its implications for nursing.

The lack of work in Spain played a crucial role in their decision to consider emigration to further their careers. This variable has become evident through the anecdotes which are repeated among participants (Calvo et al., 2009). Indeed, previous studies have documented how working conditions have worsened following the economic crisis, which has been linked to reduced hiring budgets in national healthcare spending and have lead people to consider other options to seek stability in their professional life (Galbany-Estragués et al., 2016), especially recent graduates (Palese et al., 2017) (see Figure S2 in File S2). In this context, this professional stability seeks not only an attractive salary, but also better employment conditions, good working environments, the possibility of professional advancement and social perks (Galbany-Estragués & Nelson, 2016; Moyce et al., 2016).

Our findings revealed not only the pursuit for stability, but also the unsurprising resilience of all participants. These results are consistent with those of Ross and collaborators (2005) who stated that the current economic climate has led these and other professionals to take other possibilities into consideration for their professional development. This ability to overcome obstacles has already been studied in many other professions and cultures (Thomas et al., 2018). The key element here is that, as nurses and immigrants, they face a large number of unforeseen and challenging situations which can negatively affect them (Choi et al., 2019; Ellarene, 2015), which affect especially younger population. As shown in Table 1 and similar to Morgan's idea (2016), one possible explanation to this would be that it is precisely well prepared younger women generations who are willing to migrate for better working opportunities and other reasons unconnected to employment.

The findings from our study revealed that most of Spanish nurses felt valued working in the UK, whereas a lesser number felt undervalued in their host country. As shown by many of these nurses' experiences, having a stable job implied being part of a team and feeling comfortable and confident in their job. This last result differs from O'Brien (2007) who described a process of "de-professionalisation," as these migrant nurses tend to have a high level of technical training that clashes with the bands that define the British system. This discrepancy may be due to the Bologna Process and the Tuning Project themselves. Whilst the educational structures in Europe have been trying to follow a uniformity in their degree programmes, nursing as a profession has

evolved quite diversely in different countries throughout history, with more specialized nursing in the UK at the current time (Collins et al. 2014).

Our findings also highlight the fact that Spanish nurses considered NHS care facilities as one of their options for work in the UK. A possible explanation for this is that their time working in the public health sector in the UK allows that experience to be counted as "points" once back in Spain. However, this choice of working in the public sector differs from some recruitment companies who suggest nursing homes as first workplace recommendation for foreign nurses (Cousins et al., 2016).

Contrastingly, the language barrier has been identified as an impediment. Indeed, it should be noted that since January 2016 nurses and midwives from Europe have been required to demonstrate the necessary language level to practise in the UK (Mckew, 2017). Acknowledging the language barrier as an obstacle supports the idea of Morgan (2016) and Choi and collaborators (2019), who state that inadequate language ability influences factors such as working conditions and foreignness. In light of this issue and despite the current criteria for assessing language competencies available for new applicants in the UK (Nursing & Midwifery Council, 2019), the proposed solution from some authors is to develop different recruitment programmes or clinical exchange programmes, both in the countries of origin and destination, improving the current programmes for training support which already exist in countries such as the UK (Gillin & Smith, 2020). The objective of these programmes would be to offer a support network to those professionals who are willing to embark on migration to improve their working conditions or develop professionally (Lurie, 2016; Moyce et al., 2016). It could be particularly beneficial to adapt previous research on professional competencies, such as the ETHAN Project, to evaluate participating nurses prior to emigration (Cowan et al., 2007) or to develop a clinical exchange programme to help these nurses identify language aspects requiring improvement before migrating (Goodman et al., 2008).

Our findings showed that Spanish nurses desire and plan to return to Spain compared with those who plan to stay in the UK. Some authors have speculated about what impact the results of "Brexit" will have in the short or medium term on these nurses in the UK, once all negotiations conclude (Gillin & Smith, 2020). In fact, currently more than 33,000 EU nurses and midwives are practising in the UK, faced with uncertainty regarding what will be decided about their current working conditions (Flynn et al., 2016). However, in line with Allan's analysis, not only will nursing suffer the consequences of Brexit, but also relationships with other European colleagues in different areas, such as research, economic, health among others, will also be affected unless active politics are implemented (Allan, 2017).

To sum up, the current political situation and shortage of healthcare staff, compounded by the 24,000 nursing vacancies currently in the NHS, also have implications on ensuring safe and effective levels of nursing (Griffiths et al., 2016). As evidence suggests, EU nurses and midwives' decisions to migrate to or stay in the UK are affected by uncertainty regarding employment rights due to "Brexit," which in turn could worsen the nurse shortage (Griffiths, 2018; McCrae & Jonathan, 2019). As Gea-Caballero and collaborators (2019) and Dean (2017) point out, cultural integration as well as fear of rejection and uncertainty are key factors in deciding whether to continue living as a migrant or not.

4.1 | Limitations

The framework developed by Holmes (2009) and Fielding and collaborators (2016) was chosen based on its previously reported positive outcomes, application and usefulness in online recruiting. Nevertheless, there are problematic aspects too, such as the self-selection bias present in all web-based surveys. Moreover, other Spanish nurses' online groups may likely differ from those present in this study in terms of group dynamics, aim and composition. Furthermore, other group members might have missed the invitation post if they had discontinued accessing these social media groups. Nevertheless, it should be noted that our study design attempted to grant participants' privacy and anonymity, which may therefore have contributed to winning their confidence and encouraging more open disclosure. However, although the convenience sampling aided in gathering useful data, it is unlikely to be representative of the population studied as a whole.

Our participants' needs may differ from each other; hence, this study offers a snapshot of Spanish migrant nurses' views concerning the Brexit process. However, this knowledge may be of value in providing some clarity to the ongoing debate on nursing migration, although these limitations should be taken into consideration when interpreting the aforementioned findings.

5 | CONCLUSIONS

The economic crisis that began at mid-2007 has led Spain and other countries in the European Community to experience a significant decline in life quality, consequently becoming a determining factor for emigration. The lack of work in the sector, especially for newly qualified nurses, and the poor quality of contracts offered by healthcare institutions in Spain are the main reasons that the nurses in this study emigrated between 2007–2017. This latter date, which coincides with the beginning of the Brexit process, marks the end of the study and the decrease in these professionals in the United Kingdom. Professional recognition stands out as a reason to stay in the host country, although it is true that the uncertainty that Brexit represents for migrants' professional life is reversing the migration that began years ago.

6 | IMPLICATIONS FOR NURSING

EU directives allow automatic recognition of EU nurses' qualifications in the 28 member states, although they do not address other

practice-related issues described in this study. Policymakers should be aware that the same directives should include compensatory actions for those barriers, such as an adaptation period, additional training, an aptitude test or combinations thereof. Our findings therefore suggest that it would be desirable to implement programmes similar to the Overseas Nurses Programme for non-EU nurses in the UK and other EU countries, to help these nurses get to know their host working environment, help them in their transition process, gain confidence in their practice and guide them in their professional development.

Nursing migration has been cyclical throughout history, but the process should be maintained as positive as possible. Our findings have shown that these Spanish nurses were able to find the working stability and autonomy that was lacking in their homeland. Nevertheless, some aspects were identified which caused uncertainty in terms of staying in their host country. In addition, in the face of the worldwide nursing shortage and other political situations, policymakers ought to endorse strategies to retain these first-rate trained nurses. For example, the introduction of clinical exchange programmes, as studied in students, would be a useful strategy for these nurses, firstly to assist their language development prior to practising and foster their readiness to work abroad and secondly, to promote adaptability. Furthermore, it would be desirable to strengthen current EU directives in educational strategies to gain the maximum benefit from these exchange experiences and to decrease any differences which those migrant nurses might face in their host countries.

CONFLICT OF INTEREST

No conflict of interest has been declared by the authors.

DATA AVAILABILITY STATEMENT

The data used to support the findings of this study are available for the corresponding author on reasonable request.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.