

Nurse Migration: The Philippines' Invisible Wound?

Analysing the macro to micro consequences of nurse exportation on the Philippines

Lou Herbert, Emma Dulac, Hana Mahmood, Salma Abdirizak, Yasmin Madani-Lavassani



BACKGROUND

- ❖ The export of nurses from the Philippines began in the **1950s** to address **high unemployment rates** following the end of US colonial rule¹
- ❖ Over **85% of nurses trained in the Philippines end up working overseas**, making them the main exporter of nurses worldwide - with the **US, UK, Saudi Arabia and Singapore** being among the predominant recipients^{2,3}
- ❖ **\$8 billion in remittances** from migrated nurses contribute to the local economy annually³
- ❖ Despite benefits of the financial returns to the Philippines, the overall consequences - including brain drain - have come **at the expense of the nation's public health**¹

PUSH & PULL FACTORS

Push Factors ⁴ Present in source country, incentivising overseas migration	Pull Factors ⁴ Present in recipient country, attracting professional migration
Low salaries in the Philippines - Average of \$170 per month ³	Higher salaries abroad - Average of \$3000-\$4000 per month ³
Lack of employment opportunities - Oversupply of nurses: 1,000 posts available for 10,000 nurse graduates ³	Job opportunities abroad - Nursing shortages in 77% of high income countries ⁵
Poor working conditions - Outdated technology ⁶ - High turnover of staff ⁷	Improved working conditions & opportunities - Newer technology available ⁶
Curriculum taught in English - Facilitates migration to English speaking countries ¹	Educational opportunities - For professional development and specialisation ⁴
Improvement of reputation - Migrating as a nurse is viewed positively, bettering the Philippines' international reputation ⁸	Higher standard of living abroad - e.g. the concept of the 'American Dream' ⁴
Family pressure to migrate - Private nursing schools often paid for by families ⁸ - 66% of graduates expected to migrate ⁹	Visa provisions for families - e.g. in the US ⁶

MACRO TO MICRO CONSEQUENCES

MACRO



Economic gains vs. health investment

- Nurses' remittances represent 10% of the Philippines' GDP, whereas only 4.6% of the GDP is invested into healthcare⁷
- National nursing shortages resulting from global redistribution of nurses**
- Especially community nurses due to the effects of rural exodus^{10,11}
- A paradoxical phenomenon**
- Brain drain co-existing with an oversupply of new nurse graduates¹¹

MESO



Limited public health funding driving privatisation of the health sector

- Reduced job opportunities in the public sector¹²
- Reduced quality of nurse training producing fewer competent nurses due to:**
- Mushrooming of nursing schools⁹
- Migration of experienced nurse educators⁹
- Reluctance of hospital administrators to invest in further training of domestic nurses**
- Due to culture of nurse migration and scarcity of health resources⁹

MICRO



	Consequences on Remaining Nurses	Consequences on Migrated Nurses
	Limited educational opportunities due to lack of clinical instructors and experienced nurses ^{6,8,9,13}	Challenge of adapting to new environment: cultural and language barriers with no family support ^{10,12}
	Feeling of being the 'unsung heroes' who work 'long and thankless hours' at 'starvation rates' ¹	Process of adjustment: feelings of isolation, loneliness, fear of redundancy ¹⁰
	Poor welfare benefits and underpaid compared to the set legal standard ^{1,3,9}	Unequal job opportunities and lower salaries than host country nurses ^{4,10}
	Insufficient nursing jobs force nurses into alternative professions to provide for their families ¹²	Multilevel workplace discrimination ^{10,12} Subject to unsafe labour practices and overtime ¹⁰
	More vacancies in private hospitals who pay lower wages ⁹	Feelings of insecurity and sadness due to long term familial separation ¹⁰

RECOMMENDATIONS

WHAT'S BEEN DONE?

Nationally	Internationally
Nurses Assigned to Rural Service Programme (NARS) → Redistributes nurses to rural areas Project EntrepNurse → Task-shifting primary care roles to nurses ⁶	WHO Global Code of Practice on the International Recruitment of Health Personnel 2010⁶

RECOMMENDATIONS

- Bilateral agreements** between the Philippines and recipient countries
Challenges: WHO Global Code of Practice is not binding⁷
- Remodel the nursing education system** focusing on quality, standardisation and decreasing the emphasis on the migration ethos
Challenges: privatisation of nursing schools⁷, engrained migratory culture¹³
- Introduce mandatory postgraduate 2 year work placement** in the Philippines, especially in rural areas - as seen in Thailand¹⁴
Challenges: financing and infrastructure, freedom of choice and movement
- Incentivising experienced nurses to remain** in the Philippines by raising salaries and increasing spending on health infrastructure and technology
Challenges: financing, better opportunities abroad⁴

CONCLUSION

- ❖ The **economic benefits** of the Philippines' nurse export are offset by **challenges to the healthcare system on a macro to micro level**
- ❖ This demands **fundamental restructuring** - from the nurse experience and education system, up to policy reforms
- ❖ To conclude, refocusing from a culture of nurse migration to one **prioritising domestic healthcare development** is paramount to the healing process of this not so invisible wound.

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