

Nurse migration from the EU: What are the key challenges?

The nursing workforce is facing significant change; it is aging and there is more demand for part-time working. More of its traditional entrants are choosing alternative careers. Facing these recruitment and retention issues while simultaneously trying to improve productivity and the quality of care is challenging. Traditionally popular solutions that involve recruiting nurses from the *international* marketplace can clearly help but they bring their own human resources (HR) management challenges [1]. In this Policy+ we focus on nurse migration into the UK from other European Union (EU) countries. The evidence was collected as part of the PROMeTHEUS study [2]. It is one of the first using a survey and interviews to explore the HR management challenges and the factors influencing decision-making at different stages specifically of the EU migration process of health professionals.

Why is migration from the EU significant?

Although only 1-2% of registered nurses in the EU work outside their country of origin the *proportion* registering in/moving to another EU country is steadily increasing [3]. This has two drivers. First, EU nurses are exercising their free movement rights more actively following the EU enlargement [4]. Second, numbers of nurses coming from outside Europe have fallen with tighter immigration and professional registration policies. In the UK, recruitment from the EU has risen sharply. In 2001-2 the share of newly registering international nurses/midwives from the EU was only 7%. By 2009-10 that had climbed to 78% [5].

All EU Member States agree to the free movement of workers and to the underpinning legislation on mutual recognition of training and qualifications. Thus migration flows cannot be fully controlled and workforce planning is difficult for both sender and receiver countries. The real scale of mobility is likely to be underestimated. This is due to the lack of reliable migration data [3]; and of research comparing EU nurses with other groups such as medical doctors and nurses from outside Europe [4; 5]. Not least we need to know more about what motivates EU nurses to move, their career plans and experiences of migration.

How did we explore EU nurse migration to the UK?

First, an online survey was advertised via health professional bodies, migrant associations, embassies, and health providers. It had 236 responses, including 130 nurses, 14 of whom had midwifery qualifications. Second, face-to-face or telephone interviews were conducted with 13 migrant nurses and 3 midwives from Austria, Bulgaria, Croatia, Cyprus, Finland, France, Germany, Greece, Latvia, Lithuania, Poland and Romania.

What did EU nurses tell us about their motivations and about the experience of migration?

- Nurses, particularly those from the EU-12 countries [6] had generally left their country of origin because of low salaries, because employment was unstable or there were too few jobs available. Others were looking for better working conditions and more rewarding work, or for professional development and postgraduate education opportunities.
- Language was the most mentioned factor behind a move to the UK. But once here respondents felt that being generally competent in English did not mean they had the “right” language skills to work effectively in the health service. This is also a concern shared by professional regulators who have been unable to test language as a pre-requisite for registering EU migrants [7].
- Some – particularly older nurses and midwives from EU-12 countries – found themselves unable to obtain regulatory recognition of their training or qualifications. As a consequence they tended to apply for health care assistant roles or even jobs as housekeepers or cleaners [8].

- For those entering nursing posts there were concerns on arrival about the “real equivalence” of their professional education and training. The intangibles - cultural and historical – that nurses brought made “slotting in” to a very different UK healthcare system far from straightforward.
- When it came to considering a return to the country of origin the threat of being unemployed remained the biggest drawback. Having gained experience or additional qualifications in the UK was not seen as substantially improving job prospects.
- Another factor in staying longer in the UK was the presence of social and emotional support including family and friends.

What are the HR management challenges?

- The overall objectives of the UK as a country receiving migrants are to: i) ensure the individual patient experience is safe and of high quality; ii) enable health providers to get maximum value from employing EU migrants and; iii) assist individual nurses to gain positive benefits from moving another EU country.
- Meeting these objectives in a highly regulated UK workforce requires substantial commitment to induction and on-going support to integrate nurses with a range of linguistic and technical abilities and with backgrounds that cross different professional cultures [4].
- From the perspective of the ‘sender’ countries the key challenge comes from the negative effects of out-migration. Domestic capacity and the skills-mix are at risk of being hollowed out by the uncontrolled departure of professionally trained staff [9].
- Return migration might offer a remedy but a key finding from PROMeTHEUS was just how difficult it is for countries of origin to promote return migration. Instead the focus may need to be on redressing the balance of push-pull factors that drives the migration in the first place.
- There are strategies (e.g. Codes of Practice) that countries like the UK can implement to restrict active recruitment from particular ‘sender’ countries. But, the evidence for how well these work to control overall migration is equivocal [10].
- A more progressive approach would be for the UK (and other receivers) to provide more active development support – assisting those sender countries losing nurses and other health workers with their recruitment, training and retention policies [11].

Conclusions

Nurses, midwives and other health professionals have always moved to, from and within Europe. However, concerns about the scale of movement and the potential impacts on the workforce and health systems are increasing. Policy makers and managers need to respond both within particular countries and at EU level. But robust data remains scarce. The PROMeTHEUS study has helped fill the information gap.

Key points for policy

- Workers across the EU have a free right to move. It is up to individual Member States – as major “receivers” or “senders” - to respond to the particular challenges arising from this freedom. But the inability to capture good data makes this difficult.
- Individuals who do not gain professional registration and employment as nurses in destination countries are not counted in official statistics.
- There is also a lack of in-depth data collection in countries receiving return migrants and little accurate information on outflows from countries that receive migrants in the first place.
- Better data are needed: i) To help professional and employer organisations in receiver countries like the UK in supporting and integrating individuals whose training and experience comes from a wide variety of countries and professional cultures; ii) To help sender countries design more sophisticated measures both to keep more nurses at home and to remove the barriers to return migration.

References and information

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