

The rise and decline of skilled nurses' migration to Ireland

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Abstract

In 2000, a severe shortage of nurses in Ireland resulted in the Irish State embarking on an unprecedented recruitment of nurses from around the world. The Philippines, having had a good reputation for producing top-notch nurses, was among the countries targeted for recruitment drives. Between 2000 and 2001, Ireland recruited over 3,500 Filipino nurses, the largest among non-EEA nationals, but this figure subsequently declined as a result of dynamic immigration and recruitment policies, international competition for nurses, and the global recession that befell Ireland. By 2004, Indian nationals had overtaken Filipinos among new nurse registrants in the Nursing Division Register, and have since become the majority of non-EEA nursing professionals in Ireland. This study examines the causes and consequences of the rise and decline of nurse recruitment in Ireland at the height of the Celtic Tiger era until the outset of the global recession using statistics from government agencies in the Philippines and Ireland, statistics from IELTS, review of immigration and recruitment policies, and in-depth interviews of nurses, recruiters, and other key informants.

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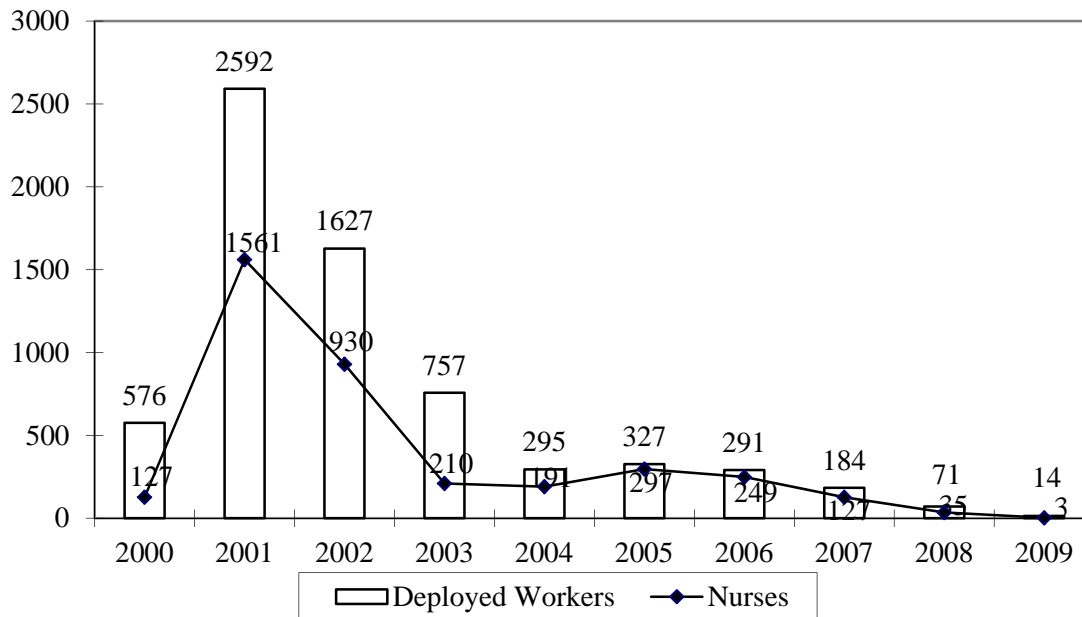
In this paper, we document the reasons for the rise and fall of nurse migration from the Philippines to Ireland in the first decade of the twenty-first century. We begin, in this abstract, with a summary of the reasons for the initiation of the migration stream, then summarize the reasons for the stall and eventual decline in numbers of nurse migrants. In the expanded paper we document the role of the sending and receiving states' policies and structural economic issues in the process.

The Initiation of the Flow of Nurse Migrants to Ireland

In 2000, a severe shortage of nurses in Ireland resulted in the Irish State embarking on an unprecedented recruitment of nurses from around the world. The Philippines, having had a good reputation for producing top-notch nurses, was among the countries targeted by the Irish State for recruitment drives. This was partly because the neighboring UK and the United States had already approved the credentials of Filipino nurse training programs. Figure 1 shows the trend in deployment of Filipino nurses to Ireland beginning in June of 2000. There were a number of reasons that Ireland was an attractive destination, one of which was that there were very few barriers to nurses from the Philippines practicing their profession. Only two years of general or specialized nursing experience were required and they had to pass an interview and successfully complete a six-week period of assessment. Recruitment declined in 2002 because the

Philippines was having trouble training enough qualified nurses to meet labor demands in Ireland as well as other receiving countries that included Saudi Arabia, the United Kingdom, Canada, United States, Norway, and 55 other countries. Furthermore, the outmigration of Filipino nurses in early the 2000s had severe negative consequences for the Philippines' health care system. It contributed to the fast turnover and severe understaffing in Philippine hospitals, and left Filipino patients under the care of new, and often inexperienced, incompetent and uncommitted nurses. In addition, the health care system was losing a number of its interns, specialists, and resident doctors because they were actually retraining as nurses

Figure 1. Trend of OFW deployment to Ireland from 2000-2009.



Source: Philippine Overseas Employment Administration (POEA)

Filipino nurse deployment further declined in 2003 in part because of Ireland's ethical recruitment of nurses' policy, wherein they expanded their list of source countries for nurses to ensure that their recruitment drives did not jeopardize the health care industry of the source nations. One of the countries they turned to at that time was India. Filipino nurse deployment also declined because of the introduction of the proof of English language competence requirement – the International English Language Testing Service (IELTS).

As Ireland's source countries for nurses grew, she became more selective and increased her standards. On July 1, 2003, the state started requiring candidate nurses to take the IELTS and gain an overall band score of at least 6.5. The cut-off was then moved up to 7.0 starting on April 1, 2007. This cut-off figure is stringent. In 2008, only a-third of those who took the exam for nursing registration purposes were able to achieve the overall band score of 7.0. Had they retained it to the previous level of 6.5, three-fifths (58 percent) would have achieved the cut-off score. Given this statistics, the IELTS requirement alone had effectively weeded out two of three potential nurse-migrants.

All the recruiters we interviewed were consistent in saying that Filipinos had difficulty attaining the cut-off score and that Indian nationals had less difficulty doing so. However, as shown in Table 1.1, the recruiters' impressions were incorrect. Filipinos consistently outperformed Indian nationals in all components of the IELTS. In addition, in 2009, half (50 percent) of the Filipinos who took the IELTS had an overall band score of 7 or more, while only 19 percent of Indians recorded those numbers. One possible explanation for the recruiters' perception that Indians were out-performing Filipinos may have been that the pool of Indian nurses who achieved the cut-off score was substantially larger (in absolute numbers) than the pool of Filipinos.

In 2005, a slight uptick in Filipino nurse deployment was observed. This was brought about by renewed vigor in recruitment because Ireland did not produce a single nurse that year. In Academic Year 2002-2003, Ireland changed their nursing curriculum from a three-year Diploma course to a four-year BSN degree, and this led to a gap in graduate production in 2005. This change in curriculum was triggered by competition within the Irish health care system as Irish nurses had seemed, at least on paper, to have lower qualifications than foreign-born nurses. This perception arose because of their diploma degrees which did not compare favorably to the BSN degrees of nurses who had been educated elsewhere.

Table 1.1 Mean band score of Test-Takers from the Philippines and India (Academic Training)

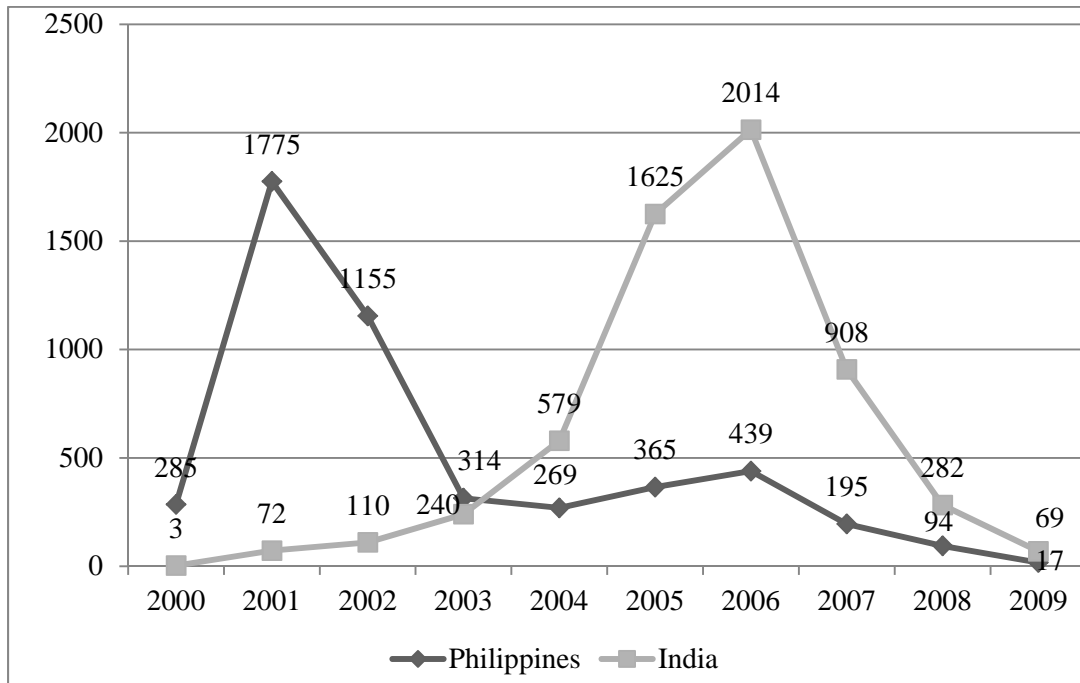
		Listening	Reading	Writing	Speaking	Overall
2006	Philippines	6.68	6.27	6.18	6.74	6.53
	India	6.30	5.82	5.79	6.10	6.07
2007	Philippines	6.75	6.36	6.17	6.76	6.58
	India	6.19	5.72	5.62	5.93	5.97
2008	Philippines	6.94	6.51	6.25	6.81	6.69
	India	6.04	5.58	5.51	5.77	5.79
2009	Philippines	7.05	6.60	6.21	6.81	6.73
	India	6.01	5.54	5.46	5.72	5.75

Source: IELTS Test-Taker Performance 2006-2009

Note: IELTS has two test formats -- Academic and General Training. Academic is typically for those who want to study or train in an English-speaking university, while General Training is typically for those who are going to English-speaking countries for work experience or training programs. However, certain professions require an Academic test result for registration rather than General Training. One such profession is nursing in Ireland.

After 2005, Filipino nurse deployment to Ireland started to plummet. In 2008, only 35 nurses were deployed by the Philippines to Ireland. By 2009, only three were recorded. Ireland's cuts in public health spending due to the recession and their expanding international markets for nurses help to explain the drop. In addition, the few vacancies that were created due to turnovers were likely filled up with new hires from India. They are less expensive to hire and Ireland was satisfied with their job performance. Figure 2 shows the disproportionate number of

new hires from India and the Philippines in the last 6 years and decline in nurse recruitment starting in 2007 due to the recession. We discuss economic and policy shifts more fully in the expanded paper.



Source: An Bord Altranais.

Figure 2. Filipino and Indian New Registrants by Year First Registered: 2000-2009

By 2004, Indian nationals had overtaken Filipinos among new nurse registrants in the Nursing Division Register, and have since become the majority of non-EEA nursing professionals in Ireland. The dominance of Indian nurses has been due to their three distinct advantages over Filipinos: a) more of them in absolute terms achieved the minimum IELTS band score because of the size of their pool of nurses; b) India is geographically closer to Ireland than is the Philippines, which means lower cost to transport migrants; and c) the BSN curriculum in India meets the direct registration requirements of the An Bord Altranais, which means they are not required to undertake the six-week period of assessment. This translates to substantial savings to the employer because they do not have to pay for the assessment and the nurses can start working for them immediately upon arrival in Ireland. Policies implemented by the government of the Philippines to protect their workers have also played a role in the process and these policies will be elaborated more fully in the expanded paper.