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DO EDUCATIONALISTS HAVE A DUTY TO ASSIST GOVERNMENTS IN MEETING THE GLOBAL SHORTFALL OF QUALIFIED HEALTHCARE PROFESSIONALS?

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ABSTRACT

INTERNATIONALLY GOVERNMENT TARGETS TO INCREASE QUALIFIED PERSONNEL IN A VARIETY OF PROFESSIONS ARE BEING CHALLENGED. IF A COUNTRY CANNOT MEET STAFFING TARGETS FROM 'HOME GROWN' QUALIFIED STAFF, IS IT MORALLY OR ETHICALLY RIGHT TO RECRUIT QUALIFIED STAFF FROM OTHER COUNTRIES? WHOSE RESPONSIBILITIES ARE THE LIFELONG LEARNING NEEDS OF PROFESSIONALS? GOVERNMENTS, INDIVIDUALS OR EDUCATIONALISTS?

INTRODUCTION

There is a historical precedent in the global movement of qualified professionals between countries. Professionals have historically been pulled towards the country where funding, rewards and opportunities were highest – *the 'brain drain' of the 20th century'*.

This paper suggests that the current migration of nurses and other key healthcare professionals, particularly from developing countries to industrialized countries, to meet professional staffing deficits is morally and ethically flawed. Whilst some governments may encourage the outflow of their trained healthcare professionals, for example the Phillipines, as government policy, others are resistant to loosing their qualified healthcare professionals. Is it to the greater good of healthcare internationally to fully integrate the differing cultures of health care and the populations served? Shared learning across disciplines and cultures, enhances inter-professional relationships, which should be to the benefit of patient care. A greater understanding of each other's roles and responsibilities reduces duplication and increases effective utilization of appropriate knowledge and skills.

Life long learning is fundamental to the currency and competency of healthcare professionals. The philosophy of Life long learning is often perceived as being synonymous with that of Continuous Professional Development, nowhere more so than in the profession of nursing. If there is a global shortfall of qualified nurses is the attitude towards Continuous Professional Development and/or Life long learning compromised? Will economics be the driver? Will quality be compromised for quantity in the 21st century? Is Life long learning an individual, professional, national, or international responsibility and/or aspiration?

This paper seeks to explore some of these issues, using nursing as the main focus. The information presented is a personal reflection and in no way reflects my employing University. Further questions are raised but no definitive conclusion is drawn.

THEORETICAL FRAMEWORK

In October 2001, 66 countries were represented in the USA at an international conference discussing the global shortage of nurses. Buchan (2002) describes this shortfall as being *"due to an increasing demand for nurses outstripping a static or a more slowly growing supply"*, and Buchan et al (2003) further develop the reasons for the shortfall as *"indicative of deeper problems in workforce planning, in either source or destination countries – or both"*. Developing countries are the main sources of migration of healthcare professionals. In consequence they are suffering as the more affluent countries of the industrialized world increasingly encourage qualified nurses to migrate, tempting them with better standards of living, higher wages and a perception of a comprehensive health care service free at the point of delivery. However, in countries where there is a recognized surplus of qualified nurses, this could be perceived as a pro-active government policy of *"an attempt to develop a long-term improvement in the skills base of the working nurse force by encouraging short-term outflow to other countries where training is available"* (Buchan et al 2003). There may be a financial investment in short term migration to enable nurses to return with a greater knowledge base to supplement the 'home' health services. (WHO et al 2003) Developing countries have struggled to implement nurse education programmes, which meet the standards of the industrialized world, and often staff are encouraged to migrate for enhanced qualifications and/or academic awards. Although whilst away they may contribute to the family's income back home there is no guarantee that they will return to their home country to disseminate their enhanced skills and knowledge.

Muula et al (2003) gives an example of the scale of the problem within Malawi *"… a country that has in the last five years suffered from a significant loss of nurses to many destinations in Europe"*. Whilst Melgar (1999) states that the Philippines have a huge reduction in the number of qualified nurses "*especially those who are well trained and highly specialized"*. This migration of qualified healthcare professionals from the under developed countries to the more affluent industrialized countries, is an increasing dilemma for the poorer countries of the world. The problem is growing rather than diminishing as Patel (2003) identifies. Governments are developing different strategies to address these issues. The UK are actively encouraging the recruitment of the 'best' qualified staff from developing countries in an effort to meet the demand for quality healthcare in the UK, though in its defence it has published guidelines on international recruitment (DoH 1999 and 2001) and now has a comprehensive list of those countries which are not available for active recruitment from the UK. Alternatively, Norway has made a decision to only recruit internationally from other industrialized countries. Whilst on the other hand, the Caribbean has introduced a 'managed migration' initiative to attempt to minimize the negative effect of migration on the source healthcare system. (Buchan et al 2003)

DISCUSSION

The reason for the global shortfall of nurses is multifaceted and complex. Findings from the joint study of the International Council of Nurses, the World Health

Organisation and the Royal College of Nursing (WHO 2003) show that nursing shortages are an international problem. Countries are evidenced as being unable "*to grow nor to keep"* their own nurses to meet the growing demand (Buchan et al 2003). The main importers of healthcare professionals are the United Kingdom, Ireland, the United States, Australia, Norway, and Canada. Neal (2002) predicts the situation in the USA, *"the gap between supply and demand in relation to qualified nurses is expected to continue for the next ten years*", whilst Waters (2003) identifies that the UK and Ireland are *"more reliant on overseas nurses than any other developed nation"*. Previously movement between these countries of qualified nurses has been on a reciprocal basis, each valuing the qualifications gained and each offering a further alternative dimension of experience to the professionals involved. This evidences a clear example of qualified staff being self directed in making a choice to expand their horizons and experiences, whilst developing their Life long learning and professional expertise. Amongst these countries Continuous Professional Development has been established and the Lifelong learning aspirations of the immigrant workforce has been met, whilst at the same time most of the qualifications gained are recognized reciprocally in the participating countries. Movement between these countries has not been a problem as it has mainly been based on the concept of *head hunting*, which is fundamentally based on *a fair playing field* and reciprocity between two countries.

The current situation is that the nursing workforce in industrialized countries is ageing and neither education, nor healthcare policies, has maintained recruitment to meet this shortfall; whilst at the same time the population is increasing, as is the demand for healthcare.(WHO et al 2003, DoH 1999) This has been further compounded by changes in healthcare policy, professional prestige and financial reward, which has led to uncertainty in the employment market, reduced professional development opportunities, loss of morale, and a fall in the retention of staff. Reduction in junior doctors hours, transfer of skills and responsibilities to nurses, understaffing and service changes have been a contributing factor in the retention of qualified nurses within the UK. (DoH 1998 & 1999). The UK government policy document *Human Resource Framework – Working Together* (DoH 1998) aimed to ensure both an increased recruitment and retention of NHS staff within the UK. 1999 saw the introduction of UK Government *Guidelines on International Nursing Recruitment*, identifying that *"It was intended to ensure that international recruitment fulfills its proper place in staffing the NHS; that good practice and value for money are encouraged and that it is done on an ethical basis."* (DoH 1999). Conversely, in May 2001 the NHS withdrew bursary funding for pre-registration nurse training to any overseas student who had not been resident in the UK for a minimum of 3 years. This in effect made overseas students ineligible for UK pre-registration Nurse education unless they were able to self-fund for the 3 year programme. At a time when more nurses are to be recruited from overseas, "*on an ethical basis"* the entry to pre-registration nurse education programmes was only eligible to those who had the financial support. Is it ethical to refuse entry to overseas students whilst encouraging qualified nurses from those same countries?

Although pre-registration education programmes have now embraced the philosophy of student self-directed or enquiry based learning, which underpins the philosophy of Life

long learning, Brown et al (2002) surmises that once individuals are employed in the healthcare system, professional development is often determined by "*cost-benefits and cost-effectiveness"* within the healthcare system and not related to individual professional development needs.

UK statistics demonstrate that even if numbers exiting nurse education programmes rise, it will be insufficient over the next ten years, to meet the increasing demand for healthcare (DoH 2002). Based on past performance will industrialized countries be able to retain qualified staff? One could argue that long-term investment in migrant workers could be both *cost-effective* and result in *cost-benefits* for the destination country.

Recruiting highly qualified nurses from developing countries diminishes the healthcare available within these countries and cannot therefore be an ethically acceptable solution unless it is fully encompassed in the government workforce planning for that country. WHO 2003 evidence shows this to rarely be the case. The Caribbean for example has a 'managed migration' policy whereas others countries try to enforce financial or bonding restrictions following qualification, which is difficult to impose whilst still upholding personal freedom. In either case scenario, the source country will experience a short-term deficit. If the migration is short term and these individuals return with enhanced skills, or the destination country provides financial or reciprocal benefit to the source country to enhance healthcare provision in the source country, it is hard to conclude that the action is either moral or ethical.

Can the industrialized countries of the world morally justify the action of active recruitment from poorer countries of the world? Or is it Darwinism in the 21st century, "*the survival of the fittest"*. This is a *"jungle mentality"* which should have no place in the modern world. The moral principle of justice may be described as being a fair or equal distribution of harms and benefits. (Littlewood 1995) However, the current activity of active recruitment of qualified nurses seems to imply that *"the end justifies the means"* in relation to the destination countries, but not in relation to the source countries. It could be argued that historically all countries have demonstrated an ability to ignore issues relating to the principle of justice in order to protect their own population and economy. This could be perceived as ethical elitism ensuring that the best (the strongest) is promoted as opposed to ethical universalism, which would ensure that the good of all (strong and weak) must be considered.

The totality of responsibility cannot however, lie solely with the destination country as many migrant workers have welcomed the opportunity to migrate and in some cases actively sought relocation. A global approach to health as determined by the World Health Organisation would support an ethical universalism approach to the sharing of global healthcare resources including staffing resources. Stalker (2000) suggests, "*migration will continue as long as there is developmental imbalance between countries*".

Accepting the argument that active recruitment is unethical and not morally justifiable, can any recompense be attributed through the way we look after the individual Life long

learning needs of skilled migrant workers who have been recruited to solve our skill shortages? However, if Brown et al's (2002) premise that Continuous Professional Development is driven by "*cost-benefit and cost-effectiveness"* is acceptable, then how does this affect the way that we provide educational opportunities for employees from overseas?
Government recognition of a shortfall of nurses within the UK led to a 'knee-jerk' reaction to meet that shortfall and thus sustain the NHS in the immediate future, by encouraging local level NHS plans to actively recruit qualified nurses from overseas, targeting the developing nations of the world. However, the development of this "knee-jerk" reaction was in isolation from any changes in education provision for overseas students who are still expected to pay high premium fees until resident in the UK for a period of three years.

Alexis and Chambers (2003), writing about the recruitment and retention of nurses of different nationalities within the UK, identified that often the basic infrastructure to accommodate their needs was not in place before their arrival. It was therefore, essential to provide culturally acceptable "*induction, education and training when employing students from overseas*". One of the key components to overseas nurses settling within a new culture and role is to feel valued. Often newly arrived overseas nurses are perceived as being another pair of hands and many established staff have little patience with the vast learning curve that overseas nurses have to undertake to adapt and apply their skills to the new work environment. Although indigenous healthcare professionals are usually limited to the language of their *mother tongue* they are often intolerant of the language of others when the destination country necessitates the use of a foreign language. Alexis & Chambers (2003) identify that nowhere is this more evident than "*…in the inflexibility of nursing education and research which constrains nurses so that they fail to meet the criteria for educational opportunities? This is a huge loss in terms of nursing's body of knowledge and individual's confidence and self esteem*". Recent advances in nurse education programmes have encouraged the use of Problem (Enquiry) Based learning methods which motivate the student to develop self directed learning an essential component of Life long learning. Rather that focusing on Professional Development which is NHS or employer led the migrant worker should be encouraged to develop skills of self direction and Life long learning so that they may assert themselves to attain an equal chance of development in their host country.

CONCLUSION

Buchan et al (2003) summarised in their report to the World Health Organisation the International Council of Nurses and the Royal College of Nursing (UK), that *"…the main reason for the current high level of active international recruitment activity is nursing shortages in some industrialized countries. These countries ……have used the quick fix of international recruitment, exploiting the existence of push factors by exerting a pull of better salaries and conditions of employment"*. The fact that this

report was internationally commissioned and received should indicate an international awareness of the problems and it should therefore follow that there is a willingness to develop and foster solutions.

The UK Royal College of Nursing at their conference in May 2004 asked the question *"When and how will nurse recruiters know they have gone too far in reducing the workforce of far more needier countries?"* Although this was the focus of debate in a UK conference, it is a question that could well be debated on an International level.

Global partnership to develop and implement continuous development strategies, which meet the needs of both the individual and the employer, are essential to ensure Life long learning for all is available. If the moral principle of justice is applied then the overall goal should be one of a fair or equal distribution of harms and benefits.

Any attempt to stop the movement of qualified healthcare professionals from country to country would be as unethical and immoral as the present situation presented in this paper. It is imperative therefore, that any migrant qualified healthcare professional is not only adequately supported on arrival, but their Life long learning pathway continuously developed, to ensure the quality of the service and care they give and to protect the population of the destination country and ultimately the source country if they choose to return.

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