

Ethical Nurse Recruitment

ICN Position:

ICN and its member associations firmly believe that quality health care is directly dependent on an adequate supply of qualified and committed nursing personnel, and support the evidence that links good working conditions with quality service provision.

ICN recognises the right of individual nurses to migrate¹¹, and confirms the potential beneficial outcomes of multicultural practice and learning opportunities supported by migration. The Council acknowledges the adverse effect that international migration may have on health care quality in countries seriously depleted of their nursing workforce.

ICN condemns the practice of recruiting nurses to countries where authorities have failed to implement sound human resource planning and to seriously address problems which cause nurses to leave the profession and discourage them from returning to nursing.

ICN denounces unethical recruitment practices that exploit nurses or mislead them into accepting job responsibilities and working conditions that are incompatible with their qualifications, skills and experience.

ICN recognises the benefits of circular migration and calls for mechanisms to support nurses who wish to return to their home countries.

ICN and its member national nurses associations call for a regulated recruitment process based on ethical principles that guide informed decision-making and reinforce sound employment policies on the part of governments, employers and nurses, thus supporting fair and cost-effective recruitment and retention practices.

These key principles include:

Effective human resources planning, management and development, leading to national self-sustainability:

Effective planning and development strategies must be introduced, regularly reviewed and maintained to ensure a balance between the supply and demand of nurse human resources. While it is essential that local and national planning, management and development lead to the self-sustainability of national health workforces, globalisation will increasingly highlight the importance of human resources planning and development at the international level. An essential dimension of human resources development is continuing education. Nurses must be ensured access to programmes that will maintain their competence and support their advancement as health professionals while maintaining a high level of knowledge, skill and commitment for the provision of quality care.

Credible nursing regulation:

Nursing legislation must authorise the regulatory body to determine nurses' standards of education, competencies and standards of practice. Regulatory bodies must ensure that only individuals meeting these standards are allowed to practise as a nurse.

Access to full employment:

The provision of quality care relies on the availability of nurses to meet staffing demand. Nurses in a recruiting region/country and seeking employment should be made aware of job opportunities. If necessary, health stakeholders (especially government and employers) need to explore policies that would facilitate nurses' active participation in the workforce such as family-friendly environments and reinsertion programmes.



Position Statement

Freedom of movement:

Nurses have the right to migrate if they comply with the recruiting country's immigration/work policies (e.g. work permit) and meet obligations in their home country (e.g. bonding responsibilities, tax payment). Faced with a growing multicultural patient population, establishing a multicultural provider workforce supports culture-sensitive health care provision.

Freedom from discrimination:

Nurses have the right to expect fair treatment such as working conditions, promotion, and continuing education. (*Note:* Cases of positive discrimination need to be considered separately).

Good faith contracting:

Nurses and employers are to be protected from false information, withholding relevant information, misleading claims and exploitation (e.g. accurate job descriptions, benefits/allocations/bonuses specified in writing, authentic educational records). Access to factual employment-related information must be guaranteed, including social or daily life information (e.g. access to accommodation, compassionate leave, sick leave). The concept of informed consent must be applied to all parties involved in employment contract negotiation.

Equal pay for work of equal value:

There should be no discrimination between occupations/professions with the same level of responsibility, educational qualification, work experience, skill requirement, and hardship (e.g. pay, grading). Similarly there must be no discrimination between persons within the same profession with the same level of responsibility, educational qualification, experience, skill requirement, and hardship.

Access to grievance procedures:

When nurses' or employers' contracted or acquired rights or benefits are threatened or violated, suitable machinery must be in place to hear grievances in a timely manner and at reasonable cost.

Safe work environment:

Nurses must be protected from occupational injury and health hazards, including violence (e.g. sexual harassment) and made aware of existing workplace hazards. Effective prevention, monitoring, and reporting mechanisms must be in place. Protocols for withdrawal of services in situations of life-threatening danger to the nurse need to be established.

Effective orientation/mentoring/supervision:

The provision of quality care in the current highly complex and often stressful health care environment depends on a supportive formal and informal supervisory infrastructure. Nurses have the right to expect proper orientation and on-going constructive supervision within the work environment.

Employment trial periods:

Employment contracts must specify a trial period when the signing parties are free to express dissatisfaction and cancel the contract with no penalty. In the case of international migration, the responsibility for covering the cost of repatriation needs to be clearly stated.

Freedom of association:

Nurses have the right to affiliate to and be represented by a professional association and/or union in order to safeguard their rights as health professionals and workers. Partnerships between the associations/unions in the recruiting and recruited countries could facilitate the exchange of timely and accurate information. They would also ensure the continuation of a supportive professional environment providing needed assistance.

Regulation of recruitment:

Recruitment agencies (public and private) should be regulated and effective monitoring mechanisms introduced (e.g. cost-effectiveness, volume, success rate over time, retention rates, equalities criteria, client satisfaction). Disciplinary measures must be introduced

sanctioning agencies whose practice is unethical.

These principles are the foundation for ethical recruitment whether international or intra-national contexts are being considered. The recruitment and retention of nurses has become an urgent priority and a growing expense. All health sector stakeholders - patients, governments, employers and nurses - will benefit if this ethical recruitment framework is systematically applied.

Nurses need to be well-informed. National nurses associations have a responsibility to provide information and lobby for the elimination of abusive recruitment practices.

Background:

Career mobility is important both to nurses in furthering their careers and to society in allowing nursing to adapt and respond to changing health needs. Career mobility enables nurses to achieve personal career goals and contributes to the nursing profession by raising the competency of its members. It allows nursing to respond to scientific, technological, social, political and economic changes by modifying or expanding the roles, composition and supply of nursing personnel to meet identified health needs.

A complex web of contributing factors generates the global nursing workforce imbalances (see Table 1). The current situation, characterised by an increasing demand and a decreasing supply, results in heightened competition for the nursing human resources available, both within and among countries. Countries or health care facilities have come to regard international migration as a permanent although partial solution to their nursing shortage. Examples are not limited to the industrialised countries but also include recruitment among developing countries even within the same geographic region (e.g. Caribbean, Southern Africa). Moreover, this trend is not restricted to registered professionals but also applies to students at the basic and post-basic level.

Many internationally recruited nurses report that they would prefer to remain in their home country, with their family and friends in a familiar culture and environment. The quality of work life in many countries needs to be improved before migration will significantly decrease. Before resorting to aggressive recruitment campaigns, government and employers faced with the challenges of a shortage need to address the contributing factors relevant to their situation. Aggressively recruiting nurses or students into a dysfunctional health/nursing system is neither cost-effective nor ethical. The goal is to have self-sustainable national nursing workforces, which acknowledge the contribution of international professionals yet guarantee a stable core of care providers to meet health needs.

In some cases, unscrupulous recruitment agents take advantage of uninformed nurses. In response to chronic (often cyclical) nursing shortages world-wide, national health services or independent care organisations have negotiated the recruitment of nurses among their own nationals and/or foreign nurses. Private for-profit agencies have increasingly become involved in the search for nursing personnel. Recently, aggressive international recruitment is on the increase. This type of recruitment focuses on large numbers of recruits, sometimes significantly depleting a given health facility or contracting an important number of newly graduated nurses from a given educational institute. There is usually no designated body that regulates or monitors the content of contracts offered. Nurses may be employed under false pretences or misled as to the conditions of work and possible remuneration and benefits. Internationally recruited nurses may be particularly at risk of exploitation or abuse; the difficulty of verifying the terms of employment being greater due to distance, language barriers, cost, etc.

Increasingly there have been calls for an ethical framework for nurse recruitment. The principles supporting such a framework are relevant to international as well as intra-national recruitment. Their credibility, strength and universality will directly depend on the political will of health sector stakeholders and the regulatory mechanisms introduced for their application and

monitoring.

Recruitment/retention crisis factors		Table 1
Increased demand	<ul style="list-style-type: none"> • Reduced lengths of stay in hospital (generated by advanced technology and new financing systems) increasing the acuity of care • Shift from hospital to ambulatory, home and community care creating a fast growing labour market for nurses outside hospital facilities • Ageing population emphasising long-term health care services, multi-system involvement, and increased acuity • Recent increase in number of nursing education places and programmes requiring greater numbers of faculty • Increased number of specialties • Growing private sector expanding the labour market • Globalisation expanding the labour market • Greater nurse entrepreneurship opportunities expanding the labour market • Nurse considered by the public as a professional worthy of trust and chosen as the primary entry point to health services • Increased opportunities and demand for nurses outside the nursing service (e.g. generic management). 	
Decreased supply	<ul style="list-style-type: none"> • Reduced student pool (i.e. general education level) • Increased career opportunities for women • Ageing nursing workforce (e.g. retirement, lighter workloads desired) • Ageing nursing faculty • Increasing number of mature students with reduced potential years of professional practice • Decreased funding of nursing schools and heavier financial burden on students • Past government decisions to reduce nursing student positions • Reduced number of nurses interested in academic careers and teaching positions • Increased family carer obligations (e.g. care of an elderly parent). • Poor working conditions, including pay • Increased career opportunities outside the health care sector, including better pay and working conditions • Lack of accommodation, transport • Occupational health hazards • Nurse burnout • Inadequate support staff • Poor image of the profession as a career. 	

Adopted in 2001
Revised and reaffirmed in 2007

