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# Global migration of internationally educated nurses: Experiences of employment discrimination



Salimah R. Walani\*

March of Dimes Foundation, 1275 Mamaroneck Ave, White Plains, NY, USA

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## ABSTRACT

With over 57 countries reporting a critical shortage of healthcare workers worldwide, increasing reliance of developed countries on registered nurses from less developed countries of Africa and Asia has generated a significant policy debate about public health, ethical and policy concerns related to international migration of nurses.

Discrimination and unequal treatment faced by migrant nurses is one of the most important issues related to international migration of nurses. This article presents a discussion of the broad topics surrounding nurse migration followed by a synthesis of 15 published qualitative and quantitative research articles related to specifically to the subject of employment discrimination experiences of internationally educated nurses in Canada, United Kingdom and the United States. Evidence shows that international nurses often encounter covert and overt discrimination in the workplace. It is important for nurses to be aware of the extent and nature of employment discrimination encountered by migrant nurses. Nursing leaders and policy makers need to ensure that all nurses are treated equally in the workplace.

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## 1. Introduction

Globalization and worldwide shortage of registered nurses are key influences on migration of health professionals (American Association of Colleges of Nursing, 2011; Bach, 2006; Kingma,

2006; World Health Organization [WHO], 2010a). High per capita income countries such as Canada, the United Kingdom (UK) and the United States (US) attract large numbers of registered nurses (RNs) from developing countries (Bach, 2006). Changes in the population structure, emergence of new diseases and changes in the prevalence and distribution of chronic conditions, advancement of healthcare systems and technology aging nursing workforce, shortage of nursing faculty and fewer numbers of new RN

\* Tel.: +1 914997 4247.

E-mail address: [swalani@marchofdimes.org](mailto:swalani@marchofdimes.org)

graduates are some of the factors driving the shortage of RNs in the developed countries. With over 57 countries reporting a critical shortage of healthcare workers worldwide (United Nations, 2010), increasing reliance of developed countries on registered nurses (RNs) from less developed countries of Africa and Asia has generated a significant policy debate about ethical issues related to international migration of nurses (Bach, 2010; Buchan & Sochalski, 2004; Kingma, 2006; Pittman, Aiken, & Buchan, 2007; Yeates, 2010). In many developed countries, internationally educated nurses (IENs) are critical to the country's ability to meet the healthcare needs of its population. For example IENs comprise over 5% of the US nursing workforce (United States Department of Health and Human Services [USDHHS], 2010 and approximately 8.6% of the Canadian RN workforce (Canadian Institute of Health Information, 2013).

Global migration of healthcare workers in general and RNs in particular is a complex issue that requires concerted multi-lateral global attention from ethical, legal, political and population perspectives. Discrimination and unequal treatment faced by IENs is one of the most important issues related to international migration of RNs (Kingma, 2006). This paper focusses on experiences of workplace discrimination encountered by IENs in the destination country because it is imperative for migrant RNs and nursing leaders and administrators to develop an understanding about the prevalence and the nature of employment discrimination experienced by IENs. This paper presents a synthesis of the published research literature related to IENs' experiences of employment discrimination in the destination countries.

## 2. Background

Healthcare workers leave their home countries for better income and career opportunities, good working conditions, greater job satisfaction and in some cases to move away from political instability in their home countries (WHO, 2010a). A number of pull and push factors have been attributed to influence migration of healthcare workers (Buchan, 2006; Kline, 2003). First, there has been a global shortage of health professionals, which according to one estimate is as high as 4 million (Chen et al., 2004). In the developed countries, inadequate internal supply of RNs to meet the growing healthcare needs of its aging population has served as a major pull in influencing migration of RNs from poorer countries to wealthy countries (Aiken, 2007; Aiken, Buchan, Sochalski, Nichols, & Powell, 2004).

Second, poor employment conditions and lower quality of life situations in many developing countries serve as the push factors (Kline, 2003; Clark, Stewart, & Clark, 2006). Wage differential between the source and destination countries is an important factor in global migration of health care workers (Brush & Sochalski, 2007). For example, in 2003, Filipino RNs working abroad made up to \$4000 per month while RNs working in the Philippines made to \$170 per month in the urban areas and less than \$100/month in the rural areas (Martin, Abella, & Midgley, 2004). Remittances sent home by healthcare workers from developed countries are a major source of external income for some developing countries (International Council of Nurses, 2007). In addition to income, professional development opportunities in the destination countries also motivate RNs to leave their home countries (Bach, 2006; Buchan, Jobanputra, Gough, & Hutt, 2006; Kingma, 2006). Regardless of the causes and dynamics of global migration of RNs, a discussion of the ethical issues related to this migration is warranted.

### 2.1. Ethics

The primary ethical consideration related to global migration of health professionals is to find a balance among the needs and the

rights of health professionals, source countries and the destination countries involved in this migration (Clark et al., 2006). Countries with lower per capita income (for example, Malawi, Haiti & Zimbabwe) have a higher likelihood of losing their RNs to developed countries compared to countries with higher per capita income (Ross, Polsky, & Sochalski, 2005). According to one study, maternal mortality and infant mortality rates of a country are inversely related to the population density of health professionals (Chen et al., 2004). Increasing dependence of developed countries on international healthcare professionals to resolve their internal labor shortages has decreased the need of the developed countries to find permanent solutions to improve their education and retention policies to have an adequate internal supply of healthcare workers (Buchan & Sochalski, 2004; Forcier, Simoen, & Guiffida, 2004) thus, creating a global shortage of health professionals.

Although the main focus of ethical discussions of global migration of health professionals relates to the impact of this migration on the health of the populations, the rights of health professionals to migrate for employment and career opportunity cannot be denied (Bach, 2006). An important consideration related to migration of RNs is how IENs are treated in their destination countries. IENs are at a risk of facing disadvantage and discrimination not only due to their gender, class and race characteristics but also because of their immigrant status (Smith and Mackintosh (2007).

### 2.2. Employment discrimination

Discrimination in the work place often occurs through exclusion of a minority group at institutional levels by the dominant group, to maximize their own advantage and privileges (Rosigno, Garcia, & Bobbitt-Zeher, 2007). Employment discrimination is not only illegal, but it creates a hostile and unproductive work environment (Wang & Kleiner, 2002) and may lead to poor health outcomes in immigrants (de Castro, Gee, & Takeuchi, 2008). Furthermore, employment discrimination leads to underutilization and devaluation of IENs' skills (O'Brien, 2007). Discrimination is implied when employment outcomes are influenced by personal characteristics (for example, gender, race, national origin, religion, kinship, etc.) that are not associated with productivity (Baumle & Fossett, 2005). Employment discrimination refers to "unequal treatment of persons or groups" (Pager & Shepherd, 2008, p. 182) on the basis of race, color, religion, sex, national origin, disability, or age. Employment discrimination also includes, harassment (intimidating, hostile, or abusive work environment) or inequality in employment decisions (hiring, firing, compensation, job assignment, promotion, benefits) based on stereotypes on the basis of race, religion, national origin, or disability (Equal Employment Opportunity Commission, 2004). Unequal treatment in recruitment and employment, faced by Internationally Educated Nurses (IENs) is one of the most serious issues related to global migration of RNs (Kingma, 2006).

Two legal cases related to IENs in the US further underscore the need for the employers to be cognizant of any workplace practices that may be discriminatory. First, in 1999, the Equal Employment Opportunity Commission (EEOC) of the US announced a \$2.1 million settlement in a wage discrimination class action lawsuit filed by 65 Filipino RNs against one nursing home in Missouri. The EEOC noted that these RNs were, "mis-assigned into lower-paying and less responsible positions than that of a Registered Nurse, and being treated differently from the U.S. employees" (EEOC, 1999). More recently, in 2006, in a highly publicized case, 26 Filipino RNs resigned from their jobs at a nursing home in New York, claiming that they were underpaid and did not receive the same health insurance and workers' compensation benefits as other RNs. In 2007, ten of these RNs were then charged for abandoning children under their care,

however, these charges against the IENs were deemed unconstitutional due to laws against involuntary servitude (Berger, 2009).

Recognizing the importance of bringing the issue of IEN discrimination to the forefront, a number of organizations such as, American Nurses Association (2007), International Council of Nurses [ICN] (2007) and the WHO (2010b) have taken steps to promote ethical practices in recruitment and treatment of IENs. Recently, the World Health Assembly adopted the WHO Global Code of Practice on the International Recruitment of Health Personnel (WHO, 2010b). The code highlights the need for fairness and transparency in international recruitment of health personnel and advises the developed nations to help promote sustainability of health systems in the developing countries. Specifically with regard to the treatment of migrant health workers in the workplace, the Article 4.4 of the code states:

Migrant health personnel should be hired, promoted and remunerated based on objective criteria, such as levels of qualification, years of experience and degrees of professional responsibility on the basis of equality of treatment with the domestically trained health workforce. (p. 6).

### 3. Materials and methods

This section presents a review of the empirical literature related to IENs experiences of employment discrimination. The term IEN (Edwards & Davis, 2006; Walani, 2013) is used in this review to describe RNs who acquired their basic nursing education in a country other than the one in which they practice nursing. Other terms that have been used in the literature for IENs include, foreign-educated nurse (Aiken, 2007), foreign-trained nurse (Polisky, Ross, Brush, & Sochalski, 2007), immigrant nurse (Dicicco-Bloom, 2004; Hagey et al., 2001; Kingma, 2006) and overseas nurse (Alexis & Vydellingum, 2005; Alexis, Vydellingum, & Robbins, 2007; Larsen, 2007).

#### 3.1. Search strategy

A search of peer-reviewed articles published from 2003 to 2013 was conducted using keyword and subject searches of Proquest, CINAHL, Medline and Ovid databases. A search for gray literature was conducted using Google. Hand searching of references from the retrieved articles was also done to further identify relevant literature. Quantitative and qualitative reports in the English language that explored the employment outcomes or experiences of IENs in the three most common destination countries, United Kingdom, Canada and the US, were included in this review. Review articles were excluded and published literature of anecdotes, and individual case descriptions that did not provide qualitative summary or quantitative aggregation of data were not included in this review.

### 4. Results

A total of 15 studies were found to be relevant to the topic of employment discrimination of IENs in the destination countries. The findings from these studies are presented and organized under countries where these studies occurred. A summary of the reviewed studies is presented in Table 1.

#### 4.1. United Kingdom

Most of the published literature regarding IEN employment experiences comes from the UK. The evidence from the UK (Alexis & Vydellingum, 2005, 2009; Alexis et al., 2007; Allan & Larsen, 2003; Henry, 2007; Larsen, 2007; Royal College of Nursing [RCN],

2007) consistently shows that IENs encounter employment discrimination in their workplaces. For example, a survey in the UK by the RCN (2007) revealed that IENs reported a higher (36%) incidence of bullying and harassment by co-workers compared to UK-qualified nurses (22%). And 43% of those who reported being bullied believed that the harassment and bullying was connected to their nationality. Only 21% of IENs in this survey were satisfied with how their employer handled their situation of bullying and harassment compared to 60% of the UK-qualified RNs. Similarly, Allan and Larsen (2003) from a study of 11 focus groups with 67 immigrant RNs in the UK reported that IENs in the study expressed that they were discriminated against, stigmatized and stereotyped by their colleagues because of their race or foreign status. Phenomenological studies (Alexis & Vydellingum, 2005; Alexis et al., 2007), of immigrant RNs in the UK found that IENs frequently expressed feeling unwelcomed and unappreciated, experienced unfair distribution of work and lack of equal opportunity for training and promotion and felt devalued in their work environments. Alexis et al. (2007) shared the following words of one IEN from their study: "We are not given the opportunity to run the ward and demonstrate our leadership and management abilities because they do not trust us" (p. 224). Similarly, another study (Henry, 2007) of 20 RNs and midwives that explored the perceptions of barriers and support for career progression found that IENs felt that their managers did not provide them support and guidance to help them succeed in their promotion interviews.

#### 4.2. Canada

There is also evidence (O'Brien-Pallas & Wang, 2006; Tregunno, Peters, Campbell, & Gordonn, 2009; Buhr, 2010) from Canada that documents that IENs in Canada face employment discrimination. For example, a large ( $N = 6477$  RNs) comparative survey study of Canadian-born RNs and internationally-born RNs who worked in Canada, found that RNs who were not born in Canada reported that they experienced more physical and verbal violence in their work place relative to Canadian-born RNs. A higher percentage of internationally born RNs reported their coworkers as the source of emotional abuse (O'Brien-Pallas & Wang, 2006). Similarly, Tregunno et al. (2009) in a study showed that IENs in Canada faced racism, aggression and lack of trust from their Canadian colleagues. IENs in this study expressed their Canadian colleagues treated them as "outsiders" in their workplace and doubted their adequacy and education as nurses simply because they were immigrants. One IEN in the study by Tregunno et al. (2009) expressed her experience in Canada in the following words: "Some nurses think that because you're an immigrant, you probably are not educated... [that] you don't know what you are doing..." (p. 188).

The feelings expressed by the IENs in the above studies were substantiated by Buhr (2010) in a study using Canadian Census data of about 29,000 Canadian-educated RNs and close to a 1000 foreign-educated RNs. After employing controls for educational qualifications, professional experience, place of employment (hospital, nursing home, etc.), visible minority classification, urban/rural setting, language and region of origin Buhr found that IENs earned nearly 9% ( $p < 0.001$ ) lower hourly wages than Canadian-educated RNs. This showed that IENs in Canada faced a wage penalty for their immigrant status even after the effect of other human capital and demographic variables were held constant.

#### 4.3. United States

Although literature related to IENs experiences in the US is scant and inconclusive, there are indications from qualitative studies that IENs may be encountering experiences of discrimination in the workplace. For example, a study (Dicicco-Bloom, 2004) of 10

**Table 1**  
Summary of studies included in integrative review.

Authors (year)	Country	Study Aim	Study design	Sample	Conclusions
Alexis and Vydellingum (2005)	UK	To explore experiences of overseas black and minority registered nurses working in the NHS in the south of England	Phenomenological study: semi-structured interviews	12 black and minority RNs from Philippines, south Africa, the Caribbean and sub-Sahara Africa	The participants expressed they were treated unfairly and had lack of opportunity in the workplace. They felt unappreciated, inadequate, and unwelcomed
Alexis and Vydellingum (2009)	UK	To determine IENS perceptions equal opportunity in the National Health System of the UK	Survey: self-administered questionnaire	188 black and minority RNs from 21 different countries	Experiences of discrimination differed by ethnicity and race. IENS from Africa were more likely to perceive job inequality and discrimination than IENS from Asia Pacific region
Alexis et al. (2007)	UK	To explore experiences of IENS in National Health System in the south of England	Phenomenological study: focus group discussions	24 non-white participants from Asia, Africa & the Caribbean	The participants felt devalued and lack of trust from native RNs. They mentioned experiencing discrimination and lack of equal opportunity in the work place
Allan and Larsen (2003)	UK	To explore the motivations and experiences of IENS working in the UK	Qualitative report: focus group interviews and pre-focus group questionnaires	67 nurses from 18 different countries	IENS had frequent experiences of discrimination, exclusion and racism
Buhr (2010)	Canada	To analyze the labor market for female immigrant RNs in Canada	Secondary data analysis of the 2001 Canadian Census data	29,000 Canadian-educated RNs and close to a 1000 IENS	IENS earned nearly 9% ( $p < 0.001$ ) lower hourly wages than Canadian-educated RNs after controlling for demographic, employment and human capital variables
Dicicco-Bloom (2004)	US	To describe the experiences of immigrant women nurses regarding their life and work in a culture other than their own	Qualitative study: semi-structured interviews	10 south Asian RNs Kerala, India	Participants mentioned experiencing racism and marginalization in the workplace
Henry (2007)	UK	To explore the perceptions of midwives and nurses trained in Ghana and working in the UK	Qualitative study: semi-structured interviews	20 RNs from Ghana	Participants had difficulty getting promotions. They experienced lack of support from their managers and were at a disadvantage due to a system of career progression based on patronage
Larsen (2007)	UK	To examine experiences of discrimination its impact on the well-being, and career progression of IENS	Phenomenological Study: In-depth interviews	2 nurses (Zimbabwe and Nigeria)	IENS experienced significant racial discrimination resulting in them undermining their self-confidence, and professional effectiveness
O'Brien-Pallas and Wang (2006)	Canada	To describe experiences of work environment in Canada of Internationally born nurses (IBNs) & Canadian born nurses (CBNs)	Secondary analysis of data from survey of Canadian nurses 'National Nursing Sector Study'	6426 RNs (560 IENS and 5866 Canadian RNs)	IENS experienced physical, verbal, and emotional abuse more frequently than Canadian nurses
Royal College of Nursing (2007)	UK	To explore employment experiences of IEN and UK trained black and minority ethnic nurses	Secondary analysis of data from Royal College of Nursing Employment/ Working Well Surveys 2005 & 2002	1250 RNs	IENS occupy lower employment grades compared with native RNs in the National Health System of the UK
Schumacher (2011)	US	To examines wages of foreign and native nurses in US labor market	Secondary data analysis of the Current Population survey (CPS) & National Sample Survey of Registered Nurses (NSSRN) from the years 1988, 1992, 1996, 2000 & 2004	CPS data: 25986 USNs and 921 IENS NSSRN data: 119046 USNs and 3854 IENS	No Wage disadvantage for IENS in US labor market
Tregunno et al. (2009)	Canada	To examine experiences of international nurses working in the Canadian province of Ontario between 2003 and 2005	Empirically grounded study using semi-structured interviews	30 IENS from 20 Countries	IENS experienced challenges due to differences in Ontario's clinical environment compared to their countries of origin
Vestal and Kautz (2009)	US	To explore the experiences of Filipino nurses working in US hospital	Qualitative study using focus group discussion	22 IENS from the Philippines	The participants found that the patients were more demanding and underestimated the IENS' expertise as they were not from the US. IENS felt that had constantly proved themselves
Walani (2013)	US	To determine differences in wages of IENS and USNs controlling for a several covariates	Secondary analysis of data from the 2008 NSSRN	21,715 USNs and 988 IENS	There is no wage penalty for IENS in the US labor market
Xu et al. (2008)	US	To examine experiences of Chinese nurses working in the US	Phenomenological study: in-depth interviews	9 Chinese RNs (3 IENS and 6 USNs)	The participants verbalized experiencing marginalization, inequality and discrimination in the workplace

IENs from India, reported that IENs expressed feelings of alienation, racism, and suffered discrimination in job assignments, reimbursement and promotion in their work settings. One nurse maintained that she did not get her promotion because her supervisor did not trust “people who were educated outside the country” (p. 31). In another US study (Vestal & Kautz, 2009), IENs ( $n = 22$ ) from the Philippines mentioned that they felt being stereotyped; they had to prove themselves repeatedly to their colleagues and their patients perceived them as less intelligent because they were from another country. Similar themes emerged from a study of lived experiences of nine Chinese IENs in the US (Xu, Gutierrez, & Kim, 2008) in which, IENs articulated that they experienced alienation and mistrust from their colleagues, discrimination by their supervisors and were treated with disrespect by their nursing assistants and patients; one IEN stated that a patient said to her “You again? Where are those White nurses?” (p. E40)

One commonly used indicator of discrimination in the labor market is hourly wage. Recent quantitative studies (Schumacher, 2011; Walani, 2013) with large random samples from the US nursing workforce indicate that IENs do not suffer wage discrimination in the US. Hence, forms of covert discrimination evident in the US-based qualitative studies of IEN experiences discussed above do not translate into wage disparity.

## 5. Discussion and conclusions

Globalization and worldwide shortage of registered nurses have influenced migration of nurses from developing countries to the developed countries in the last few decades. This migration has major ethical implications and it is critical that destination countries preserve the rights of IENs by offering them employment equality and professional privileges in accordance with their qualifications. Global policy statements and published literature all point to the need for organizational- and country-level policies to ensure that employers provide fair and equal treatment to IENs.

The review of quantitative and qualitative studies presented in this paper from the US, Canada, and the UK consistently indicate that IENs often face various forms of discrimination and lack of opportunity in their work environments. The evidence from the UK is strong with multiple studies suggesting that IENs working in the UK encounter employment discrimination. The evidence in Canada is limited but indicates that IEN might be subjected to discrimination in their employment settings. The data on employment experiences of IENs in the US is scarce and the available studies due to their methodological limitations do not allow us to conclude whether or not IENs in the US encounter employment discrimination. Results revealed that covert forms of discrimination were found to be more commonly experienced than the overt forms.

Although migration decisions and experiences of each individual IEN may differ vastly, IENs generally migrate to developed or high-income countries for career opportunities and to gain social and economic advantage for themselves and their families. When making migration decisions, regardless of the pull and push factors that drive those decisions, nurses from low- and middle-income countries must take into consideration the challenges, some of which have been highlighted in this paper, encountered by IENs in the destination countries.

Furthermore, employment discrimination experienced by IENs is a serious issue that requires attention of nursing leaders, managers and policy leaders. Fair treatment of all employees regardless of their countries of origin and race is not only crucial for job satisfaction and retention of the nursing work force, it is essential for an organization's performance overall quality of patient care. Nursing leaders need to ensure that IENs are treated fairly by their supervisors, colleagues and patients and are afforded equal opportunity in the workplace.

## Conflict of interest

None declared.

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