Analysis of Ethical International Recruitment of Nurses in Policy Jordan

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Abstract
International recruitment of nurses is an issue of growing concern that has implications for health, ethics, legislations, and public healthcare policy. The purpose of this paper is to introduce and analyze a policy that governs ethical recruitment practices into healthcare sector in Jordan. The overall purpose of the newly introduced policy is to establish, promote and maintain ethical guidelines based on principles of global justice, transparency, responsibility and mutuality that govern international recruitment of health care personnel, considering the rights, responsibilities and potentials of "source" countries, "destination" countries, and recruited health care personnel. Four policy options along with its' pros and cons have been identified and discussed in terms of their implement and evaluation strategies.

1. Introduction
Globally, World Health Organization (WHO) estimates a shortage of health workforce of more than 4 million workers, expressed in an inadequate supply and unequal distribution of health care personnel and about 67% of all health workers globally are health service providers (1, 2). The "World Health Report" (2006) stressed that in a number of countries the shortage of qualified human health resources; particularly nurses is considered the most serious obstacles to implement and achieve national treatment plans (1)

These facts indicate an ultimate need for highly qualified, well-motivated, and supported health care personnel to reach the health Millennium Developmental Goals (MDGs) . Further, policies and procedures should be undertaken to address the dynamics of international mobility and the planning and development of human resources, and to endorse the functioning of health care systems (3).

International recruitment of nurses is an issue of growing concern that has implications for health, ethics, legislations and public healthcare policy (4, 5). Despite its remarkable benefits of providing professional development opportunities and "a multicultural practice", international recruitment is a short-term solution to nurse shortages that adversely affect the capability of the health care system to offer safe and effective health care services equitably (6, 7). Unethical and aggressive recruitment practices of overseas health care workers have been looked at as an evidence of failed policies that manage recruitment practices and underinvestment of health care workforce (8, 9).

2. Purpose
The purpose of this paper is to introduce and analyze a policy that governs ethical recruitment practices into health care sector in Jordan; since there are no "explicit", fragmented, inconsistent, or incomplete guidelines of policy with regards to international recruitment of nurses in Jordan.

3. Background
It is widely documented that ethical recruitment necessitates a balance between the individual rights to mobility and an adherence to global justice (7, 10). Ethical recruitment is defined by the National Council of State Boards of Nursing (NCSBN) as "a hiring process free from intimidation, exploitation or misleading information" (11). According to McIntosh, Torgerson, Klassen (2007) ethical or "acceptable" recruitment practices means "taking into consideration the circumstances of the jurisdiction and balancing the wishes of individuals to work wherever they choose". As well, destination countries need to be sensitive and not undermining the health workforce from countries at risk (12).

International recruitment is a short-term solution to nurse shortages that adversely impact the capability of the health care systems to deliver safe and effective health care equitably (6, 7). Insufficient nursing workforce leaves many developing countries with lack in their health human resources to implement programs to improve the health of the population (13). This is usually denoted as "brain drain" phenomenon of health care professionals; in which the already depleted developing (source) countries deteriorate and the gap in health inequities globally expands (14, 15).

3.1. Factors Influencing Health Workforce Recruitment and Migration
Three major factors play a key role in the international migration and recruitment of nurses including "globalization", "supply-demand" and "push-pull" factors (16, 17). Demand for highly qualified and well-trained

nurses continues to increase due to aging populations, high population growth rate, poverty, high prevalence and growing burden of epidemic and chronic noncommunicable diseases and poverty (16). As well, inadequate health system planning and management, inequitable deployment practices, high turnover, and underinvestment in health human resources are some of the contributing factors to nursing shortage (16, 18).

"Push" factors include those that cause health care workers dissatisfied and frustrated with their work in their home country such as; unsafe practice and living conditions (heavy workloads, insufficient compensation, occupational hazards, poor career prospect, low remuneration, inadequate or poor implementation of human resource policies, ineffective workplace promotion and support, burdens and risks of AIDS, political instability, or inadequate educational opportunities and lack of recognition (16, 17, 18). On the other hand, "pull" factors are those that encourage health care workers to migrate to destination countries such as; improved quality of life, better working circumstances, better pay and career advancement, "multicultural practice", compensation, or safer and more stable political environment (16, 17, 18).

3.2. Impact of Health Workforce Recruitment and Migration

At the Individual nurse's level, recruitment and migration offer improved working conditions career advancement, further professional and educational opportunities, personal safety and higher standards of living. Conversely, recruited nurses may face challenges in the adaptation with different cultures (cultural shock), language competency and professional practice, separation from one's family and relatives, loss of professional status and financial expenses (6, 19, 20). Moreover, Mcelmurry, et.al. (2006) mentioned that many migrant nurses experience ethnicity-based discrimination evidenced by lower remunerations or fewer career advancement opportunities (6).

In source countries, recruitment and migration of nurses may lead to the loss of highly qualified and skilled health care personnel and loss of economic investment in education (20). Accordingly, care demands will increase on the remained newly graduated, less experienced nurses, and so further deterioration of the already overburdened health care system. As a result, patient quality of care will suffer with heavier workloads and morbidity and mortality rate will be intensified (6, 20). Benefits of recruitment and migration of nurses from source countries may be through "multicultural practice" (21), decline in staff oversupplies, increase in payments, and more access to new knowledge and skills through collaborative training programs and research projects (17).

In destination countries, the impact is nearly positive in which highly qualified and experienced nurses fill the shortage with lower wages and incentives and minimal preparation (17, 18). On the other hand, a number of studies have shown that migrant nurses find that they have been promised more by recruiters than they actually receive (6, 19, 22). Cultural differences, language inadequacy, unfamiliarity with equipment and professional practices create overlooked, but real, costs for the destination countries (17). Allan & Larsen (2003) indicated that nurses with a better understanding of the health system and agencies in the recipient countries are usually more proficient at negotiating positions and salaries and report more positive experiences (23).

3.3. Codes of Ethical Nurse Recruitment

Accordingly, "codes of practice" in relation to ethical international recruitment of nurses has been developed both nationally and internationally to strengthen and improve health systems performance in developing countries. Worldwide, the International Council of nurses (ICN; 2007) developed a set of ethical principles for international recruitment that can be implemented by different countries (21). Furthermore, the 55th World Health Assembly (2002) suggested that all countries take part in ethical recruitment and distribution of skilled health professionals to work against human resource crises in low-income, developing countries (24).

Unfortunately, these standing "codes of practice" are not recognizable and ineffectively adopted or maintained. As well, none of these "codes of practice" apply to the private sector recruitment agencies or employers. Consequently, strategies should be addressed to safeguard effective implementation and sustainability of the ethical "code of practice" for international recruitment of health care personnel; particularly nurses.

3.4. What is the situation in Jordan?

As a lower-middle income country, Jordan faces a national nursing shortage and a substantial migration of their health care personnel, and is known as an evident source country for the Gulf (25). In Jordan, nurses make up the largest group of the health sector employees approximately 33.7 per 10.000 populations (26). According to Abu Al-Rub; et.al (2013); nursing shortage in underserved areas in Jordan are intensified by a lack of financial incentives, poor transportation and remoteness of such areas, poor working conditions, lack of health education institutions in these areas as well as by opportunities for internal and external migration (27).

For the purpose of the current paper, I called the President of the Jordanian Nurses and Midwives Council, Mr. Mohammad Hatamleh, as one of the health care sector stakeholder, to ask him if there is any policy that guides the international recruitment of nurses to and from Jordan. Unfortunately, he replied that there is no

"explicit" policy that tracks and monitors international recruitment of nurses.

4. Issue Statement
How should the ethical recruitment framework of international nurses; based on "ethical" principles of global justice, transparency, responsibility and mutuality, is expected to attain and maintain safe and effective delivery of health care services in Jordan?

5. Stakeholders
All stakeholders that have direct or indirect relation and are influenced by the lack of policies that guides international recruitment of health care professionals, particularly nurses, should be involved. Adopting such policies needs an effort of a multidisciplinary team including:
- At the governmental level including Ministry of Health, Ministry of Labor, Ministry of Finance should be included in the process of establishing, promoting, and monitoring policies that govern ethical recruitment and retention of health care personnel in order to sustain effective health workforce and thus maintain functioning and safe health care system.
- Licensure and regulatory bodies such as Jordanian Nursing Council(JNC) and Jordanian Nurses and Midwives Council (JNMC) have the role to advocate for the rights of recruited nurses to be treated ethically and equally that in turn enhance their role in practicing effectively and professionally.
- Recruitment agencies and employers should follow an ethical principles and guidelines in recruiting international nurses and stop any improper practices to this issue.
- Nurses should advocate for their rights to be treated fairly and ethically and have an equal opportunities for an educational and career development

All health care sector stakeholders, employers and recruitment agencies should strongly adhere to those fair and ethical principles and guidelines.

6. Policy Options
The overall purpose of the current policy is "to establish, promote and maintain ethical guidelines based on principles of global justice, transparency, responsibility and mutuality that govern international recruitment of health care personnel, considering the rights, responsibilities and potentials of "source" countries, "destination" countries, and recruited health care personnel".
Specific Objectives
- To establish ethical principles to guide ethical recruitment practices of international nurses
- To provide a framework to be used in the formulation and implementation of bilateral international agreements.
- .To safeguard the rights of recruited health care personnel
- .To equitably strengthen the health care system and the provision of safe and effective health care services

6.1. Option (1): Proper Planning, Development and Management of the Health Care Workforce.
Policymakers and health care sector stakeholders need a great coordinated effort toward establishing a "National Strategic Plan" for effective planning, development, and management of Health Human Resources (HHR). Such plan may include; enhancing the preparedness and productivity of health care personnel, generating a healthy, supportive, educational working environments, and addressing the uneven distribution of HHR. This is essential to attain and sustain adequate health workforce and improve functioning health care system. Bach (2003) indicated that the absence of professional development and promotion prospects strengthen the desirability of overseas employment (9).

"Building relationships" is a key element to effective and efficient HHR planning (18). Moreover, it is advisable to afford monetary and non-monetary incentives (e.g.; better working conditions, career advancement opportunities, etc.) to migrant health care personnel to encourage them return back to home. It is evident that the loss of highly skilled health care personnel will affect the effectiveness of health care system and so inability to meet the national and global health goals (1, 10, 18).

Limiting the production of new health workers, reducing working hours, promising part-time work and ease early retirement are some of the strategies used when there is a surplus of health care personnel (9).

Pros: this option is appropriate and cost-effective and supported by numerous evidences for its positive outcomes; as it creates an affordable, sustainable health care system, improves patient health status and reduces the need for recruiting international or foreign nurses.

Cons: this option needs shared collaborative efforts that may impede its implementation. The issue of "political will of health care sector stakeholder" and "changing governments and political agendas" plays a key role in supporting and promoting health care workforce planning (18). A number of complex factors; including social, political, technological, geographical, and economic factors must be taken into consideration when

planning HHR (10, 18). Bach (2003); point out that a key human resources (HR) challenge is ensuring that returning health workers are placed in jobs that use the skills they have acquired effectively (9).

6.2. Option (2): Fair and Unbiased Treatment of International Recruited Nurses.

Recruiters, employers, and recruitment agencies should treat internationally recruited nurses fairly based on principles of global justice, transparency, responsibility and mutuality of benefits and reciprocity and combat exploitation and trafficking (21). For example; they should obtain a clear copy of the contract, adequate housing, and proper clinical and cultural orientation, training and mentoring to ensure better access to effective health care services and improve patient well-being.

Further, they should have equal opportunities to enhance their professional education and credentials, to be hired, promoted and waged objectively and reasonably, and to be free from misleading information (10).

Pros: it has been widely documented that if international recruited nurses being well-informed and satisfied, they will practice safely and effectively within the health care system of the recipient country, which in turn have a better impact on the quality of care.

Cons: this option needs some effort, time, and extra cost for orientation, professional education and training programs. This option does not cover the recruitment practices of the private health care sector.

6.3. Option (3): Strengthening Educational Institutions to Increase the Preparedness and Competency of Nursing Graduates.

It is imperative to make certain that innovative nursing curriculum is used to upgrade future graduate nurses' knowledge, skills and competences in order to practice safely and effectively with sensitivity to health care service needs. As well, future nurses should take part in decision making process of international recruitment and migration issues; as they are the primary health care providers who are responsible for advocating and respecting patients and communities rights. They also should be familiar with the available "codes of practice" that governs ethical international recruitment of nurses.

Pros: improving the preparedness and quality of nursing graduates will result in fewer adverse patient outcomes and so the functioning of the health care system.

Cons: it needs an integration of such part in the nursing curriculum which takes a long time frame and not always feasible.

6.4. Option (4): Reinforcing International Nursing Relationships.

It has been recommended that strengthening international nursing relationship through professional affiliation, research alliance, bilateral and international agreements, and nurse /student /faculty exchange programs will expand and scale up nursing professional identity and autonomy (10).

Pros: this option will empower nurses, upgrade professional identity and autonomy, and offer better understanding of global health plans.

Cons: this option is to some extent costly and long-standing but as I mention previously it will empower and strengthen the identity and autonomy of the nursing profession.

7. Policy Evaluation

Mason & Leavitt (2002) criteria for policy options evaluation will be used in this paper. Each option is evaluated based on its effectiveness, legality, costs and benefits, and political acceptability (Table 1). The first and second options are accessible, highly effective, more efficient and safe, cost-effective and yield short-term health goals but needs a great coordinated effort and a political will. The third and fourth options are also effective and efficient but yield long-term health goals and may be high costs.

Table (1): Evaluation of Policy options

Policy Options	Effectiveness	Legality	Equity	-Cost effectiveness	Political Acceptability
1. *Proper Planning, Development and Management of the Health Care Workforce.*	Effective	Legal	Safe	Effective	Acceptable
2. *Fair and Unbiased Treatment of International Recruited Nurses.*	Effective	Legal	Safe	Effective	Acceptable
3. *Strengthening Educational Institutions to Increase the Preparedness and Competency of Nursing Graduates.*	Effective	Legal	Safe	Effective	Acceptable
4. *Reinforcing International Nursing Relationships.*	Effective	Legal	Safe	May be effective	Acceptable

8. Implementation
The suggested plan to introduce and implement the recommended policy options is:
- To improve the familiarity of health care sector stakeholder about the importance of an evidence-informed policy that governs ethical international recruitment of nurses through an educational session.
- To assign a committee that consists of peoples who represent the different health care sector stakeholders to discuss the pros and cons of each recommended options of the international recruitment policy.
- To conduct an educational classes for future graduate nurses in each school of nursing to increase their knowledge and mindfulness about ethical and unbiased principles that should be followed for international recruitment practices.
- To establish specific guidelines for recruiters, employers and recruitment agency to be followed when recruiting international or foreign nurses to safeguard their rights know their responsibilities and so improve the quality and safety of patient well-being.
- To carefully investigate, assess, and monitor recruitment agencies and private health care sector for any harsh and unethical practices for the purpose of supporting and promoting more effective approach to recruitment practices.

9. Recommendations
- Improve nursing "quality" of work; which refers to as "building national self-sufficiency" through providing well working conditions, motivation (incentives), reduces working hours, appropriate workforce distribution, continuing educational programs etc.
- State authorities and employers should comply with existing national and international codes of practice on ethical recruitment; as well develop measures to monitor compliance.
- All health care sector stakeholders, employers and recruitment agencies should be accountable for offering foreign nurses opportunities to enrich their professional education and competences to assure safe and effective nursing care and thus improve patients' well-being.
- Employers and recruitment agencies should establish guidelines for reimbursement to health care systems in countries from which qualified and trained health care personnel are recruited.
- Employers and recruiters should provide nurses with adequate and transparent information about rights and obligations in the recipient country, and offer appropriate clinical and cultural orientations.
- Brought the private health care sector or recruitment agencies under the umbrella of ethical framework of the proposed international recruitment policy.

References
1.World Health Organization (WHO). (2006). The World Health Report: "Working together for Health". Geneva, Switzerland.
2.Alliance for Health Policy and Systems Research and the Human Resources for Health Department, World

Health Organization. (2008). Incentives to attract and retain qualified health workers to under-saved areas within low and middle-income countries.

3.Bangdiwala, S. Fonn, S. Okoye, O. & Tollman, S. (2011). Workforce Resources for Health in Developing Countries. Journal of Public Health Reviews. 32 (1): 296-318.

4.Registered Nurses' Associations of Ontario (RNAO). (2008). Recruitment of internationally educated nurses (IENs): Policy Brief. Toronto, Ontario.

5.Willetts, A. & Martineau, T. (2004). Ethical International Recruitment of Health Professionals: will codes of practice protect developing country health systems? Available at: http://www.liv.ac.uk/lstm/research/documents/codesofpracticereport.pdf

6.Mcelmurr, B.J. Solheim, K. Kishi, R. Marcia A. Coffia, M.A. Woith, W. & Janepanish, P. (2006). Ethical concerns in nurse migration. Journal of professional nursing. 4(22): 226-235.

7.Aiken, L.H. Buchan, J. Sochalski, J. Nichols, B & Powell, M. Trends in international nurse migration. Health Affairs. 23 (3):69-77.

8.Aiken, L.H. Buchan, J. Sochalski, J. Nichols, B. & Powell, M. (2004). Trends in international nurse migration. Journal of Health Affairs. 23(3):69-77.

9.Bach, S. (2003). International migration of health workers: labour and social issues: working paper. International Labor Office. Geneva, Switzerland.

10.The Sixty-third World Health Assembly. (2010) WHO Global Code of Practice on the International Recruitment of Health Personnel.

11.The National Council of State Boards of Nursing (NCSBN). (2004). Position Statement: The Ethical Recruitment of Nurses for Licensure.

12.McIntosh, T. Torgerson, R. & Klassen, N. (2007). The ethical recruitment of internationally educated health professionals: lessons from abroad and options for Canada. Canadian Policy Research Networks (CPRN). Ottawa, Ontario.

13. Kingma, M. (2007). Nurses on the Move: A Global Overview. Health Research and Educational Trust. 42(3): 1281-1298.

14.Scott, M.L. Whelan, A. Dewdney, J. & Zwi, A.B. (2004) "Brain drain" or ethical recruitment? Solving health workforce shortages with professionals from developing countries. Medical Journal of Australia.180: 174-176

15.Pang, T. Lansang, M.A. Haines, A. (2002). Editorial "Brain drain and health professionals": a global problem needs global solutions. British Medical Journal. 324: 499-500.

16.Lawrence O. Gostin, J.D. (2008).The international migration and recruitment of nurses' human rights and global justice. Journal of American Medical Association. 15 (299): 1827-1829.

17.Focus Migration. (2007). Policy Brief: migration and recruitment of healthcare professionals: causes, consequences and policy responses.

18.International Council of Nursing (ICN), & Florence Nightingale International Foundation (FNIF). (2006).The Global Nursing Shortage: Priority Areas for Intervention. Geneva, Switzerland.

19.Dussault, G. Fronteira, I. & Carbal, J. (2009). WHO Report: Migration of health personnel in the WHO Europe Region. WHO. Geneva, Switzerland.

20.Kline, D.S. (2003). Push and pull factors in international nurse migration. Journal of Nursing Scholarship. 35(2): 107-111.

21.International Council of Nurses (ICN). (2007). Position statement on Ethical Recruitment of Nurses. Geneva, Switzerland: ICN.

22.Stilwell, B., Piallo, K. Zum, P. Vujicic, M. Adams, O. & Poz, M. D. (2004). Migration of health-care workers from developing countries: Strategic approach to its management. Bulletin of the World Health Organization, 82, 595–600.

23.Allan, H. T. & Larsen, J. A. (2003). Learning from others: Overseas nurses' views of UK nursing. Nursing Education Today, 23, 393 – 395.

24.The Sixty-third World Health Assembly. (2010). WHO Global Code of Practice on the International Recruitment of Health Personnel.

25.El-Jardal, F. (2009) Exploring the Problem of Scarcity of Nurses in Underserved Areas in the Middle East: Factors, Reasons and Incentives for Recruitment and Retention. Alliance for Health Policy and Systems Rsearch.

26.Khammash, T. (2012). The Jordanian Health Sector: Sector Report. Jordan Investment Trust.

27.Abu Al-Rub, R.F. El-Jardali, F. Jamal, D. Iblasi, A.S. & Murray, S.F. (2013) The challenges of working in underserved areas: a qualitative exploratory study of views of policy makers and professionals. International Journal of Nursing Studies. 50(1): 73-82.

28.Mason, D. J., Leavitt, J. K., & Chaffee, M. W. (2002). Policy & politics in nursing and health. St. Louis, MO: Saunders/Elsevier.