

OUTSOURCING CARE: ETHICS AND CONSEQUENCES OF THE GLOBAL TRADE IN INDIAN NURSES

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Introduction

Since the beginning of the twenty-first century, nurses have been emigrating from India to the West in record numbers. In this short paper, I emphasise the ramifications of this for nursing and health in India and argue for a more nuanced and more regulated approach to the large-scale departure of nurses. My paper is based on interviewing in the southwestern state of Kerala, in Delhi, in Britain and in Australia and research on the place of Indian nurses in Western health systems.

Nurse migration has recently emerged as an important dimension of global migrant flows. Health systems in the UK, the US, Ireland and Australia, particularly, have come to depend heavily on the labour of internationally registered nurses (IRNs) as a solution to severe local nurse shortages.¹ Although there has been considerable debate in the West about the ethics of international nurse recruitment, this debate has focused mainly on African countries, struggling with the burden of HIV/AIDS.² In contrast, recruitment from the Philippines and India is generally accepted as an ethical practice that does not damage the health systems of these countries.³ In fact, the situation in India is rather more complicated, and large-scale migration has caused significant local problems. If, as seems likely, migration is to continue apace, then at the very least it is under-regulated in India, and needs to be accompanied by a great deal more concern about the profession at home.

Indian Nurses Abroad

The number of Indian nurses working in Western countries has escalated in recent years, as they have responded enthusiastically to targeted recruitment drives (particularly by British National Health Service [NHS] trusts and hospitals) and liberalised emigration regimes for nurses. This high level of responsiveness can be attributed to a long-standing tradition of

nurse mobility in India. The ranks of Indian nurses have been dominated by women from Kerala, a state well-known for its long tradition of national and international mobility.⁴ Nurses have long been part of this Kerala tradition, working in all the Indian states from Assam to the Andamans, and also migrating in large numbers to staff the hospitals of the Gulf states.⁵

Migration to the West, however, has in recent years expanded to unparalleled levels, as is illustrated in tables 1, 2 and 3, which display significant statistics for recent years in Australia, Britain and Ireland.⁶

Table 1: Number of new Indian registrants in Britain, 1998-2006.⁷

Number of new Indian registrants in Britain, 1998-2006				
<u>1998-1999</u>	<u>2001-2002</u>	<u>2002-2003</u>	<u>2003-2004</u>	<u>2005-2006</u>
30	994	1833	3073	3551

Table 2: New Indian registrants in Australia, particularly New South Wales and Victoria, 1998-2005.

Australia	NSW	Victoria
From 1998-2005, there were 719 Indian applications to the Australian Nurses and Midwives Council for recognition of their skills for the purpose of migration. ⁸	In 2004-05, 50-100 new Indian registrants. ⁹	In Victoria there was an 81% increase in 2004-2005 in new Indian nurse registrants. This meant 150 new Indian nurses. ¹⁰

Table 3: Applications for new registration in Ireland, 1/1/05-8/5/05.¹¹

Country of origin	Number
India	874
Philippines	208
Ireland	153
United Kingdom	66
Nigeria	61
China	1

Ethics and Domestic Consequences of the Global Trade in Indian Nurses

The issue of nurse migration is ethically complex. It is often emphasised that whilst lamenting the ‘brain-drain’ of nurses out of the developing world, it is also crucial to recognise individuals’ right to freedom of movement, which is enshrined in the UN’s Universal Declaration of Human Rights. Nurses are professional individuals with power in a globalized labour market, and it is generally agreed that legal restrictions on their movement are undesirable.¹²

It is also true that large-scale emigration has brought important benefits to Indian nursing and may continue to do so. Opportunities to work abroad have certainly increased the social status of nurses, which has been uniquely low in India. From finding it difficult to marry, nurses have now become highly sought-after as brides and matrimonial advertisements frequently specify that grooms would prefer nurses, especially those who have gained the English language qualifications required for emigration. Nursing is no longer viewed as the last recourse for students who have failed to access other courses or who cannot afford other options. Indian and international media, drawn to the rags to riches narratives so easy to construct about Indian nurses and emigration, have frequently celebrated this dimension of migration.¹³ This comment, from a July 2006 article in *Outlook*, a popular news magazine in India, is typical:

Traditionally, not too many would advertise for a bride nurse. People thought they were dirty as they handled the sick and the poor. The society questioned their chastity as they touched strange men unsupervised. Attitudes haven't completely altered, but things have certainly changed for the Indian nurses, especially those from Kerala. As they get better opportunities in the western nations...and earn more money than many other professions, they have gained success and unexpected leverage.¹⁴

Emigration has also brought thousands of new students into nursing, which may ultimately translate into a better-staffed health system and a higher profile for the profession in health debates, although there is as yet little evidence of this occurring.¹⁵

Uncritical celebration of the outflow of nurses from India is, however, problematic. Government and media analyses of the issue rarely mention that losing thousands of nurses each year might pose problems for national health, or that constructing a profession geared to supplying the needs of Western hospitals may not be the best use of scarce health resources. In fact, there are already rather serious problems associated with the departure of nurses. There is a major shortage of nursing teachers.¹⁶ Staff turnover is high, particularly in the hospitals of Delhi and Kerala, meaning that, as Kingma writes, 'continuity of care, a needed dimension of health services to the population, is put at risk'.¹⁷ As happened in the Philippines, the other major nurse exporter, there has been an incredibly fast and under-regulated expansion of private nursing schools and colleges. In 2002, there were eighty-four colleges of nursing providing BSc (Nursing) degrees in India.¹⁸ In the year 2005-2006, there are five hundred and fifty-eight.¹⁹ There is increasing concern that the education provided in many new institutions is sub-standard and lacking in essential clinical experience.²⁰

The Indian government has proposed that India has the potential to become an exporter of nurses to the world, in the style of the Philippines. India, it is felt, can benefit from its strengths in English language and a nursing system close to those of the English-speaking countries of the West. It has thus entered into an agreement with Britain to allow mass recruitment drives to be conducted from the British High Commission and has had India listed by the NHS as a site for ethical international recruitment.²¹ It has publicised the view that India has large-scale nurse unemployment and therefore can afford to lose thousands of nurses.²² To anyone working on the ground, this position is problematic. Even in Delhi, an urban centre relatively well-supplied with nurses, hospitals routinely function

with nurse to patient ratios of one to fifty or sixty.²³ ‘Unemployment’ is in fact often seen to stem from state and central governments’ failure to fund sufficient nursing positions to staff the nation’s hospitals and clinics properly.²⁴ An additional concern is that whilst governments promote migration, little is being done to remedy dangerous, under-resourced working conditions at home in India.²⁵ Grim working conditions, combined with the financial pressures of the large loans nursing students are increasingly taking, may mean that the choice to remain in India is less and less viable for the average nurse. As Kingma points out, nurse migration is not a straightforward question of individuals’ free choice when ‘social and economic conditions in their homelands may practically oblige them to abandon their homes and families to find employment abroad’.²⁶

Conclusions

The international recruitment of Indian nurses is not the win-win situation that is often portrayed by media and government in both India and the West. In fact, there are serious dilemmas in creating a nurse export industry in India, which have not yet been recognised. There is insufficient recognition that nurses are not the same as software engineers, and that exporting those at the coalface of care brings with it a range of practical and ethical dilemmas. The global movement of nurses should not be allowed to happen without serious attempts by both destination countries and India to develop a sustainable, well-resourced nurse base at home. If the migration of nurses out of India and the accompanying expansion of private nurse education is to continue, it is already clear that it needs regulation, monitoring and probably restraint.

¹The question of Western nurse shortages, however, is itself contentious. The countries to which India supplies nurses have a far higher nurse to population ratio than does India. Whereas India has 45 nurses for 100 000 population, Australia has 830:100 000, Britain has 870:100 000 and Canada has 897:100 000. (Donna S. Kline, ‘Push and Pull Factors in International Nurse Migration’, *Journal of Nursing Scholarship*, 35, no.2, [second quarter, 2003]). For accounts of overseas nurses in Western health systems, see Lesleyanne Hawthorne, ‘The Globalisation of the Nursing Workforce: Barriers Confronting Overseas Qualified Nurses in Australia’, *Nursing Inquiry*, 8, no.4, (2001); Barbara L. Brush, Julie Sochalski and Anne M. Berger, ‘Imported Care: Recruiting Foreign Nurses to U.S. Health Care Facilities’, *Health Affairs*, 23, no.3, (May-June 2004); James Buchan, *Here to Stay? International nurses in the UK*, (London: Royal College of Nursing, 2003), available at <http://www.rcn.org.uk/publications/pdf/heretostay-irns.pdf>, accessed 20 July 2006; *National Report: Overseas Trained Nurses and Midwives*, Health Service Executive – Employers Agency, Ireland, 2004, available at <http://www.hsea.ie/subNav.aspx?pid=latestUpdates&updateid=13>, accessed 30 August 2006.

² This is understandable, given the devastation caused by the rush of nurses out of Africa. In Zimbabwe in 2001, more nurses were registered in Britain than were trained at home. In Ghana in 2000 twice as many nurses left the country as graduated that year (Mireille Kingma, *Nurses on the Move: Migration and the Global Health Economy*, [New York: Cornell University Press, 2005]: 2, 12-13.)

³ In January 2001 an agreement was signed between the Government of India and the National Health Service (NHS) of the UK to list India as an ethical nurse provider, with the restriction that recruitment should not take place in Orissa, West Bengal, Madhya Pradesh and Andhra Pradesh. A similar agreement has been made with the Philippines Government. ('NHS Employers, Indian nurses programme: Guidance for trusts', NHS Employers, UK, 2005, <http://www.nhsemployers.org/workforce/workforce-540.cfm>, accessed 24 July 2006).

⁴ See, for example, K.C. Zachariah, E.T. Mathew and S. Irudaya Rajan, *Dynamics of Migration in Kerala: Dimensions, Differentials and Consequences*, (Hyderabad: Orient Longman, 2003); Leela Gulati, *In the Absence of Their Men: The impact of male migration on women*, (New Delhi: Sage, 1993).

⁵ See Marie Percot, 'Indian Nurses in the Gulf: Two Generations of Female Migration', *South Asia Research*, 26, 1, (February 2006). For an account of Kerala nurses in the US, see Sheba George, *When Women Come First: Gender and Class in Transnational Migration*, (Berkeley, Los Angeles, London: University of California Press, 2005).

⁶ It is frequently acknowledged that the statistics on nurse migration are rather poor and those on Indian nurses are particularly scarce. Kingma writes that the available data on the mobility of nurses and international registrations is currently flawed and that the emergence of a global nurse trade requires the construction of better systems for monitoring the flow of nurses around the world. (Kingma, *Nurses on the Move*: 214-215). I have presented the most recent available statistics here, however figures for the US are at present rather unclear. Indian nurses formed 10% of the total of international registered nurses (IRNs) practising in the US in 2000. By 2004, they had somewhat inexplicably slipped to just 1.3% of the total, according to the US Department of Health's *Preliminary Findings: 2004 National Sample Survey of Registered Nurses*. This is despite an anecdotally very high level of interest in and application to the US, and the presence in India of four offices of the Commission for Graduates of Foreign Nursing Schools (CGFNS, the organisation that carries out professional testing to gauge nurses' skills for working in the American health system), more than in any other country outside the US. I am currently investigating potential problems with these figures. (See *Preliminary Findings: 2004 National Sample Survey of Registered Nurses*, Department of Health and Human Services Health Resources and Services Administration, USA, 2004, <http://www.bhpr.hrsa.gov/healthworkforce/reports/rnpopulation/preliminaryfindings.htm#foreign>, accessed 27 July 2006).

⁷ Sources: James Buchan and Delanyo Dovlo, 'International Recruitment of Health Workers to the UK: A Report for DFID', Department for International Development Health Systems Resource Centre, UK, 2004, http://www.dfidhealthrc.org/shared/publications/reports/int_rec/int-rec-main.pdf, accessed 26 July 2006; Anonymous, 'Efforts under way to stem 'brain drain of doctors and nurses'', *Bulletin of the World Health Organization*, 83, no.2, (February 2005); James Buchan and Ian Seccombe, 'Worlds Apart? The UK and International Nurses', Royal College of Nursing, UK, 2006, <http://www.rcn.org.uk>, accessed 25 August 2006.

⁸ Personal communication with Judy Conroy, Manager of the International Section, Australian Nurses and Midwives Council, August 2006.

⁹ Nurses and Midwives Board of NSW, *Annual Report 2005*, <http://www.nmb.nsw.gov.au/Annual-Reports/default.aspx>, accessed 22 August 2006.

¹⁰ Nurses Board of Victoria, *Annual Report 2005*, [http://www.nbv.org.au/nbv/nbvonlinev1.nsf/\\$LookupDocName/Annual_Report](http://www.nbv.org.au/nbv/nbvonlinev1.nsf/$LookupDocName/Annual_Report), accessed 22 August 2006.

¹¹ Source is Anonymous, 'Applications for Registration', *An Bord Altranais News*, 17, no.2, (Summer 2005): 6.

¹² Kingma, *Nurses on the Move*: 137-139.

¹³ See, for example, 'Nursing Dreams: Medical caregivers to get U.S. green card within one year', *Times of India*, 19 July 2005, 24; Anonymous, 'Nurses go west', *Times of India* (Bombay City Supplement), 19 January 2005, <http://timesofindia.indiatimes.com/articleshow/995616.cms>, accessed 15 January 2006; Habib Beary, 'Indian nurses' American dream', BBC News Online: International version, <http://news.bbc.co.uk/2/hi/health/3191525.stm>, accessed 14 June 2006; Debarshi Dasgupta, 'Nursing High Hopes', *The Hindu*, 31 July 2003, <http://www.thehindu.com/thehindu/mp/2003/07/31/stories/2003073100250100.htm>, accessed 15 November 2004.

¹⁴ Rana Rosen, 'From East to West', *Outlook*, 24 July 2006, available through YaleGlobal Online, website of the Yale Center for the Study of Globalization, <http://yaleglobal.yale.edu./index.jsp>, accessed 27 July 2006.

¹⁵ In fact, in Kerala, the epicentre of nurse migration and the state with the longest history of international nurse migration, stretching back to the 1960s, nurses work for some of the lowest rates of pay and in the worst conditions in all of India. Despite Kerala's strong worldwide reputation for its active Communist parties and tradition of labour activism, nurses in this state are among the least effectively organised in India.

¹⁶ In 2003, even the All India Institute of Medical Sciences (AIIMS) College of Nursing, arguably the most elite in the country, had six vacant teaching posts. (Syed Falaknaaz, 'India faces acute shortage of teaching staff in nursing colleges', in *Express Healthcare Management*, 1-15 December 2003, <http://www.expresshealthcaregmt.com/20031215/focus01.shtml>, [accessed 20 February 2005]).

¹⁷ Kingma, *Nurses on the Move*: 8.

¹⁸ Government of India, Ministry of Health and Family Welfare, *Annual Report 2003-2004*, available through the Ministry of Health and Family Welfare website, at <http://mohfw.nic.in/reports/index.htm> (accessed 6/3/2006).

¹⁹ *List of Colleges of Nursing for Basic B.Sc (N) programme who are permitted to admit students for the academic year 2005-2006*, Indian Nursing Council, (New Delhi: 2005).

²⁰ See P. Sainath, "Commerce and crisis hit Wayanad students", *The Hindu*, 30 January 2005, available at <http://www.indiatogether.org/2005/jan/psa-student.htm>; and Anonymous, 'Nurses who don't even know how to pick a vein', *The Hindu*, 15 October 2004,

<http://www.hindu.com/2004/10/15/stories/2004101514410300.htm>, accessed 3 August 2006.

²¹ 'International nursing recruitment', NHS Employers, United Kingdom, <http://www.nhsemployers.org/workforce/workforce-527.cfm>, accessed 20 July 2006.

²² Anonymous, 'India Exporting Nurses to UK and US', *The Guardian*, 23 September 2004, available at the India Resource Center website, <http://www.indiaresource.org/news/2004/1037.html>, accessed 1 September 2006.

²³ Author interview Mrs G.K. Khurana, All India Government Nurses' Federation, 6 February 2006; Author interview with Evelyn Khannan, Assistant Secretary at the TNAI, 27 January 2006; Author interview with Nanthini Subbiah, Deputy Secretary General at the TNAI, 27 January 2006.

²⁴ As Kilgour pointed out in 1971, the absence of 'effective demand' does not mean that demand does not exist, but rather that serious inefficiencies exist in health planning (John L. Kilgour, 'Foreign Medical Graduates in the United Kingdom', in John Z. Bowers and Professor Lord Rosenheim (eds.), *Migration of Medical Manpower: Papers from an International Macy Conference*, [New York: The Josiah Macy, Jr. Foundation, 1971]: 7).

²⁵ 'All India Government Nurses Federation, Representation to Honourable Prime Minister, Government of India, in respect of Nursing Profession on behalf of Fourth National Convention on 26th-27th September, 2000, at New Delhi', All India Government Nurses Federation, 2000; Anonymous, 'TNAI Attends Dialogue for "Safe Delhi"', *Nursing Journal of India*, 97, no.2, (February 2006): 27; Satish Chawla, 'Address to XX TNAI Biennial Conference', *Nursing Journal of India*, 95, no.1, (January 2004); Sapna Dogra, 'Delhi has a long way to go in ensuring security of nurses', *Express Healthcare Management*, 16-31 January 2004, <http://www.expresshealthcaregmt.com/20040131/nursingspecial02.shtml>, accessed 22 March 2005.

²⁶ Kingma, *Nurses on the Move*: 5.