Overseas nurse recruitment: Ireland as an illustration of the dynamic nature of nurse migration

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Abstract

This paper presents an analysis of Ireland’s recent experience of overseas nurse recruitment. Ireland began actively recruiting nurses from overseas in 2000 and has recruited almost 10,000 nurses, primarily from India and the Philippines since that time. This paper takes a timely look at the Irish experience to date. It reviews the literature on the supply and demand factors that determine the need for, and the international migration of, nurses and presents working visa and nurse registration statistics. This enables the authors to quantify and discuss the trends and scale of recent nurse migration to Ireland from outside the European Union (EU). The paper discusses the data essential for national workforce planning and highlights the deficiencies in the Irish data currently available for that purpose. The paper concludes with a discussion of the implications of Ireland’s heavy reliance on overseas nurse recruitment.

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1. Introduction

Worldwide there is a growing shortage of health workers, especially nurses [1,2]. The numbers of trained nurses entering the labour market fall far short of the numbers needed to replace an ageing nursing workforce, those emigrating to more attractive labour markets, and early exits from professional nursing practice [1–4]. Although historically a net exporter of nurses to countries such as the UK and the USA, in the 1990s Ireland began to encounter nursing shortages. With a domestic nursing workforce no longer ‘queuing for work’ [5], employers began to look further afield and initiated international recruitment campaigns to facilitate the migration of qualified nurses to Ireland. Despite being a newcomer to overseas nurse recruitment, the rate of recruitment to Ireland in recent years has been rapid and remarkable.

This paper reviews the literature on the supply and demand factors that determine the need for, and
the international migration of nurses. In an effort to quantify the trends and scale of recent nurse migration to Ireland from outside of the European Union (EU), it presents national statistics on work visas issued and nurse registration in Ireland. It also presents data (albeit more limited) on nurse emigration from Ireland. The paper discusses the data essential for national workforce planning and the deficiencies in the available Irish data and concludes with a discussion of the implications of Ireland’s reliance on foreign nurse recruitment.

1.1. Market forces—demand side

The number of nurses required by the Irish public sector health services is increasing, having risen 43% in 15 years from 24,574 full-time equivalent nurses employed in 1990 to 35,258 by December 2005 [6,7]. Table 1 summarises the demand side factors identified in the literature, e.g. the greater needs of an ageing population and increased complexity of health care. European Union policy changes are likely to further impact on demand: the introduction of the European Working Time Directive, which will restrict the working hours of non-consultant hospital doctors, may result in the transfer of responsibilities to nursing staff. A yet-to-be quantified increased demand for nurses has arisen from the rapid expansion of the private and support sectors, including private hospitals and private nursing homes [8]. Recent estimates suggest that approximately 9000 nurses are employed in the private sector [9] and the current policy emphasis in Ireland on privatising healthcare provision will undoubtedly see this figure increase further.

<table>
<thead>
<tr>
<th>Supply shortage</th>
<th>Increased demand</th>
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<tr>
<td>Attractive alternative career opportunities for school leavers, nursing graduates and nurses</td>
<td>Ageing population requiring more nursing care</td>
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<td>Flexible working arrangements—a greater number of nurses required to fill available posts</td>
<td>Increasing complexity of healthcare</td>
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<tr>
<td>Inefficient utilisation of nurses</td>
<td>Poorly developed community services, leading to higher hospital occupancy rates</td>
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<td>Opportunities overseas for Irish-trained nurses</td>
<td>Shortages in ancillary professions, e.g. physiotherapy</td>
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<td>Reduction of the standard working week for nurses following 2007 industrial action</td>
<td>Impact of the European Working Time Directive (EWTD), reducing doctors’ working week</td>
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<td>Transfer of care responsibilities from doctors to nurses</td>
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to be considered following a review by an independent commission. It is this supply-demand mismatch, which has worsened in recent years, that resulted in the establishment of an overseas nurse active recruitment programme in 2001.

1.3. Overseas nurse recruitment and evidence gaps

Overseas nurse migration is frequently ‘the solution of choice’ [13] for health systems seeking to bridge the gap between demand for and supply of nurses. Overseas nurse recruitment is a cheaper and quicker option than scaling-up indigenous training [15,13]. As reported by Buchan and Secombe, ‘the nurses are trained elsewhere, at someone else’s expense, and can be recruited and working in the UK within a few months – not the four years it would take to commission and train a UK educated nurse’ [16]. Initially, overseas nurse recruitment was considered a short-term solution for Ireland as it was anticipated that an increase in nurse training places would negate the need for overseas nurse recruitment [17]. It was recognised that the change from a 3-year training to a 4-year degree programme for nurse education would result in a gap year in 2005, which would need to be filled in the short term by overseas recruited nurses [12]. This was widely regarded as a ‘once off’ demand that would soon be negated by increased supply locally.

Countries require reliable, up-to-date data if nurse workforce planning is to be undertaken effectively. However, as some commentators have noted, the lack of data on the sources, numbers and trends of migrant nurse inflows is a major obstacle to national planning and evidence-based policy-making [18,19]. This paper reports and analyses the available data and discusses the consequences and challenges of data deficiencies in the Irish context. The aim is to illustrate that the data currently available provide insufficient information for effective policy responses and to highlight the need for better routine administrative data to inform national health workforce planning.

2. Methods

Nurse registration data were obtained from the Irish Nursing Board [20], because all nurses wishing to practice in Ireland must first register with the Board. Data on work authorisations/work visa (working visas) were obtained in response to a written request to the Employment Permits Section of the Irish Department of Enterprise, Trade and Employment [21]. From 2000 to 2006, all non-EU nurses seeking to take up employment in Ireland required a working visa. Irish nurse registration data were compared with those of other developed countries [22] with particular interest paid to the comparison between UK [23] and Irish trends in migrant nurse registration.

3. Findings

3.1. Nurse registration and working visas

Data from the Irish Nursing Board report the number of Irish, EU (i.e. nurses from EU states other than Ireland) and non-EU trained nurses that have registered annually in Ireland since 2000, and illustrate that over half of all new nurses registering, in 2005 and 2006, were from outside the EU (Fig. 1). However, professional registration data have limitations, in that registration from overseas may indicate intent to migrate to a specific country rather than actual migration [18]. Furthermore, nurses who have since left the profession may maintain their registration. There is a close correlation between the working visa and nurse registration data from 2000 to 2005 (Fig. 2), although the data for 2006 shows that more non-EU nurses registered with the Irish Nursing Board than were issued with working visas. The reasons for the 2006 discrepancy are unclear. It may reflect a lag effect such as delays in working visas issued, or perhaps it indicates

![Fig. 1. Nurses newly registered with the Irish Nursing Board 2000–2006 [20].](image-url)
that newly registered non-EU nurses with entitlement to remain in Ireland (e.g. those on dependent visas or those who are spouses of Irish or EU nationals, etc.) are encountering difficulties in accessing employment.

Although the issuing of a working visa again does not necessarily equate with immigration, three factors support the hypothesis that the data reliably reflect a dramatic upward trend in migrant nurses coming to work in Ireland: (i) the use of two separate sources of data, (ii) their close correlation, and (iii) because the combination of applying for registration and applying for permission to work in Ireland suggests serious intent by overseas nurses to migrate to and take up employment in Ireland. The data suggest that the high demand for overseas nurses continued to increase following the training gap year of 2005. Fig. 1 demonstrates that, whereas the number of EU nurses registering in Ireland has remained low between 2000 and 2006, the proportion of non-EU nurse registrations rose from 14% in 2000, to account for 57% of new registrations in 2006, having dipped somewhat between 2002 and 2004 [20].

As well as providing one indication of the rapid rate of nurse migration to Ireland in recent years, the register indicates the extent to which overseas nurse migration has altered the profile of the nursing workforce in Ireland (the register being the pool from which the nursing workforce is drawn). December 2006 data show that 16% (10,381) of those on the active register of the Irish Nursing Board were from non-EU countries and a total of 21% were trained outside of Ireland [20]. Table 2 compares the proportion of migrant nurses in Ireland with selected OECD countries (based on 2004 data). It is clear that Ireland, which up to recently was a net exporter of nurses, is quickly reaching nurse migration levels comparable to those found in countries with a much longer history of skilled immigration. The rapidity of nurse migration to Ireland is evident in that 92% of the non-EU nurses registered with the Irish Nursing Board in 2006 had first registered between 2000 and 2006; and 50% of all new entrants to the Register between 2000 and 2006 have come from overseas [20]. This illustrates an even greater reliance on overseas nurse migration than in the UK, where approximately 40% of new entrants in recent years have been from overseas [16].

Although the number of overseas nurses registering in the UK is far greater than in Ireland—approximately 62,000 overseas nurses joined the UK register between 2002 and 2006 [23] in comparison with 7634 in Ireland [20], non-EU nurses constitute a much higher proportion of new registrants in Ireland than in the UK. In the UK, 2002 was the only year in which the number of nurses from overseas and from the European Economic Area combined (at 53%) to exceed the number of UK entrants to the register. In comparison, EU and non-EU nurses accounted for 67% of all new registrations to the Irish nursing register in 2006 and 81% in 2005, the year of the gap in Irish nurse graduations (Fig. 3).
Table 3
Data needed to support policy analysis of nurse migration [24]

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<thead>
<tr>
<th>Minimum data</th>
<th>Additional data</th>
<th>Attitudinal Information</th>
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<tr>
<td>Inflow/outflow</td>
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<tr>
<td>Numbers leaving (by destination)</td>
<td>Work location of leavers</td>
<td>Reasons for coming/leaving (using typology)</td>
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<tr>
<td>Numbers leaving (by source)</td>
<td>Year first qualified as a nurse</td>
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<tr>
<td>Qualifications of leavers and joiners</td>
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<tr>
<td>Sex</td>
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<tr>
<td>Race/ethnicity</td>
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<td>Age profile</td>
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<tr>
<td>Stock of nurses</td>
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<tr>
<td>Total number</td>
<td>Geographical distribution</td>
<td>Career plans</td>
</tr>
<tr>
<td>Numbers working in nursing</td>
<td>Numbers by main type of work location</td>
<td>Previous career history</td>
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<tr>
<td>Qualifications</td>
<td>Length of stay</td>
<td>Cultural adaptation issues</td>
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<tr>
<td>Sex</td>
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<td>Job satisfaction</td>
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<td>Race/ethnicity</td>
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In attempting to track these migrant nurses as they progress through the health system, data deficiencies quickly become apparent. No data are available to indicate how many of these migrant nurses are still employed as nurses in Ireland; in which sectors they are employed; and whether or not they have moved jobs or migrated onwards (or returned to their home countries) since their initial registration and acquisition of a working visa. The shortage of reliable data relating to migrant nurses following their initial registration and acquisition of a working visa exemplifies what are common deficiencies within health systems. Buchan et al. [24] have highlighted the need for a broader range of nursing workforce data to understand the impact of nurse migration on the national nursing workforce and have identified the type of data necessary to enable policy analysis and workforce planning (see Table 3). Such data are not readily available in the Irish context.

3.2. Nurses and the working visa scheme

To facilitate the migration of registered nurses to Ireland, nursing was one of the professions to benefit from the introduction of a ‘fast track’ working visa scheme in 2000. The scheme was introduced to enable skilled migrant workers and their families to migrate to Ireland and focussed on sectors such as information technology, construction and healthcare, where Ireland was experiencing skills shortages. The working visa scheme marked a new departure for Irish immigration policy and saw Ireland join the ranks of more established immigrant countries, such as the USA, Australia and Canada, which have long used skilled migration programmes to fill skills-gaps within their workforces. The working visa scheme offered better conditions than those previously available to migrant nurses in that working visas were issued for 2 years and provided the holder with improved entitlements to family reunification, the right to change employer without reapplying for a visa and the right to obtain multiple re-entry visas [25]. The terms of the working visa scheme dictated that holders remain working within their skills category (i.e. nursing) in order to retain their working visa [25]. The working scheme operated from June 2000 until December 2006, and in that time, working visas were issued to over 9000 non-EU nurses. The vast majority (91%) of these nurses originated from the Philippines and India (Fig. 4).

The significance of nurse migration in the context of overall skilled migration to Ireland is revealed
by the fact that nurse migration accounted for 60% of all working visas issued between June 2000 and December 2006 (Fig. 5), with nurses averaging around 70–80% of those receiving work permits in 2005 and 2006. Although the working visa scheme entitled the holder to avail of family reunification, spouses thus admitted had no automatic right to work and this became the focus for a successful lobbying campaign by migrant nurses in association with the Irish Nurses Organisation [26]. In launching the modifications to the working visa scheme, specific reference was made to the need for Ireland to retain migrant nurses in the face of global competition. As the then Minister for Enterprise, Trade and Employment outlined:

“For sometime now I have been concerned at our continued capacity to attract and retain highly skilled personnel where their spouses do not have what is, in effect, an automatic right to work in this country. This problem is perhaps most acute in relation to some 4,500 highly trained nurses from outside the EEA (European Economic Area) who do not face this difficulty in other countries” [27].

Although the working visa scheme played an important role in facilitating nurse migration to Ireland, data from the scheme provide an incomplete record of all non-EU nurses in Ireland, mainly because it was only operational between 2000 and 2006. The data also exclude nurses employed on other types of work permits and those non-EU nurses entitled to work in Ireland on the basis of being the spouse of an Irish/EU national, the parent of an Irish born child, or a refugee.

3.3. Nurse emigration

In terms of nurse emigration, the Irish Nursing Board also collates statistics on the number of verification requests received annually, i.e. verifications on nurses registered in Ireland that are sought by nurse registration boards in other countries. These data provide some insight into another dimension of nurse migration, i.e. the emigration of nurses (Irish and non-Irish) from Ireland. As a measure of nurse emigration, these statistics have similar deficiencies to the nurse registration data, in that they are an indicator of interest in or intent to emigrate for work, which may not result in emigration.

In 2005, the Irish Nursing Board received verification requests relating to 973 nurses, 70% of whom were Irish and 23% of whom were non-EU nationals [20]. Half of the verification requests in 2005 came from Australia, with a further 30% coming from the UK [20]. A similar pattern emerged in 2006, with verification requests received on behalf of 877 nurses, 66% of whom were Irish and 28% of whom were from non-EU countries. Sixty-four percent of all verification requests in 2006 came from Australia [20]. Verification requests were submitted for 207 nurses from India and the Philippines in 2006 alone [20], indicating that, at least for some migrant nurses, Ireland is a stepping stone en route to employment in other developed countries.

Although the statistics provide some evidence of nurse emigration from Ireland, more definite information is needed to accurately profile this phenomenon (see Table 3). It is also impossible to tell whether the nurses have emigrated temporarily or permanently. Many young Irish people take a ‘year out’ in countries like Australia and thus a proportion of Irish nurse emigration may be relatively short-term in nature. It is also likely that these figures under-represent the total level of nurse emigration, particularly return migration by nurses (i.e. non-EU nurses returning to their countries of origin). Sending countries such as the Philippines and India are not represented in the statistics in that nurses from these countries will probably maintain their home country registration while working overseas. Other countries, such as Saudi Arabia, which have traditionally been destination countries for both Irish nurses and migrant nurses, are also absent from the verification list. Comprehensive
data are lacking (and needed) for workforce planning on the numbers and destination countries for all nurse emigrants from Ireland, along with information on their nationality, qualifications, age and year of qualification [18].

3.4. Data deficiencies

Internationally, as in Ireland, ‘reliable and relevant data upon which good nursing workforce policy depends are simply unavailable’ [13]. In Ireland, statistics from the Department of Enterprise, Trade and Employment and the Irish Nursing Board provide an important starting point in measuring the scale of nurse migration to Ireland in recent years. However, neither provides a comprehensive picture of how many migrant nurses currently work in Ireland or the impact that nurse migration is having on specific sectors of the health system. Recent research by the Irish Nursing Homes Organisation has revealed that the nursing home sector employs a high proportion of migrant nurses, ‘on average, 43 per cent of nursing staff in private nursing homes now come from overseas. In the former northern area health board (north Dublin) some 74 per cent of nursing staff in private nursing homes are from overseas’ [28]. An unknown number of migrant nurses may also be working as care assistants in the formal and informal care system, while applying for and awaiting registration with the Irish Nursing Board.

Although the national network of National Nursing and Midwifery Planning and Development Units collate valuable data on nursing and midwifery turnover in both public and private sectors, they do not distinguish between Irish and migrant nurses. As a result, their reports add little to the knowledge pool in relation to the impact of nurse migration on the nursing workforce in Ireland. Such gaps in the available data restrict our ability to fully understand the dynamics of nurse migration, the country’s reliance on it and its impact. Similar data deficiencies have been encountered by nurse migration researchers internationally [13,18,16,29]. A further concern in the Irish context is the ‘patchiness’ [13] and interrupted nature of the available data. For instance, while this paper presents statistics on the number of working visas issued to non-EU nurses and their countries of origin, this level of detail is only available up to December 2006, when the working visa scheme ended. More recent data on the number of working visas issued to non-EU nurses is contained within a broad ‘medical and nursing’ category. Details, such as the specific occupation or nationality of those within the medical and nursing professions issued with work permits since January 2007, are not readily available. As a result, the data deficiencies which currently restrict our understanding of nurse migration are set to increase further.

The Irish Health Service Executive Employers Agency published detailed statistical reports on the adaptation placements undertaken by non-EU nurses between January 2003 and December 2005. No further reports have been published. The Agency also published a national survey of nursing resources, containing statistics on the number of nurses recruited from abroad on a regular basis between November 2002 and September 2006, when it ceased. The stop–start nature of data collection, combined with the limitations in the type of data collected, make it difficult to understand the dynamics of nurse migration in Ireland and impossible to track trends and factor nurse migration, in any meaningful sense, into nurse workforce planning.

4. Conclusion

A complex interaction of national and international factors impact upon the demand for and supply of nurses in the Irish health system. Many of these, such as the success of the Irish economy and the subsequent availability at home as well as abroad of attractive career options for nurses, lie outside the control of the health system. Other factors, such as the supply of nurse graduates and the projected demand for nurses arising from changes in work practices, advancements in healthcare or demographic changes, can be factored into nursing workforce strategies to ensure that domestic supply keeps pace with demand. Ireland’s current reliance on migrant nurses indicates a failure to produce and retain sufficient nurses to meet the growing demand at home. Instead, supply needs have been met via active overseas nurse recruitment. This has been a successful strategy to date and the fact that Ireland has encouraged almost 10,000 non-EU nurses to work in the Irish health system in recent years is testament to that success. There is a need to acknowledge the significant contribution made by migrant nurses to the Irish health system, while recognising that their arrival is just
the first step in addressing the recruitment challenge facing the health system.

Consideration must be given to the long-term sustainability of Ireland’s reliance upon overseas nurse recruitment, particularly in light of global competition for nurses. As Kingma has stated, ‘at any moment, recruited nurses can return to their homeland or migrate to another country if better conditions are offered’ [13]. While the emigration of Irish trained nurses is not a recent phenomenon, the fact that registration verification was sought for (at least) 200 migrant nurses in 2006 indicates that some of Ireland’s migrant nurse workforce are re-migrating to other developed countries. The emigration of migrant nurses from Ireland, even on a small scale, highlights a flaw in Ireland’s strategy of relying on overseas nurse recruitment as the long-term solution to staff shortages. To ensure an adequate supply of migrant nurses in the future, Ireland must compete internationally to attract and then to retain migrant nurses, while also seeking to increase domestic supply by training and retaining Irish nurses. As this global competition intensifies, the key question is whether Ireland will continue to attract migrant nurses and from where they will be sourced. Unless domestic supply is increased significantly and home-trained nurses are retained, Ireland’s success or failure in this international recruitment market could have significant repercussions for the Irish health system.

Ireland’s practice of relying on migrant nurses to supply its nursing workforce is the result of a policy failure that also has global repercussions. For instance, active overseas nurse recruitment may reduce the ability of the sending country to meet its own nursing needs, a consideration that should resonate with Ireland, a country with considerable experience of workforce depletion through emigration. Although ethical guidelines published by the Department of Health and Children [30] recommend that Irish employers recruit only from countries that support overseas nurse recruitment, compliance with these guidelines does not mean that Ireland’s recruitment of significant numbers of nurses is without consequence for the sending countries. India and the Philippines, countries from which Ireland has sourced the bulk of its migrant nursing workforce, have reported the loss of their more experienced nursing staff to emigration [31,32], resulting in emigration-induced ward and hospital closures [31] and mass resignations [32]. Given the global inequalities that exist, ‘policies to increase domestic production and retention of nurses in wealthy countries are no longer just a national imperative; they are also an international responsibility’ [33]. Perhaps it is time for Ireland to revisit the potential ethical implications, as well as the sustainability, of this level of reliance on migrant nurses. However, a pre-requisite is the need for comprehensive, detailed and consistent data, in place of anecdotal evidence, for driving policy and practice in an area so essential to the Irish health system and which has significant global implications.

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