

Comment

Trends in foreign-educated nurse mobility beyond the COVID-19 pandemic

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Abstract: While the COVID-19 pandemic initially halted the mobility of health professionals, global migration has since returned to pre-pandemic levels and will likely explode in the years beyond the pandemic. Simultaneously, the situation surrounding global health workforce staffing and sustainability is dire; the current global shortage of nurses is estimated at seven million while the WHO calls for 13 million new nurses by 2030. In response, countries, particularly in high-income regions, seek to fill workforce vacancies with foreign-educated health workers. To both meet the demands of high-income countries' strained health systems and to ensure ethical and sustainable recruitment practices for equally strained low- to middle-income regions, governments, health systems, and other stakeholders should strive for workforce sustainability via effective and coordinated policy responses, both at the national and international level. If correctly endorsed and implemented, the WHO Global Code of Practice on the International Recruitment of Health Personnel can be an effective tool in helping "destination" countries and regions meet the needs of their strained health workforces while also ensuring sustainability and ethical recruitment from "source" regions that are equally at risk.

Keywords: Nurse Migration, Human Resources for Health, Ethical International Recruitment, Codes of Ethics

The State of the World's Nursing (SOWN) Report 2020 by the World Health Organization (WHO) underlined, for the first time, the current situation of the global nursing workforce and brought to light the dire healthcare shortages around the world, especially concerning nurses and midwives¹. The report estimated the global scarcity of nurses to be 5.9 million in 2018, of which 89%

were grouped in low- to middle-income countries (WHO, 2020). New estimates by the International Centre on Nurse Migration (ICNM), a research collaboration between CGFNS International, Inc. and the International Council of Nurses (ICN), predict that, due to the pandemic, this shortage could increase by more than one million, pushing the global shortage of nurses over

seven million, or higher, by 2030².

Still grappling with the devastating impacts of the COVID-19 pandemic, health systems crave to fill workforce vacancies with foreign-educated and foreign-trained nurses and healthcare workers; this is especially true among western countries in the global north. In this context, a migration tsunami of health workers is not just predicted but imminent as a direct reaction to increased shortage and demand. This, in turn, threatens to deepen the transnational deficit of nurses and other healthcare professionals, further driving up the international flow of nurses from low- and middle-income countries to high-income ones.

While travel and immigration restrictions halted the mobility of health professionals during the early stages of the pandemic (2020-2021), global migration has recently returned to pre-pandemic numbers (2022) and will likely explode as the pandemic vanishes (2023-2030). A new report titled “Sustain and Retain in 2022 and Beyond: The Global Nursing Workforce and the COVID-19 Pandemic” by the International Centre on Nurse Migration (ICNM) revealed how the COVID-19 pandemic has only worsened the already fragile state of the global nursing workforce, threatening the aims and agendas of the United Nations (UN) and World Health Organization². Specifically, the WHO calls for 13 million new nurses over the next decade, an enormous number equivalent to almost half of the world’s current nursing workforce (28 million nurses). ICNM’s report highlights that the pre-existing inequalities in nurse distribution worldwide will only be exacerbated by large-scale, “quick-fix” international recruitment schemes from low- to middle-income regions to high-income one

This poses the question: how can high-income countries grapple with and solve their increased demand and critical shortages ethically and without harming the longevity and sustainability of already fragile and crippled health systems throughout the global south? Governments, health systems, and hospitals should strive for workforce sustainability via effective and coordinated policy responses at the national and international levels. To reach this goal, a two-pronged approach should be pursued. At the country level, nursing workforce sustainability should be the primary goal in question. It can be completed by focusing on two inter-related policy priorities: ensuring adequate domestic training capacity and augmenting the retention of domestically-e-

ducated nurses³. To achieve this requires a commitment to support safe staffing levels of nursing professionals by the appropriate authorities in a given country. Severe levels of nurse understaffing have been a significant and consistent challenge for governments and health systems over the years, even before the pandemic^{4,5}.

Assessing and expanding the capacity of domestic nurse education systems to meet increasing demand and sustain long-term nurse supply can be one of the solutions to this problem. However, additional indicators can be utilised to monitor nurse self-sufficiency. Current and up-to-date self-sufficiency data measuring reliance on foreign-educated nurses as a percentage of their workforce gives policymakers insight into their dependence on international nurse supply. It enables evidence-based tracking and reporting toward achieving the milestone commitments of the WHO Global Strategy on Human Resources for Health 2030 and the WHO Global Code of Practice on the International Recruitment of Health Personnel⁶. Through its Code, the WHO created a voluntary code of ethics on the international recruitment of health personnel, recognising the moral worth of international enrollment while prioritising the protection of health workers themselves and the health systems of the regions from which they typically emigrate. This Code assumes an inductive point of view and contemplates different jurisdictions’ legal contexts and societal milieu under a comprehensive and broad viewpoint. If correctly endorsed by governments and healthcare organisations in various countries, this Code could be an incredibly effective response to the migration tsunami that will likely strike health workforces in countries with unstable and fluctuating economies.

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