



**COUNCIL OF INTERNATIONAL NEONATAL
NURSES, Inc. (COINN)**

Position Statement

Position Type	Policy Name	Policy #
PS – Education	Ethical Migration of Neonatal Nurses	PS - 0110
Review Frequency	Last Reviewed	Date to Review Policy
Every 3 years	March, 2018	March, 2021

COINN Position

COINN supports the International Council of Nurses (ICN) (2007) position on ethical nurse recruitment.

COINN recognises that quality neonatal care cannot be given without an adequate supply of well qualified and educated nurses.

COINN supports an individual's right to migrate to another country for better quality of life, working conditions, or other personal reasons.

COINN supports ethical recruitment for employment which provides adequate training, orientation and support or supervision.

COINN supports the World Health Organisation, Migration of Health Workers: the WHO Code of Practice and the Global Economic Crisis, (2014). Though not legally binding, has political weight and provides a benchmark by which international recruitment can be monitored.

Background

Maternal Child and Neonatal Nursing is a growing speciality area that is experiencing a nursing shortage and thus there is a need for recruitment. COINN recognises that corporations are entering this critical healthcare delivery concern as brokers to recruit nurses on behalf of healthcare delivery systems and then arrange for their transportation to the country of need. Some of these agents are legitimate and others are bartering or trading nurses for a substantial sum of money. Middle and high resourced countries have increased their acquisition of nurses from low resourced countries, adding to the global shortage (Buchan, Parkin & Sochalski, 2003). The World Health Organization (WHO) (2017) projects a shortage of 18 million health workers. Given the growing global nursing shortage as documented by the ICN and other such organisations, the problem of bartering or trading nurses for profit is going to increase as well. Ideally westernised countries should be able to manage their workforce effectively and not be reliant on other countries. However, COINN recognises that short term migration may be needed to meet the maternal child health care needs. This migration must be done with consideration of the potential “brain drain” from the country sending the nurses and the need for transition training in the country to which the nurse is

migrating. When this migration is necessary there should be a limit on the number of nurses migrating, countries from which migration is acceptable and duration of time during which this migration is permitted so that this migration is not at the behest of a shortfall. Retention strategies should be employed so that nurses have incentives to stay in their own countries rather than migrate. These strategies could include but are not limited to: better working conditions, decreased number of hours, better patient to nurse ratios and better compensation – wages and benefits.

Currently there are almost 60 million health workers globally, but they are unevenly distributed across countries and regions. Typically, they are scarcest where they are most needed, especially in the poorest countries. In any case, the total number is incapable of meeting the demands of many populations for access to the health care they require. Both developed and developing countries are struggling to cope with the huge challenges posed by the imbalance between increasing demand and faltering supply (WHO, 2013).

The global drive towards achieving universal health coverage (UHC) by improving access to affordable and effective care for all, cannot be achieved without a well-trained workforce, and having “the right staff in the right place”. The Migration of Health Workers: the WHO Code of Practice and the Global Economic Crisis (2014) examines in depth the central and often-controversial issues of the international migration of health workers before and since the adoption of the WHO Global Code of Practice on the International Recruitment of Health Personnel.

The Migration of Health Workers: the WHO Code of Practice and the Global Economic Crisis (2014) brings much-needed evidence and clarity to the changing patterns of migration over time, and the varied and changing reasons why health workers choose to migrate – or to stay in their own countries. Among these, the global financial crisis has influenced the trends and directions of health worker migration, and the impact of the crisis is reviewed at length.

Against this global background, a range of better-informed policy responses is emerging locally, nationally and internationally. We must keep health workforce migration, its impact and implications at the forefront of multiple international agendas.

Recommendations/Key Principles

Guideline Principles for Ethical Migration include but are not limited to:

1. Active involvement by the employing institution or another governing body to ensure that standards of practice are upheld when no national regulatory bodies are in place.
2. If specialised knowledge is required such as neonatal or maternal child nursing, that adequate orientation and training is provided for a sufficient length of time to ensure competency.
3. Support for specialised evidence-based care in neonatology or maternal child health is available through nursing or medicine and that equipment is available if a nurse is recruited in this area of specialisation. Nurses (or alternate care providers) are appropriately trained in using, maintaining and checking equipment.

4. Strengthen education and training by continued acquisition of knowledge and demonstration of competency in neonatal or maternal child care is an expectation and is supported by the recruiting country.
5. Monitoring for quality of care provided and performance appraisal of the individual nurse must be ongoing in the areas of new-born, maternal and family care.
6. Consideration of cultural differences of the nurse and the need for cultural sensitivity in the new work environment must be addressed.
7. Language acquisition must be supported. This acquisition is to include written, verbal and comprehension.
8. Language fluency is critical before nurses start caring for patients.
9. Nurses have the right to work in a safe working environment and one that adheres to the ICN Code of Ethics for Nurses or if available the recruiting country's national nursing code of ethics in addition to the United Nations (1948) Universal Declaration of Human Rights.
10. Active involvement by the employing institution or another governing body in the development of a national workforce plan.

References

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