# Nurse Migration:

# The Philippines' Invisible Wound?

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

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## **BACKGROUND**

- **The export of nurses** from the Philippines began in the **1950s** to address high unemployment rates following the end of US colonial rule<sup>1</sup>
- **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<sup>2,3</sup>
- **\$ \$8 billion in remittances** from migrated nurses contribute to the local economy annually<sup>3</sup>
- \* 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<sup>1</sup>

# **PUSH & PULL FACTORS**

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 **Poor working conditions** Improved working conditions & - Outdated technology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

# **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 healthcare<sup>7</sup> National nursing shortages resulting from global redistribution of



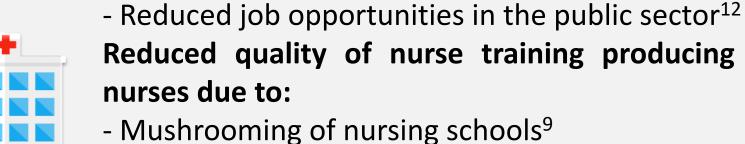
-Especially community nurses due to the effects of rural exodus 10,11

A paradoxical phenomenon

-Brain drain co-existing with an oversupply of new nurse graduates<sup>11</sup>

**MESO** 

Limited public health funding driving privatisation of the health sector



of domestic nurses

- Reduced quality of nurse training producing fewer competent
- Mushrooming of nursing schools<sup>9</sup>

- Migration of experienced nurse educators9 Reluctance of hospital administrators to invest in further training

-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 <sup>6,8,9,13</sup>	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 <sup>10</sup>

Poor welfare benefits and underpaid compared to the set legal standard<sup>1,3,9</sup>

Insufficient nursing jobs force nurses into alternative professions to provide for their families<sup>12</sup>

More vacancies in private hospitals who pay lower wages<sup>9</sup>

ndancy<sup>10</sup> Unequal job opportunities and lower salaries than host country nurses<sup>4,10</sup>

Multilevel workplace discrimination<sup>10,12</sup>

Subject to unsafe labour practices and overtime<sup>10</sup>

Feelings of insecurity and sadness due to long term familial separation<sup>10</sup>

## RECOMMENDATIONS

## WHAT'S BEEN DONE?

Nationally	Internationally
Nurses Assigned to Rural Service  Programme (NARS)  → Redistributes nurses to rural areas  Project EntrepeNurse  → Task-shifting primary care roles to nurses <sup>6</sup>	WHO Global Code of Practice on the International Recruitment of Health Personnel 2010 <sup>6</sup>

### **RECOMMENDATIONS**

- Bilateral agreements between the Philippines and recipient countries Challenges: WHO Global Code of Practice is not binding<sup>7</sup>
- 2. Remodel the nursing education system focusing standardisation and decreasing the emphasis on the migration ethos Challenges: privatisation of nursing schools<sup>7</sup>, engrained migratory culture<sup>13</sup>
- 3. Introduce mandatory postgraduate 2 year work placement in the Philippines, especially in rural areas - as seen in Thailand<sup>14</sup>

Challenges: financing and infrastructure, freedom of choice and movement

4. Incentivising experienced nurses to remain in the Philippines by raising salaries and increasing spending on health infrastructure and technology Challenges: financing, better opportunities abroad<sup>4</sup>

## 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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