



Queensland University of Technology
Brisbane Australia

This is the author's version of a work that was submitted/accepted for publication in the following source:

Bonner, Ann, Dywili, Sophia, & O'Brien, Louise (2011) Why do nurses migrate? – a review of recent literature. *Journal of Nursing Management*. (In Press)

This file was downloaded from: <http://eprints.qut.edu.au/47626/>

© Copyright 2011 Blackwell Publishing.

Notice: *Changes introduced as a result of publishing processes such as copy-editing and formatting may not be reflected in this document. For a definitive version of this work, please refer to the published source:*

<http://dx.doi.org/10.1111/j.1365-2834.2011.01318.x>

Abstract

Aim To identify the reasons why nurses continue migrating across international borders.

Background International nurse recruitment and migration have been increasing in the last decade and the recent trends show an increase in the movement of nurses between developing and developed countries resulting in a worldwide shortage of nurses.

Methods A manual and electronic database literature search was conducted from January 2004–May 2010. Qualitative content analysis was completed for the final 17 articles that satisfied the inclusion criteria.

Results Motivators to nurse migration were linked to financial, professional, political, social and personal factors. Although economic factors were the most commonly reported, they were not the only reason for migration. This was especially evident among nurses migrating between developed countries.

Conclusion Nurses migrate for a wide variety of reasons as they respond to the push and pull factors.

Implications for nursing management It is important for nurse managers in the source countries to advocate for incentives to retain nurses. In the recipient countries the number of international nurses continues to increase implying the need for more innovative ways to mentor and orientate these nurses.

Keywords: nurse migration, international nurse migration, foreign nurse migration, overseas nurse migration, push/pull factors.

Introduction

Cross border movements of labour have emerged as a central issue for the international community with millions of people worldwide leaving their home countries every year in search of work. In recent years the health workforce migration has accelerated at an alarming rate hitting crisis levels in both developed and developing countries (Omaswa 2008) with increasing numbers of nurses seeking employment across borders (Brush 2008). The negative impact on health systems in source countries, especially developing countries, has now become a worldwide concern (Diallo 2004). This has led various organisations to develop position statements to curb this impact. At the 63rd World Health Assembly in May 2010 the World Health Organization (WHO) presented a code of practice on international recruitment of health personnel (WHO 2010). The Code provides ethical principles which countries are encouraged to apply to their international recruitment processes.

In recent years much has been written on the experiences of migrant nurses in the recipient countries; however, little research has been conducted on the reasons why they migrated in the first place. This paper reviews findings from published studies concerning the motivation of nurses who migrate.

Background

The phenomenon of nurse migration to other countries is not new (Mejia 2004) and Buchan and Calman (2004) describe three patterns of migration as being: i) migration among developed countries; ii) migration among developing countries; and iii) migration from developing countries to developed countries. While the exchange of nurses between

developed countries has been happening for many decades (Aiken *et al.* 2004) over the last 10 years there has been an increasing trend of nurses migrating from developing to developed countries (Brush 2008). This loss of human resources has reduced the capacity of health systems in the developing countries and they are now required to recruit nurses from each other (Anderson & Isaacs 2007).

Global market demands

Lately, there has been an increasing demand for nursing care while the supply has been reducing especially in several developed countries such as the UK, USA, Canada and Australia (Buchan 2001). Some of the contributory factors to the under-supply of nurses in developed countries are the ageing nursing workforce, declining nurse enrolment due to the attractive alternative career opportunities for school leavers, the generally poor nursing image and the poor working conditions resulting in job dissatisfaction (Goodin 2003, Kline 2003). Concurrently, there is an increasing demand for nurses due to the ageing population that requires more nursing care and the increasing complexity of healthcare (Humphries *et al.* 2008). While several strategies have been used to increase the supply of nurses in developed countries (e.g. improving nurse retention, attracting men and mature entrants and encouraging returnees and ethnic minorities) these have not been sufficient to meet the demand (Buchan 2001). The imbalance between demand and supply has forced developed countries to bridge the gap through active overseas nurse recruitment (Buchan 2001, Kingma 2006). In the UK, for example, both the public and private health care sectors have used international recruitment as part of the solution to their staffing needs (Stilwell *et al.* 2003, Aiken *et al.* 2004).

As the global demand for nurses increases, international nurse recruitment has also increased to a level never seen before. New markets and new competition have emerged (Brush 2008) and over the past decade nurse migration has become more global and more complex involving governments and recruiting agencies (Bach 2004). More access to global information through internet and faster transport means has eased the movement of nurses across the regions (Thupayagale-Tshweneagae 2007).

Recent trends also highlight the loss of nurses from countries such as Africa, the Caribbean and Asia to the developed world. In fact the latest migration pattern has been predominantly from developing countries to developed countries (Xu & Zhang 2005) and Kingma (2006) has referred to it as the South-North migration where there is a one-way movement of nurses from the source to the receiving countries. Developing countries have become an easier, quicker and cheaper source of nurses (Kingma 2006) with the source countries often having a shared language, common educational curriculum and postcolonial ties with the recipient countries (Buchan 2001). In addition, developed countries have an advantage of luring overseas nurses with better economic opportunities (Muula *et al.* 2003).

As the overseas nurses migrate to the economically advantaged countries they deprive their own countries of the skilled human resource; a scenario that reflects shifting of the shortage to the poorer countries. In recognition of the impact on source countries, the International Council of Nurses (International Council of Nurses 2007) has denounced the unethical recruitment practices some countries have engaged in to 'pull' the nurses in order to deal with the nurse shortages in their own countries. The Council

also believes that nurses in all countries have the right to choose to migrate regardless of their motivation.

Source and recipient countries

In some source countries the out-migration of nurses has caused conflict between ministerial departments where, for example, the ministry of health and the international development community find their programmes at risk of collapsing because of nurse shortages while their ministries of finance prefer to ignore the problem because of overseas remittances that boost their economy (Vasant *et al.* 2004). International recruitment of nurses was reported as an area of interest at the June 2001 ICN Congress in Copenhagen (Buchan 2001) and developing countries were calling for restrictions on it. This is because the loss of nurses to migration results in fewer skilled nurses and a loss of economic investment (time and money to train nurses) in the source country (Kline 2003). Migration also results in increased workloads and stress, and low morale/poor motivation for the nurses who remain in the source country (Chikanda 2005, Stilwell *et al.* 2003). Two large source countries, the Philippines and India, have however, capitalized on the shortage situation in the recipient countries by commercializing nurse training where nurses are trained for export as a national development strategy (Sparacio 2005, Brush & Sochalski 2007). The remittances that come from the Filipino and Indian nurses working overseas are reported to constitute a significant economic boost to their home countries (Stilwell *et al.* 2003, Buchan 2006).

For the recipient countries nurse migration has been a quick fix for staff shortages as these countries gain well trained and experienced nurses at relatively no expense

(Kline 2003). The sustainability of international recruitment has however, been challenged in the receiving countries as it treats the symptoms without dealing with the root cause of the shortage problem, and causes delays with the implementation of effective local measures to address the real problems relating to why nurses leave the profession or why very few people choose nursing as their profession (Kingma 2001). Buchan (2001) also noted that under-investment in the nursing profession in both source and recipient countries is a major contributory factor to nurse migration.

Meija (1978) observed that worker migration occurred because of the interplay between various forces situated at either end of the migratory axis and classified these forces as 'push' and 'pull' factors (p. 210). The primary 'push' factor identified was the failure by some source countries to employ their graduates because of financial constraints while the recipient countries trained fewer physicians and nurses than they needed thus, serving as a 'pull' factor. The nurses and physicians who migrated at that time wanted to improve themselves from professional and financial perspectives (Meija 1978). Kline (2003) further described these migratory forces as including 'political, social, economic, legal, historical, cultural and educational factors' (p. 111). The aim of this literature review is to identify the current reasons why nurses migrate across international borders.

Methods

A search was conducted of literature published between January 2004 and May 2010. This time period was chosen because there has been a resurgence of interest in international migration as a result of the negative impact on human resource development

if it continued unchecked (Vasant *et al.* 2004). The World Health Organization recognized that the health workforce migration was becoming a significant problem particularly for developing countries (Adams & Stilwell 2004). In addition, Mejia's WHO funded research article, previously published in the *International Journal of Epidemiology* (Mejia 1978), was published again in the *Bulletin of the World Health Organisation* (2004) in its effort to draw world attention to the international migration of physicians and nurses; hence the chosen time period.

Inclusion criteria

To identify the appropriate literature that answered the research question the authors searched for articles that met the following inclusion criteria:

- i) The article was a primary research report and peer-reviewed.
- ii) Published in English between January 2004 and May 2010; and
- iii) Examined the reasons why nurses migrate to other countries.

Search strategy and data sources

The search process involved reviewing the following electronic databases: CINAHL Plus, EBSCOhost (Health), SAGE Journal online, Scopus, Journals@Ovid, ProQuest and ISI Web of Knowledge. The search terms used to retrieve relevant research articles were: *nurse migration, international nurse migration, foreign nurse migration, overseas nurse migration and push/ pull factors*. The first author reviewed the titles and abstracts of the retrieved articles guided by the aforementioned inclusion criteria. Studies that did not meet the inclusion criteria were eliminated. Of the 1222 articles that were initially

retrieved, 1208 were excluded as they fell outside the inclusion dates for this review, were not primary research reports, or did not report reasons why nurses migrate. Articles which appeared in more than one database were included only once. Using this process fourteen (14) articles met the criteria. Key websites (i.e. International Centre on Nurse Migration, International Organization for Migration, and the World Health Organization) were then manually searched for any relevant research reports. In addition the reference lists of the 14 articles were also thoroughly examined to identify any missing articles; this manual search yielded a further three articles. To strengthen reliability the other authors supervised the review process and scrutinised the final included articles . Figure 1 reveals the process undertaken that resulted in the final 17 articles that met the inclusion criteria for this literature review (see Figure 1 below).

[insert Figure 1 here]

Analysis of the Literature

All authors read the selected articles several times to familiarize themselves with the research findings. A process of qualitative content analysis described by Elo and Kyngas (2008) was used to synthesize the findings from each article and initially the development of numerous content codes. Each article was then analysed using these codes, and then the codes were grouped in several clusters of codes. This was followed by grouping the clusters into major themes (i.e. factors of why nurses migrate). The themes that emerged as motivating factors for migration were the *economic, professional, social, political and personal factors*. Economic factors were those that related to money or financial issues.

Professional factors were those related to their work/job as nurses. Social factors described the events in the broader society and how people related to each other. Political factors related to the influence of power or government decisions that are beyond the control of the nurse while personal factors related to the characteristics of the nurse and those issues that affected individual desires and needs. Table 1 summarizes the factors and the studies.

[insert Table 1 here]

Findings

The purpose of this literature review was to determine why nurses migrate to other countries. While a significant volume of literature was available on nurse migration (i.e. who migrates, when do they migrate, where do they migrate from and to), no articles were found that specifically looked at the reasons why nurses migrate. The motivations for nurse migration were embedded in the other findings of the reviewed articles (n=17). The methodological approaches used in these studies were quantitative (10), qualitative (5) and mixed approaches (2). A total of 4365 nurses, 2 agency managers and 235 countries participated in the studies. The studies were conducted in the UK (4 studies), Canada (2), Italy (2), Lebanon (2), the Philippines (2), Australia, India, Ireland, Nigeria, South Africa, The Netherlands and Zimbabwe. One study reviewed data from 137 WHO member states. Some of these studies were cross border studies including nurses in 2 or 3 countries. Three of the 17 studies inquired about the nurses' intentions to migrate

(Chikanda 2005, Thomas 2006, Perrin *et al.* 2007). Table 2 summarizes each of the 17 articles (i.e. their location, research focus/aim, methodology and the study samples).

[insert Table 2 here]

Demographic profile of migrant nurses

The age group trend was that most nurses who migrated were less than 40 years of age (Buchan 2006, Thomas 2006, Perrin *et al.* 2007, El-Jardali *et al.* 2009, Troy *et al.* 2007). Buchan *et al.* (2006) found that nurses from developing countries (India and Pakistan) tended to be older than 40 years of age whereas those from the developed countries (Australia, New Zealand and USA) were relatively younger with more than 60% being aged 34 years or younger. Two studies reported a higher proportion of male nurses had either migrated (Buchan *et al.* 2006) or intended to migrate (El-Jardali *et al.* 2009). Thomas (2006) and El Jardali *et al.* (2009) also found a noticeable tendency of university degree qualified nurses to migrate compared to those with a technical general nursing qualification.

Reasons why nurses migrate

Economic factors as determinants of nurse migration

A large number of studies in the review (n=16) reported economic factors as important determinants of nurse migration. Many nurses mentioned better remuneration in another country as a motivating factor for migration (de Veer *et al.* 2004, Chikanda 2005, Buchan *et al.* 2006, Thomas 2006, Aboderin 2007, Perrin *et al.* 2007, El-Jardali *et al.* 2008, El-

Jardali *et al.* 2009, Beaton & Walsh 2010). For these nurses international migration was a 'life-changing strategy' (Larsen *et al.* 2005 p.357) as many source countries have declining economies (Aboderin 2007, Chikanda 2005). Ross *et al.* (2005) found that a higher percentage of overseas trained nurses registered in the UK came from low and middle income countries than from high income countries. Other studies (Larsen *et al.* 2005, Troy *et al.* 2007) reported that migrant nurses were driven by the desire to send money back home as remittance to help family members. Other economic reasons reported included financial improvement (de Veer *et al.* 2004, Mejia 2004, Larsen *et al.* 2005), better benefit package and a way of earning more (Perrin *et al.* 2007).

Findings from most of the studies supported the common theory that the incentive to migrate depended upon the prospective income gained from migration (Ross *et al.* 2005). However, two studies disputed the assumption that nurses were moving mainly for financial reasons (de Veer *et al.* 2004, Buchan *et al.* 2006). These studies reported that personal and professional factors were the most common factors.

Professional factors as determinants of nurse migration

Several studies found that nurses cross international borders in response to motivators related to the job itself (de Veer *et al.* 2004, Chikanda 2005, Larsen *et al.* 2005, Perrin *et al.* 2007, Troy *et al.* 2007, Brunero *et al.* 2008, Beaton & Walsh 2010). Even for those migrants whose main motive was economic gain, professional advancement was an additional incentive (Aboderin 2007). Nurses migrated because they anticipated a good working environment (de Veer *et al.* 2004, El-Jardali *et al.* 2008), societal respect and recognition of nurses (Thomas 2006, Aboderin 2007). Some migrated expecting more job

security and less workload (Aboderin 2007) as well as autonomy for nurses (El-Jardali *et al.* 2008). Other migrant nurses were influenced by colleagues who were already abroad (Palese *et al.* 2007) and advertized incentives by recruiting agencies (Buchan *et al.* 2006, Palese *et al.* 2007, Beaton & Walsh 2010, Palese *et al.* 2010).

The push factors from source countries included lack of resources and lack of adequate facilities within the health care system (Chikanda 2005), high workloads (Chikanda 2005, Aboderin 2007), nepotism in the workplace (El-Jardali *et al.* 2008) and the low social status of the nursing profession (Thomas 2006, Aboderin 2007). Chikanda (2005) reported that high workloads and inadequate equipment in Zimbabwe was linked to the HIV/AIDS pandemic. This study found that many nurses were (and still are) dying and not being replaced, resulting in high workloads for the remaining nurses. Also, there was a very high risk of exposure to staff because the majority of patients were being nursed with very little protective equipment (Chikanda 2005). El Jardali *et al.* (2009) demonstrated an association between job dissatisfaction and the intent to migrate by nurses in Lebanon. El Jardali *et al.* (2008) also found the existence of a blaming culture and lack of appreciation by supervisors for work done, poor work environment, stress and exhaustion, few opportunities for advancement because of lack of support for continuing education and limited continuing education programmes contributed to Lebanese nurses intending to migrate. Lastly, nurses in India were pessimistic about the profession fulfilling their ideals and this feeling was driving international migration (Thomas 2006).

Social factors as determinants of nurse migration

Even without economic and/or professional pressures motivating nurses to migrate, several studies found nurses were in search of a better quality of life (Chikanda 2005, Buchan *et al.* 2006, Thomas 2006, Aboderin 2007, Perrin *et al.* 2007, El-Jardali *et al.* 2009, Tregunno *et al.* 2009, Beaton & Walsh 2010, Palese *et al.* 2010). While often linked to economic factors, a better quality of life also included a number of social issues such as living in a safer environment because their living conditions were unmanageable and a threat for their children (Chikanda 2005, Thomas 2006). In the Netherlands, social factors accounted for 60% of the reasons why nurses moved from other European countries (de Veer *et al.* 2004). Nurses also migrated to experience life in another country where their children could experience another culture (Larsen *et al.* 2005) and for a safer environment for the family (Tregunno *et al.* 2009). Some were even encouraged by family members to migrate (Troy *et al.* 2007).

Political factors as determinants of nurse migration

Three articles (Chikanda 2005, Thomas 2006, El-Jardali *et al.* 2008) reported that some nurses migrated in search of security for themselves and their families; they left their countries on account of political instability and violent conflict. Chikanda (2005) and El-Jardali (2008) found that a general sense of despondency, seeing no future in the country and the high levels of violence and crime in the country motivated the nurses to move. For instance, Lebanese nurses wanted to raise their families in a politically safe environment that also showed signs for economic growth (El-Jardali *et al.* 2008). In addition, the organizational culture in hospitals where there was nepotism or nurses not being actively involved in managerial decision-making triggered some nurses' decisions

to migrate out of Lebanon. Thomas (2006) reported that nurses in India intended to migrate because of unfair treatment by government promotion policies which reserved training and promotion posts for certain social classes/castes. Indian nurses reported that their only option was to migrate to countries that supported equal opportunities for all (Thomas 2006).

Personal factors as determinants of nurse migration

A number of studies found that nurses were primarily motivated by individual desires and needs such as an opportunity to travel and experience other countries while working (de Veer *et al.* 2004, Chikanda 2005, Larsen *et al.* 2005, Troy *et al.* 2007, Beaton & Walsh 2010). Some nurses migrated to accompany partners (de Veer *et al.* 2004), following divorce and seeking a change of lifestyle (Larsen *et al.* 2005). In addition, some nurses migrated because they saw it as an opportunity to visit the country of their ancestors (Larsen *et al.* 2005) while others wanted the challenge of working abroad (de Veer *et al.* 2004). Some migrated and chose certain countries because it was easy to have their qualifications recognized and there were no language barriers (Buchan *et al.* 2006, Palese *et al.* 2007) while some nurses saw the nursing profession as ‘a passport to the world’ (Troy *et al.* 2007 p. 3).

Discussion

This literature review sought to find out why nurses migrate across international borders. While there are various contributory factors to nurse migration, no study within this review period was found which looked specifically at the causes of international nurse

migration. The motivations identified by this review were clustered into economic, professional, social, political and personal factors. Some authors have categorized them into push and pull factors while Kingma (2006) grouped them according to the motivations for migration (e.g. economic migrant, career-move migrant, adventurer migrant etc.). It is important for policy makers and nurse managers to understand the motivations for international migration; this will guide those in the source countries to curb the move while guiding those in the recipient countries to assist the overseas nurse to easily adapt to the new system as well as develop professionally.

Characteristics of the migrant nurse

The age of the migrant nurses is interesting. First, the migration of younger nurses can be advantageous for the recipient countries as these countries are already experiencing an inadequate pool of younger nurses due to the ageing nursing population. For instance, Saravia and Miranda (2004) suggest that young and well-educated individuals are more likely to migrate as they are in pursuit of higher education. The young migrant nurses still have many professional working years for any country to invest in. Second, while fewer in number, older and experienced migrant nurses are also advantageous for the recipient country as these nurses bring with them considerable professional and personal experiences.

The decision to migrate

According to Maslow's hierarchy of needs (Tovey *et al.* 2010), humans must meet the basic physiological needs that contribute to sustenance of life as well as security and

safety needs. The other needs of belonging, self esteem and self-actualization will be dependent on these survival needs. Nurses, like all human beings, work because they have to. They need food on their tables and a roof over their heads; they want to provide for their families. If these needs are not met for whatever reason, nurses will migrate.

This literature review found that economic factors dominated the reasons nurses migrate. Of concern is that developed countries are able to attract nurses due to higher salaries and better benefit packages and poorer countries cannot compete with these countries. Some nurses are prepared to leave their jobs and their families and to forfeit whatever savings they have accrued over the years because opportunities are better elsewhere (McGillis Hall *et al.* 2009). In addition, recruitment agencies promise free travel tickets, subsidised accommodation and tax free salaries (Singh *et al.* 2003, Kingma 2006, Beaton & Walsh 2010). The competition for nurses is stiff and developing countries simply bow out.

Professional development was another frequent reason for migration in both developed and developing countries as nurses sought opportunities for career advancement and employment. Nurses in developing countries in particular, leave their countries because of inadequate educational opportunities which may be due to the diversion of resources to other national projects like HIV/AIDS control programmes (Thupayagale-Tshweneagae 2007). This lack of support for continuing education demotivates nurses, especially younger nurses who have a desire to advance in the profession.

Some nurses migrated under stressful circumstances such as political instability, leaving their families and friends (Chikanda 2005, El-Jardali *et al.* 2008) and some left

due to family breakdown (Larsen *et al.* 2005). The common feature for all these nurses is a desire for change of lifestyle and security for themselves and their families.

The literature review has revealed that similar motivations for migration exist at present as they did during the 1970s; that is nurse migration is predominantly related to financial and professional reasons. However, the underlying 'push' factor in the 1970s was unemployment in source countries (Mejia 1978) whereas the current trend is for nurses to leave their jobs and seek employment elsewhere.

Implications for Nursing Management

The continued trend in international nurse migration and recent research findings have implications for nurse managers at various levels as well as policymakers (who may or may not be nurses). The reviewed articles have shown that the motivations for nurse migration have changed over the years due to changes in the nurses' social and working environments. Socio-economic, political and professional factors have played a major role as motivators. It is therefore crucial for policymakers and nurse managers who are at both ends of the migration process to understand the circumstances that may have contributed to nurse migration so that they can deal with the resultant challenges and thus, implement effective strategies to address the issues raised by the migrant nurses.

Policymakers and senior nurse managers in source countries could advocate for incentives to retain nurses; for instance, nurses want to be respected for who they are and to be rewarded with reasonable wages that at least meet their basic living needs. Source countries could invest more resources in their health systems and develop strategies that will motivate nurses to stay in their countries. There should also be advocacy for the

protection and advancement of nurses within the available resources. The findings also suggest that many source countries ought to research the motivators of nurses to migrate to other (developed) countries. In addition, nurse managers in source countries should be proactive in influencing health departments and policymakers on issues relating to staff retention in the nursing profession. Supported by governments that are committed to responding to the push factors raised by nurses, these nurse managers can adopt less costly strategies that may include advocating for the recognition of nurses and promoting skills development opportunities within their organizations and countries. Training more nurses without reducing their exit from the country will inevitably only help the recipient countries.

Knowledge of the reasons for migration is also important for policymakers and nurse managers in recipient countries. There are migrant nurses working in their hospitals and units and yet they may have little knowledge as to why these nurses are there. The continuing and massive recruitment by recipient countries requires leadership in those countries to critically examine current recruitment policies and to consider introducing or extending migration nurse support strategies that remain in place for longer than traditional new employee orientation. The strategies ought to have adequate provision for support external to the work environment. In addition, it is important for nurse managers to have knowledge informed by research that assists them to recognize, understand and deal with issues that may arise for migrant nurses in their departments. Increased knowledge may also lead to the better utilization of the capabilities that migrant nurses bring to the organization.

Conclusion

The varied reasons discussed above show the complex nature of migration as nurses migrated even in the absence of economic incentives. It seems international nurse recruitment and migration is likely to continue for as long as the push and pull factors exist and the freedom of movement for nurses prevails. The worldwide demand for nurses is high and this is envisaged to continue. While some migration issues can be dealt with at national level, nurse managers at an organizational level can also play a pivotal role in nurse retention. Source countries need to pay serious attention to the push factors as a way of retaining their staff.

References

- Aboderin I. (2007) Contexts, motives and experiences of Nigerian overseas nurses: understanding links to globalization. *Journal of Clinical Nursing*, **16** (12), 2237-2245.
- Adams O. & Stilwell B. (2004) Health professionals and migration. *Bulletin of the World Health Organization*, **82** (8), 560-560.
- Aiken L.H., Buchan J., Sochalski J., Nichols B. & Powell M. (2004) Trends In International Nurse Migration. *Health Affairs*, **23** (3), 69-77.
- Anderson B.A. & Isaacs A.A. (2007) Simply Not There: The Impact of International Migration of Nurses and Midwives--Perspectives from Guyana. *Journal of Midwifery & Women's Health*, **52** (4), 392-397.
- Bach S. (2004) Migration patterns of physicians and nurses: still the same story? *Bulletin of the World Health Organization*, **82** (8), 624-625.
- Beaton M. & Walsh J. (2010) Overseas recruitment: experiences of nurses immigrating to Newfoundland and Labrador, 1949–2004. *Nursing Inquiry*, **17** (2), 173-183.
- Brunero S., Smith J. & Bates E. (2008) Expectations and experiences of recently recruited overseas qualified nurses in Australia. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, **28** (1/2), 101-110.
- Brush B.L. (2008) Global Nurse Migration Today. *Journal of Nursing Scholarship*, **40** (1), 20-25.
- Brush B.L. & Sochalski J. (2007) International Nurse Migration: Lessons From the Philippines. *Policy Politics Nursing Practice*, **8** (1), 37-46.

- Buchan J. (2001) Nurse migration and international recruitment. *Nursing Inquiry*, **8** (4), 203-204.
- Buchan J. (2006) The Impact of Global Nursing Migration on Health Services Delivery. *Policy, Politics, & Nursing Practice*, **7** (3), 16S-25S.
- Buchan J. & Calman L. (2004) *The global shortage of registered nurses: an overview of issues and actions*. Available at:
http://www.icn.ch/images/stories/documents/publications/GNRI/Global_Shortage_of_Registered_Nurses_Full_report.pdf, accessed 29 November, 2010.
- Buchan J., Jobanputra R., Gough P. & Hutt R. (2006) Internationally recruited nurses in London: a survey of career paths and plans. *Human Resources for Health*, **4** (1), 14.
- Chikanda A. (2005) Nurse migration from Zimbabwe: analysis of recent trends and impacts. *Nursing Inquiry*, **12** (3), 162-174.
- de Veer A., den Ouden D.-J. & Francke A. (2004) Experiences of foreign European nurses in The Netherlands. *Health Policy*, **68** (1), 55-61.
- Diallo K. (2004) Data on the migration of health-care workers: sources, uses, and challenges. *Bulletin of the World Health Organization*, **82** (8), 601-607.
- El-Jardali F., Dimassi H., Dumit N., Jamal D. & Mouro G. (2009) A national cross-sectional study on nurses' intent to leave and job satisfaction in Lebanon: implications for policy and practice. *BMC Nursing*, **8**, 13p.
- El-Jardali F., Dumit N., Jamal D. & Mouro G. (2008) Migration of Lebanese nurses: A questionnaire survey and secondary data analysis. *International Journal of Nursing Studies*, **45** (10), 1490-1500.

- Elo S. & Kyngas H. (2008) The qualitative content analysis process. *Journal of Advanced Nursing*, **62** (1), 107-115.
- Goodin H.J. (2003) The nursing shortage in the United States of America: an integrative review of the literature. *Journal of Advanced Nursing*, **43** (4), 335-343.
- Humphries N., Brugha R. & McGee H. (2008) Overseas nurse recruitment: Ireland as an illustration of the dynamic nature of nurse migration. *Health Policy*, **87** (2), 264-272.
- International Council of Nurses (2007) *Position statement: Ethical nurse recruitment*. Available at: http://www.icn.ch/images/stories/documents/publications/position_statements/C03_Ethical_Nurse_Recruitment.pdf, accessed 16 October 2010.
- Kingma M. (2001) Nursing migration: global treasure hunt or disaster-in-the-making? *Nursing Inquiry*, **8** (4), 205-212.
- Kingma M. (2006) *Nurses on the move: migration and the global health care economy*. ILR Press/Cornell University Press.
- Kline D.S. (2003) Push and pull factors in international nurse migration. *Journal of Nursing Scholarship*, **35** (2), 107-111.
- Larsen J.A., Allan H.T., Bryan K. & Smith P. (2005) Overseas nurses' motivations for working in the UK: globalization and life politics. *Work Employment Society*, **19** (2), 349-368.
- McGillis Hall L., Pink G.H., Jones C.B., Leatt P., Gates M. & Peterson J. (2009) Is the grass any greener? Canada to United States of America nurse migration. *International Nursing Review*, **56** (2), 198-205.

- Mejia A. (1978) Migration of physicians and nurses: a worldwide picture. *International Journal of Epidemiology*, **7** (3), 207 - 215.
- Mejia A. (2004) Migration of physicians and nurses: a world wide picture. *Bulletin of the World Health Organization*, **82** (8), 626-630.
- Muula A.S., Mfutso-Bengo J.M., Makoza J. & Chatipwa E. (2003) The Ethics of Developed Nations Recruiting Nurses from Developing Countries: The Case of Malawi. *Nursing Ethics*, **10** (4), 433-438.
- Omaswa F. (2008) Health Workforce Migration: Addressing Causes and Managing Effects. *Global Social Policy*, **8** (1), 7-9.
- Palese A., Barba M., Borghi G., Mesaglio M. & Brusaferrero S. (2007) Competence of Romanian nurses after their first six months in Italy: a descriptive study. *Journal of Clinical Nursing*, **16** (12), 2260-2271.
- Palese A., Cristea E., Mesaglio M. & Stempovscaia E. (2010) Italian–Moldovan international nurse migration: rendering visible the loss of human capital. *International Nursing Review*, **57** (1), 64-69.
- Perrin M.E., Hagopian A., Sales A. & Huang B. (2007) Nurse migration and its implications for Philippine hospitals. *International Nursing Review*, **54** (3), 219-226.
- Ross S.J., Polsky D. & Sochalski J. (2005) Nursing shortages and international nurse migration. *International Nursing Review*, **52** (4), 253-262.
- Saravia N.G. & Miranda J.F. (2004) Plumbing the brain drain. *Bulletin of the World Health Organization*, **82** (8), 608-615.

- Singh J.A., Nkala B., Amuah E., Mehta N. & Ahmad A. (2003) The Ethics of Nurse Poaching from the Developing World. *Nursing Ethics*, **10** (6), 666-670.
- Sparacio D.C. (2005) Winged migration: international nurse recruitment -- friend or foe to the nursing crisis? *Journal of Nursing Law*, **10** (2), 97-114.
- Stilwell B., Diallo K., Zurn P., Dal Poz M., Adams O. & Buchan J. (2003) Developing evidence-based ethical policies on the migration of health workers: conceptual and practical challenges. *Human Resources for Health*, **1** (1), 8.
- Thomas P. (2006) The international migration of Indian nurses. *International Nursing Review*, **53** (4), 277-283.
- Thupayagale-Tshweneagae G. (2007) Migration of nurses: is there any other option? *International Nursing Review*, **54** (1), 107-109.
- Tovey M.D., Uren M.-A. & Sheldon N.E. (2010) *Managing performance improvement*. Pearson, Frenchs Forest, N.S.W.
- Tregunno D., Peters S., Campbell H. & Gordon S. (2009) International nurse migration: U-turn for safe workplace transition. *Nursing Inquiry*, **16** (3), 182-190.
- Troy P.H., Wyness L.A. & McAuliffe E. (2007) Nurses' experiences of recruitment and migration from developing countries: a phenomenological approach. *Human Resources for Health*, **5**, 15-17.
- Vasant N., Hilary B., Ariel P.-M., Orvill A. & et al. (2004) Responding to the global human resources crisis. *The Lancet*, **363** (9419), 1469.
- Xu Y. & Zhang J. (2005) One size doesn't fit all: Ethics of international nurse recruitment from the conceptual framework of stakeholder Interests. *Nursing Ethics*, **12** (6), 571-581.

