Retaining Migrant Nurses in Ireland. Nurse Migration Project Policy Brief 2

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Retaining Migrant Nurses in Ireland

Nurse Migration Project Policy Brief 2: February 2008

Background to Retention and Migrant Nurses
Active overseas recruitment efforts have attracted large numbers of migrant nurses into the Irish health system [1]. However, it will be Ireland’s ability to retain these nurses that will determine the long-term effectiveness of this workforce strategy. This is a key consideration both for individual employers and at national policy level [2], given the extent of Ireland’s reliance upon migrant nurses [1]. There is recognition internationally that poor support structures in the host country may encourage migrant nurses to seek employment elsewhere [3]. The challenge to retain these nurses takes place, as their recruitment did, in the context of intense global competition for nurses, which Kingma has called ‘the international war for skills’ [4].

This policy brief, which presents early findings on migrant nurse retention in Ireland, cautions against the assumption that migrant nurses are all ‘here to stay’. The findings point to the need to engage with them to better understand the dynamics of their migration and to identify the factors that might determine whether they stay or leave Ireland.

Methods
Between June and November 2007, in-depth interviews were conducted with twenty-one migrant nurses working in Ireland, nineteen of whom were female. Fifteen of those interviewed were based in Dublin and six were based in Cork/Limerick. Sixteen of those interviewed were from the Philippines, four were from India and one from Nigeria. Eleven respondents had arrived in Ireland in 2000/01, three arrived in 2002/03 and seven arrived in 2004/05. Most (14) were recruited to hospitals, four to nursing homes and three to work in disability services. Eight were in their 40s on arrival, eight were in their 30s and five were in their 20s.

Research Findings
Will they stay or will they go?
Of the twenty-one nurses interviewed, only four stated that they intended to remain in Ireland on a long-term basis. Three had made definite plans to emigrate (to Canada), with a further eight intending to leave Ireland within the next five years (some to return home, some to migrate to USA/Australia). The remainder (six) felt that they would probably stay in Ireland depending on the opportunities available overseas (particularly in the USA), or the employment and migration situation of spouses/children. Over half (11) of those interviewed expressed their intention to emigrate from Ireland within the next five years.

Reasons to Stay in Ireland
For the most part, respondents who planned to remain in Ireland for the foreseeable future, had decided to do so because they felt that they and their families had settled in Ireland and because they wished to avoid the disruption entailed by onward migration, as Agatha (pseudonyms are used throughout) explained:

‘it’s so traumatic for kids, like, to adapt again, they don’t want. I want, but they said, no, no, mam, we’re not going, no, we have our friends and we left our friends there and we have now our friends here in Ireland and then we’d be leaving them again’ (Agatha).

Career-related opportunities, such as salary levels, job security, maternity benefits and educational opportunities were also mentioned as reasons for staying in Ireland. The opportunities available were felt to compare favourably to those open to migrant nurses in other developed countries.

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For instance, the USA was deemed to have inferior maternity benefits and this was an important consideration for nurses considering starting or adding too their family. Although these respondents had elected to remain in Ireland, they emphasised the fact that living and working as a migrant nurse in Ireland was not without its difficulties.

**Reasons to Leave Ireland**

**Integrity of Family Unit**

The desire both for stability and to maintain the integrity of the family unit played a significant role in respondent’s decisions to leave Ireland and was also a major concern for those who remained. Irish migration policy does not allow for the family reunification of adult dependent children or family members (e.g. grandparents) and difficulties are also encountered in obtaining permission for them to visit family members in Ireland [5]. Children of migrant nurses who live in Ireland with their parents are faced with non-EU fees (€15,000 or more per annum) if they wish to attend 3rd level education and hold no automatic right to work or reside in Ireland when they complete their studies. Such policies are perceived by respondents as a threat to the integrity of their families, for instance some respondents had elected to send their children ‘back home’ for their 3rd level education. Such decisions are particularly difficult for those nurses who moved to Ireland specifically to reunite their families following years of separation while nursing in Middle Eastern countries that prohibited family reunification.

‘I’ve really thought, sometimes I thought, like is it worth coming and working in Ireland? . . . In my own country, if I have been in my own country, I would have been a lecturer now; I’d have been worked in a college of nursing, I would have done that and would have done this, I would have had more responsibility’ (Sheela).

‘If my family can come, then I can stay, but as long as my family is there and they can’t come over here, no, then I can’t think of living alone here for long, no’ (Shirley).

**Lack Stability and Uncertainty about Citizenship Entitlements**

Despite acquiring permanent employment, perhaps purchasing a house and feeling financially secure in Ireland, uncertainty surrounding citizenship entitlements for respondents and their families was causing some to question whether they had a long-term future in Ireland. Citizenship was deemed central to the acquisition of this sense of stability, as Clara explains,

‘make us stable here, not just financially, but, you know, stability as, as citizens’ (Clara).

‘We’re not here as just to work, we also want a place to live, you know what I’m saying?’ (Clara).

**Certainty/Stability in Emigration**

The uncertainty and inconsistency evident in Irish migration, residence and citizenship procedures encouraged respondents to examine their options globally and comparisons between the Irish and, for instance the Canadian model, were a common feature of interviews. In addition to ensuring the integrity of the family unit, it was noted that migration to Canada would enable respondents to offer migration opportunities to other family members, as Carol illustrated below,

‘immigration laws in Canada is much, much different wherein you can even sponsor your other relatives, or children who are over eighteen, or even your mother or your parents, you know, to come over with you. And even, like, distant relatives’ (Carol).
Conclusions

- Over half (11) of the migrant nurses interviewed intend to leave Ireland in the next five years.
- A desire to be settled or stable in Ireland was high on migrant nurses’ list of priorities. This far outweighed career-related considerations in determining future plans.
- Issues such as citizenship and immigration procedures were most frequently mentioned as the determining factors in the decision to leave Ireland.
- Joined-up policy thinking is needed to ensure that migration policies do not conflict with the long-term staffing requirements of the Irish healthcare system. Departments with responsibilities in relation to residency, citizenship, migration, education and family reunification, (i.e. DJELR, DETE, DES) need to co-ordinate their efforts to remove the barriers to long-term settlement encountered by migrant nurses and their families.
- Understanding the dynamics of nurse migration is essential in improving the retention rates of migrant nurses within the Irish health system. This requires (1) adequate data collection to enable workforce planners to profile the skills/qualifications/stage in career of all newly arrived migrant nurses and to plan accordingly (2) consultation with migrant nurses to identify the factors determining whether they stay or leave Ireland and a willingness to act on the findings.
- Migrant nurses recruited via active overseas recruitment campaigns may have lower retention rates than anticipated. This would have implications for Irish workforce planning, for migrant nurses and their families and for Irish overseas recruitment strategies.
- The Nurse Migration Project has planned a quantitative survey of a larger sample of migrant nurses in 2009 to follow up on the issues raised in the qualitative interviews.

Retirement ‘Back Home’

Respondents who had plans to move back to their home countries following their retirement were certain of their plans. These respondents intended to continue working in Ireland until their retirement, whether that was two, five or fifteen years away. Their intention was then to spend their retirement years in their home countries.

‘two years more in Ireland then I will retire because I think I need to retire. I said, I need to enjoy, not always working. I been working since I was 19, I was already a nurse and now I’m already 51 so I said, I’d like to go home that I’m still able’ (Ivory).

Mixed Feelings about Leaving Ireland

Respondents had mixed feelings about leaving Ireland. While excited about the opportunities available to them abroad, their excitement was tinged with regret at having to leave Ireland. Some of those who are definitely emigrating had intended to remain in Ireland, as evidenced in the long-term investments (financial and social) that they had made in the country. Respondents appeared to have been unaware until recently (perhaps when their children approached school-leaving age) of the difficulties that would force their emigration.

‘but I’m telling you, if I’m going to leave this place, this Ireland . . . really had a spot in my heart and I say, Oh my God, I’ll be crying, you know because I’m really already settled’ (Monique).
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References


Further Information: The Nurse Migration Project is a HRB funded project (2006 to 2009) which involves qualitative and quantitative surveys of migrant nurses. It is led by Dr. Niamh Humphries, Professor Ruairí Brugha and Professor Hannah McGee, Division of Population Health Sciences, Royal College of Surgeons in Ireland. Further information available from Dr. Humphries: nhumphries@rcsi.ie. Research updates will be released and disseminated in future Policy Briefs.