



Against the backdrop of a global nursing shortage, countries are increasingly employing immigration as a means to address their nursing shortage while neglecting efforts to increase the domestic supply of nurses. The growing dependency on foreign-educated nurses has prompted national and international calls for self sufficiency, suggesting that countries ensure a sustainable domestically-educated health workforce.

Background //

Few countries have developed workforce planning mechanisms that effectively address the demands for health care and provide workforce stability. Instead, many countries rely on immigration of nurses and other health professionals to address their shortfalls, often to the detriment of the source countries. This has been deemed by many to be short-sighted and unsustainable, prompting calls for self-sufficiency.

There are many contexts within which the concept of self sufficiency has been applied, e.g. agriculture, energy, financial services. Within nursing human resource planning, a plausible definition is 'a sustainable stock of domestic nurses to meet service requirements'. This supports a broad range of policy interventions including:

- :: increasing student enrollment
- :: reducing student attrition
- :: increasing worker retention
- :: enhancing productivity of the workforce

Such a definition reflects the dynamics of the nursing workforce. It situates nursing human resources in relation to service requirements, to be defined within the context of each country. The focus is on domestic nurses, while allowing some level of immigration thus acknowledging the benefits of international exchange and multicultural workforces.

Facts //

There are several existing or intended examples of national or regional self sufficiency within the health workforce planning context. These include Iran, Australia, Oman, Malawi and the Caribbean.

Example 1: Iran

In 1984 Iran established a national Ministry of Health and Medical Education to improve the country's development of human resources for health to better meet population health needs. The result has been a 27,000 increase in the number of medical students and 60,000 increase in other health professional students from 1985-2000. This has increased the supply of physicians from 14,000 to 70,000 reducing the use of foreign medical workers from greater than 3,000 to zero.¹



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Example 2: Malawi

The Malawi health system is in crisis with staffing inadequate to maintain a minimum level of health care and for the delivery of HIV/AIDS related care. Between 1999 and 2001, over 60% of the entire staff of registered nurses in a single tertiary hospital left for employment in other countries.² In 2004 the Malawi Ministry of Health, with support from international partners, developed and is in the midst of implementing a six year Emergency Human Resources Plan to retain current staff, increase domestic training capacity and attract those who had left the health workforce. Based on preliminary information, the approach seems to be having a positive impact.³

Implications for nurses, nursing and patient care //

A move to self sufficiency by countries can impact nurses, nursing and patient care both positively and negatively.

Positive impacts may include:

- :: increased employment opportunities
- :: monetary and non-monetary gains for nurses
- :: creation of better working conditions for nurses
- :: increased educational opportunities for students interested in nursing
- :: strengthening of health systems
- :: increased availability of nursing services to meet patient needs

Negative impacts may include:

- :: reduced opportunities for foreign employment, limiting the economic status, personal safety and quality of life for nurses and their families
- :: limited professional and personal growth of nurses
- :: reduced brain gain in terms of nurses bringing 'best practices' and innovation
- :: reduced opportunity for culturally appropriate patient care provided by a diverse group of foreign nurses

ICNM Action //

Global calls for self sufficiency in the context of health human resources have brought this concept to the forefront of international and national health policy agendas. The International Centre on Nurse Migration:

- :: Encourages national and international dialogue on the issue of self sufficiency
- :: Seeks international policy consensus on the definition and indicators for self sufficiency, with health professionals, planners and policy makers
- :: Collects and disseminates international nurse migration data
- :: Promotes the ICN Ethical Nurse Recruitment Position Statement
- :: Supports measures that reduce nurses' need to migrate, e.g. competitive salaries, positive practice environments, access to professional development.

* This fact sheet is extracted from the paper Nursing Self Sufficiency in the Global Context. An electronic version of the fact sheet is available at www.intlnursemigration.org/research.shtml

¹ Joint Learning Initiative (2004). *Human Resources for Health: Overcoming the Crisis*. Harvard University Press, Cambridge (MA), USA.

² Kingma M (2006). *Nurses on the Move: Migration and the Global Health Care Economy*. Cornell University Press, Cambridge (MA), USA.

³ World Health Organization (2006). *World Health Report 2006: Working together for health*. World Health Organization, Geneva, Switzerland.