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Review Article

Emigration of Philippine Nurses: Ethical Concerns Home and Abroad

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Abstract

After 2010, the greatest increase will occur between the sixty-five (65) year and older age group from 13.2 percent to 20 percent by 2030 – from 39.4 million elderly to 69.4 million. Therefore, the question one would ask oneself is, “Should the U.S. continue to support the emigration of Philippine nurses to the U.S. when a violation of ethical principles occur?”. These ethical principles include beneficence, nonmaleficence, autonomy, and justice, which will influence the fair-play practice of emigration, economic gain with emigration, necessity versus choice, the safety of the nurses and patients, and social justice and responsibility. For nurses in developing countries, it is essential that nurses develop a utilitarian collective voice to demand health care service changes from their government to meet the health care needs of the citizens and improve the infrastructure.

Keywords: Filipino, Nurses, Ethical principles, Push/pull factors, Emigration, Economic

According to the U. S. Bureau of the Census (2015), the projected population has grown by 5.04 percent since 2010 [1]. After 2010, the greatest increase will occur between the sixty-five (65) year and older age group from 13.2 percent to 20 percent by 2030 – from 39.4 million elderly to 69.4 million. It is anticipated that a nursing shortage is expected to spread across the nation between 2009 and 2030 with the greatest shortage to occur in the South and West of the U.S. [2]. Balancing the demand for registered nurses (RNs) in the caring for the aging population is going to be the challenge.

Dwyer (2007) refers to the fact that the U. S. is one of the several countries that are presently experiencing a shortage of registered nurses [3]. It is likely that the present shortfall of registered nurses in the U. S. is around one hundred thousand

less than the demand. The U. S. Department of Health and Human Services (2015) predicts that employment of RNs is projected to grow 16 percent from 2014 to 2024, which will be much faster than all other occupations [4]. To assist in alleviating the nursing shortage, the U. S. government has increased the number of visas allotments for professional health care personnel allowing for a greater influx of Philippine nurses. For some governing bodies in developing countries, the process of emigration of nurses has potential growth in fostering utility by developing the countries’ economic growth, expanding their infrastructures, and developing international relationships. However, one needs to be cognizant of the ethical concerns that deal with human rights, values and duty that intertwine with external emigration as we attempt to solve our nursing shortage.

Therefore, the question one would ask oneself is, “Should the U.S. continue to support the emigration of Philippine nurses to the U.S. when a violation of ethical principles occur?”. These ethical principles include beneficence, nonmaleficence, autonomy, and justice, which will influence the fair-play practice of emigration, economic gain with emigration, necessity versus choice, the safety of the nurses and patients, and social justice and responsibility.

Fair-play practice of emigration

The “brain/drain versus brain/gain” issue has major impact in both countries because it deals with the best and brightest of the nursing profession that leaves their native country for developed countries such as the United States [5]. What remains for the source countries are a weakened infrastructure, inferior technology, inadequate funding, scarce research efforts, and lack of resources to train qualified individuals to become nurses [6]. Yearwood’s (2007) research identifies that because of the emigration, the insufficient numbers of trained healthcare workers and the sicker patients to care for has

created a healthcare crisis in most developing countries result in inequities in health care and poor health outcomes [7]. Therefore leaving the population in these countries suffering will then significantly affect the countries' mortality, morbidity and their quality of life [6,8]. As a utilitarian, you would have much concern on the imbalance of the utility that occurs among the source and destination countries. The destination country flourishes in their wealth from obtaining the "brightest and smartest" individual that is capable of improving the various components of the healthcare system.

A possible solution, according to Lopes (2008), might include the development of a "Code of Practice" that focuses on the migration of health care workers that outline clear and concise responsibilities for both "source" and "destination" countries in the management of the healthcare workforce and migration policies [9]. Such a code of practice would incorporate the International Council of Nurses (2006) Code of Practice's first principle that deals with supportive efforts required to need the health care needs of the public especially in vulnerable populations [10].

Brush (2008) also supports that best practices need to develop in addressing international mobility of nurses [11]. She describes how nurse emigration remains relatively unchecked, uncoordinated, and individualized, such that some countries suffer from its effects while others benefits. Her reasons contributing to the different emigration processes from one country to another, inconsistency in migration management and the growth of independent of recruitment agencies.

A different viewpoint is one that comes from Dwyer (2007) on the legality of the "Code of Practice" [3]. For him concerns about the binding legal rights of the "Code of Practice" between source and destination countries may actually infringe on an individual's right to migrate to another country for the purpose or purposes of exchanging information, increasing one's knowledge base and practice skills, and to overall, grow professionally as a nurse. Sherwood and Shaffer (2014) explanation on autonomy to make choices and to take actions based on one's personal values and beliefs would support Dwyer's concern of the establishment of a binding legal "Code of Practice" between the source and destination countries [12].

Another possible solution to the fair-play practice of emigration is the investment of nursing education internationally. In research conducted by Moyce, Lash and de Leon Slantz, (2015), they suggest that countries that utilized the greatest number of emigrated nurses should invest their international aid in nursing education to help build sustainable nursing education and infrastructures in developing countries [13]. The researchers' suggestion advocates an egalitarian approach that supports the principle of justice for the developing countries to receive a fair share of nursing education opportunities, which can then

reduce the barriers to an individual's professional growth.

On the other side of this fair-play practice issue, Clark, Stewart, and Clark (2006) addressed that developing countries actually can benefit from temporary emigration [6]. What happens in this scenario is that nurses and other healthcare personnel depart temporarily from their native country with the intentions of increasing their skills, knowledge base, and expertise that they will acquire from the developed countries. In this sense, emigration for the developing country can be a positive and beneficial arrangement. The source country temporarily gives up their initial investment only for a period and in exchange, upon the return of the nurses, the source countries recoup their initial investment, as well as the added capital gain during the temporary departure. However, the return to one's native country may not be as beneficial as one would expect.

In research conducted by Clark et al (2006), they found that what might be a personal benefit for healthcare personnel might not be a social benefit for the source country [6]. It is questionable whether nurses who return to their native country with their advanced training and educations from the destination countries will have the opportunity to utilize their investment in the care of their patients due to the lack of resources and healthcare facilities. Therefore, knowing the outcome of what nurses will face when they return to the Philippine, one might assume that a Kantarian reason for returning will focus on family, society and country's duty and obligation, and not professional growth.

Economic gain with emigration

Another issue that deals with the fair-play practice of emigration have to do with economic gains and losses. Supporting the principle of beneficence on emigration is the Philippine government who does not consider emigration of their nurses as detrimental and tends to look at the emigration opportunity through utilitarianism lenses. According to Hongyan, Nie, and Junxin (2014), the Filipino government officials viewed the exporting of their nurses as a new growth area for overseas employment [14]. Other researchers such as Clark et al (2006) noted that the Filipino government believed that the money received from their emigrated nurses helped to support a struggling economy. In 2014, The Filipino nurses sent home a substantial amount of revenue which helps generate foreign exchange and upheld the economy in their homeland [15].

Yap (2006) talks about the development of the Japanese-Philippines Economic Partnership Agreement (JPEPA) that promotes the flow of goods, services and capital between Japan and the Philippines [16]. This agreement also includes the import of nurses to Japan. For Dwyer (2007), he would consider this a political approach that has some utilitarian appeal. He refers that for some developing countries it might

make sense for them to give some importance to national boundaries to create an international framework and condition that will provide internal support to their country.

My personal moral views on the Philippine government's reason for emigration focus on the notion of violation that deals with the principles of justice and nonmaleficence. Nonmaleficence violation of respect and dignity takes place when the Philippine government promotes the exploitation of nurses for capital gain as they do when their primary focus of educating individuals to become nurses is for capital gain and economic growth. Violation of justice that deals with fair-opportunity occur when the Philippine government creates and encourages a nursing shortage thus leaving this country underserved in healthcare for their population.

Necessity versus choice

In the Philippines, about seventy percent of the nursing graduates leave their country and move abroad where they can increase 10 to 20 times their income [17]. The emigration of nurses out of their country has created about thirty thousand vacant nursing positions that have been difficult to fill. Research has focused on personal reasons for the emigration of nurses besides the economic advantage for the source country as discussed previously.

From a personal perspective, the low salaries, poor working conditions, lack of professional growth, inappropriate use of their skills, and long hours have been some of the reasons why Philippine nurses are more willing to engage in the emigration opportunities [18,19]. Sparacio (2005) refers to these reasons as "push" factors [20]. "Pull" factors are usually the opposite that exists for that individual that is willing and seeking to emigrate from their home country. Adventure, educational opportunities and managerial advancement are some of the other reasons that nurses may seek employment outside their native country [5].

Suggested recommendations provided by Aiken (2007) that deal with ethical issues of emigration of nurses includes increasing compensation, security and prestige in source and destination countries, multilateral management flow of nurses between countries, and institutional financial arrangements between the source and destination countries [21]. All of these personal and professional opportunities as discussed by Aiken (2007) are positive consequences that support the principle of beneficence in a utilitarianism manner.

In looking at the Philippine culture, it is hard to imagine that due to their very communalistic views of the family being the center of their self-worth, any nurse, especially of the female gender, obtains the courage to depart from their family and

country for an extended period. Therefore, you would consider that a possibility for their action of emigration to be Kantian driven.

One can ask our self this question: "Do nurses have a right to emigrate from their native country?" According to Dwyer (2007), he advocates that emigration support basic human rights [3]. His feelings are that people have the right to protection from abusive situations that occur within their countries such as slavery, genocide, torture and persecution; and to make conscious choices about their religion, political affiliations, and occupational preference. When people emigrate, it serves to reinforce the belief that one's country embraces the individual freedom to pursue their goals and provide provisions for their families. Article 13 of the Universal Declaration of Human Rights of 1948 tells us that the right to emigrate is itself a human right, an important right [22]. In Article 29, it further informs us that individuals have duties to their community and that rights may be limited based on "the just requirements of morality, public order and general welfare" [22].

So that leaves a possible ethical dilemma, even though we have the right to leave one's country; does another country have the right to allow us to come into their country? For the U.S., the encouragement and utilization of emigrated nurse's focus on the need to support the efforts in eliminating the nursing shortage thus being a utilitarianism view. If the shortage of nurses were not a reality, the doors of the U.S. would not be as open as they are today with health care personnel.

Safeguards for the emigrated nurses and patient

No one can dispute that patient safety and core professional values of the Philippine nurses need to be comparable to those of the United States nurses. In 1977, the Commission on Graduates of Foreign Nursing School (CGFNS) established guidelines to make certain that foreign nurses' cultural and technical competency was adequate before employment to the United States healthcare institutions. The commission verifies acceptable educational requirements of the potential emigrated nurses are comparable with educational requirements of the United States [8]. The final step in the process is the passing of the National Council of Licensure Examination - RN (NCLEX-RN) that every emigrated nurse must pass before assuming the responsibilities as an RN in any U.S. healthcare facility.

In research conducted by Bieski (2007) and Carney (2005), mentoring programs, cultural competency programs, and effective orientation programs have been successful in guaranteeing emigrated nurses provide competent, safe, and high-quality health care [17,18]. Management on all levels should be involved to oversee that the established programs produce positive outcomes [18]. The consistency and enforcement of these programs lack continuity internationally.

The lack of programs serves to inform us that those violations of beneficence and nonmaleficence can be a reality when it comes to the care of individuals in the destination countries. Research is limited on the outcome effects of healthcare practices among emigrated and non-emigrated nurses in the U.S.

Social Justice and Responsibility

Destination countries are using emigration of nurses to address the problems of social justice by relying on these nurses to correct the nursing shortage thus never considering other options [3]. Experienced nurses, especially those with specialized skills in surgical, neonatal or critical care nursing, are remarkably in high demand. Consequences leave the source country with difficulty to address their health care needs within their own country. It gives a message that the wealthy countries undermine social justice in the disadvantaged countries [3].

Dwyer (2007) consider a similar scenario in addressing justice: Suppose a company such as Mack trucks decided to shift its manufacturing base from North Carolina (high labor costs) to a relatively developing country (low labor cost). The shift would benefit workers in the developing country and many consumers, but it would hurt the working class in North Carolina. The shift makes North Carolina harder to achieve social justice - especially if outsourced jobs to other countries have no labor union and poor safety guidelines. In this case, this scenario can be analogous to that of the health care emigrations out of developing countries. In that case, the source country would be hurting their population by supporting a nursing shortage within their country. What it is addressing is that we need to look comprehensively, from the principles of beneficence, nonmaleficence, autonomy and justice, at international deals and conditions.

The gap created in the healthcare system of the source countries is affecting those most in need of healthcare services. According to Yearwood (2007), source countries are lacking health care services that deal with a primary, secondary and tertiary preventive care for families and children and health care facilities are closing due to an inadequate supply of personnel and resources. The insufficiency of care has increased rates of morbidity and mortality across the age groups in these source countries. An imposition of the population's rights to beneficence, justice, and nonmaleficence occurs with these conditions. An ultimate goal would be to create international regulations and organizations that promote efforts to achieve social justice.

Conclusion

In summary, the U.S. should continue to support emigration of Philippine of nurses if collaboration exists with the Philippine country to address the ethical rights of individuals that deal

with the principles of beneficence, nonmaleficence, autonomy and justice. A starting point might be to enter into cooperative agreement with source countries other than the Philippines that would eliminate or lessen the violations of moral rights.

In the four principle elements of the International Council of Nurses (2012) Code of Ethics for Nurses, it states "... nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected". It further states that, "... Nurses share the responsibility for initiating and supporting action to meet the health and social needs of the public ... Protect the natural environment ... Maintaining competency ... Implementing acceptable standards of clinical nursing practice, management, research and education" (pg. 2-3). The International Council of Nurses (2012) Code of Ethics can serve as a foundation for the effort that nurses from destination and source countries can use when working together to tackle the problems of nursing emigration.

For nurses in developed countries, it is vital that the public remain aware of the impact that the nursing shortage will have on the population's overall health. For nurses in developing countries, it is essential that nurses develop a utilitarian collective voice to demand health care service changes from their government to meet the health care needs of the citizens and improve the infrastructure. According to Aiken (2007), the most hopeful strategy for achieving international balance in health personnel resources is for each country to sustain and acquire an adequate source of health professionals like nurses. Nursing needs to be a "rightful" focus of international aid and a construction of egalitarianism.

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