

POLICY BRIEF 4

INVESTIGATING THE WORKING CONDITIONS OF FILIPINO AND INDIAN-BORN NURSES IN THE UK: POLICY IMPLICATIONS

Executive Summary

The United Kingdom's recruitment of non-European Union nurses in the 1990s helped fill up personnel shortage in the country's health system. The UK later shifted its strategy by strengthening its own training of health and increasing its recruitment within the European Union. The policy brief describes the working conditions of migrant nurses recruited from the Philippines and India in the UK. Migrants' rights need protection when challenged by job insecurity, underemployment, deskilling and discrimination at the workplace. Partnerships between trade unions in the Philippines and India with counterparts in the destination country, such as in the UK, is a way to assist the migrant health professionals. In ensuring ethical recruitment and rights-based labour practices, the participation of other stakeholders is crucial, particularly professional organizations, recruitment agencies and employers. With the mobility of migrant health professionals, the portability of social security entitlements is an issue for source and destination countries.

Introduction

The Philippines and India have provided health professionals to fill up personnel shortages in the health systems of developed countries.¹ The World Health Organization has enjoined member-states to observe ethical recruitment and fair labour practices for both domestically trained and migrant health personnel. Employers and recruiters are urged to engage in fair and just recruitment and contractual services for health personnel.

The policy brief calls attention to the working conditions and social security entitlements of migrant health personnel, particularly Filipino and Indian migrant nurses recruited into the UK's health system. Policy changes with regard to the international recruitment of health personnel in the UK affected recruitment practices and working conditions for Filipino and Indian migrant nurses. The initial evidence raises policy implications for ethical recruitment and rights-based labour practices.

Migrant health personnel need protection from unfair recruitment practices that affect them when

in the destination country and from unfair labor practices that can be observed in the workplaces.

Approach and Results

The policy brief presents the findings and recommendations in the study, *"Investigating the working conditions of Filipino and Indian-born nurses in the UK"* (Calenda 2014), commissioned by the International Labour Organization and the European Union funded *Decent Work Across Borders* Project.

The extensive literature review covered the period from the late 1990s, when the UK government actively recruited nurses from the Philippines and India to 2013, spanning over different political orientations in the UK migration regime.

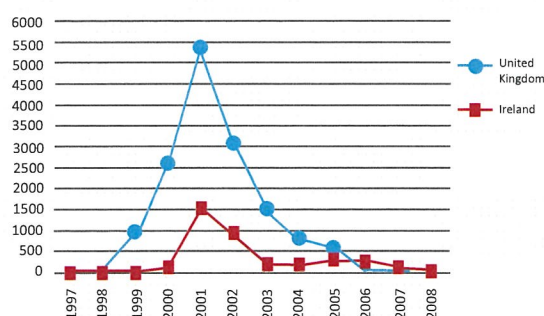
An online survey, conducted between March and June 2013, yielded 433 total respondents. It included 36 Filipino nurses, 384 nurses from Kerala and 13 from other regions of India. Thirteen (13) key informants were also interviewed, among which were trade unions, professional unions, employers associations, migrant associations and government agencies.

Institutional and Policy Contexts of Nurse Migration in the United Kingdom

Institutional and policy contexts in the United Kingdom contributed to fluctuating international nurse recruitment. The Colonial Nursing Service policy in the 1940s drew migrant health professionals to and from the country. In 1988, the United Kingdom shifted to active international recruitment due to workforce shortages in the health system. The Blair Labour government initiated a policy of massive NHS workforce expansion across all health professions, which fostered memorandums of understanding with targeted countries such as India and the Philippines.

The period of openness to recruitment from the Philippines and India reached a peak in 2001. Annual admission of non-EU nurses increased and remained high from 2001 to 2006 (Figure 1). Migration to the United Kingdom was propelled by the opportunities for higher income, better working conditions and career development. The United Kingdom encouraged migration by forging bilateral agreements with source countries and by relaxing its immigration laws.

Figure 1. Number of Filipino nurses deployed to the United Kingdom and Ireland, 1997-2008*

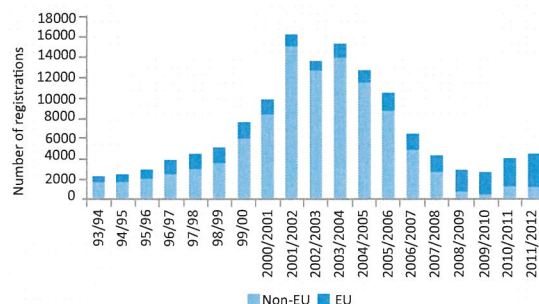


Source: Calenda, 2014

The decline of recruitment for non-EU nurses began in 2005 when government shifted to policies that discouraged immigration while building up domestic resources of nurses. In 2006, permanent settlement requirement changed from four to five years. For nurse registration, supervised practice was now required and in 2007, as well as an English language test. In 2009, the government reduced funding to the National Health and imposed stricter immigration requirements for non-EU nurses. By 2008, the entries of EU-born nurses increased importantly and exceeded that of non-

EU nurses. (Figure 2). Policies gave first preference to UK nurses, then to EU nurses and third, non-EU migrant nurses such as from the Philippines and India.

Figure 2. International recruitment of EU and non-EU born nurses by the United Kingdom 1993-2012*



Source: Calenda, 2014

Working Conditions in the United Kingdom

Data stemming from Calenda's assessment indicates that the UK's policy changes did not affect non-EU migrant nurses arriving before 2006, but negatively affected those arriving later. Earlier waves of migrants established themselves in the country as their families joined them or as they formed new families. Since 2005, more recent arrivals experienced uncertainty and temporariness, due to restrictive policies on permanent residency, citizenship and family reunification.

Respondents to the assessment cited negative experiences: job segregation, discrimination, downgrading and de-skilling, lower pay for nurses becoming health assistants and restrictions to professional development.² Discrimination took the form of bullying, lack of recognition and value for their skills and non-participation in decision-making structures.

Recruitment agencies played a major part in bringing nurses to the United Kingdom, mostly from 2002 to 2006. To overcome restrictions, some came with student visas as mode of entry, though they were fully trained or employed as nurses in their home country. A third of Filipino migrants that arrived in the United Kingdom in 2008-2009 included in the assessment arrived with a student visa with the hope of later finding sponsors and employers.

Some respondents experienced unfair recruitment practices, such as being charged placement fees or having their documents (passports) confiscated by employers to deter them from changing jobs. Those recruited by private recruitment agencies and having previous working experience in private nursing homes experienced more problems than those recruited directly by the National Health Service.

A third of the respondents that had previously worked in other countries expected better working conditions in UK as opposed to those who came directly from their country of origin. Other stated reasons for migration included better working conditions, wages and career opportunities.

A majority of the respondents reported membership in a trade union or a professional association. Few however contacted trade and professional unions, mainly for legal matters related to work and family. Filipinos approached trade unions only after proving social contacts and relationships were not as helpful.

An important proportion of the respondents expressed their sense of insecurity, though a vast majority of them had secured permanent employment. Considering employment instabilities, high costs of living and stricter immigration requirements in the United Kingdom, those dissatisfied over work conditions consider moving on to other countries.

Conclusions

Evidence shows that policy changes in the destination country affect the international recruitment and working conditions of migrant health personnel. Also important factors affecting these are the organizational and socio-cultural contexts at their workplaces and their social adaptation during foreign deployment.

Important observations stemming from Calenda's assessment are:

- Problems experienced in the recruitment process negatively affect post-arrival working conditions.
- Budget reduction for the National Health System fosters job insecurity.

- Unfair treatment and ethnic discrimination are common practices, through intensified workload and work shifts, due to workforce reduction arising from budget cuts.
- Worsened working conditions affect the migrant health workers' motivation and quality of service.
- Participation of migrant health workers in decision making and recognition from employers and colleagues contribute to positive working conditions.
- Dissatisfaction with working conditions motivates migrant health worker's mobility to other destination.
- The issue of portability of social security rights and entitlements poses as a policy issue for the governments of source and destination countries to protect the rights of migrant health personnel.

Implications and Recommendations

The potential demand for health-care services, coming from an aging global population, may likely sustain the international recruitment of health workers. This raises policy issues and the intervention of relevant stakeholders to promote and protect migrants' rights.

This policy brief calls on the professional health associations and trade unions in destination and source countries like the Philippines to be proactive and in the spirit of solidarity, ensure the rights of migrant skilled workers like health professionals. International trade union agreements and collaboration in ensuring migrants' rights is essential.

Recommendations derived from the assessment include:

- Inclusion of ethical recruitment principles in bilateral agreements between source and destination countries of migrant health professionals, guided by the *WHO Global Code of Practice on the International Recruitment of Health Personnel*.
- Implementation and monitoring of bilateral agreements and the WHO Code to assess the migrants' working conditions periodically.

- Reviewing of the government's health system planning and institutional policies, in both source and destination countries, to effectively manage national health systems workforce requirements and international recruitment of health personnel.
- Engagement of the trade unions and professional health associations in assisting migrants' working conditions with the goal to raise "migrants' voices" and rights on a wide range of working related matters, including access and portability of their social security entitlements.
- Enjoining the collaboration of recruitment agencies and employers in the promotion of ethical behaviours in recruitment and employment.
- Raising the importance of government agreements for the mobility of health professionals as well as the portability of social protection entitlements.

¹ The study cited literature showing India and the Philippines as major source countries for health personnel. As of 2006, nurses from the Philippines, India and China constituted 60 per cent of all non-EU nurse registrants in the UK, with bilateral agreements based on the UK Code of Practice adopted in 2004 to be ethically acceptable. For the same year, the Philippines supplied 25 per cent of all overseas nurses worldwide and 83 per cent in United States of all foreign nurses. For India, UK registration data show 30 Indian nurses in 1998-1999, increased to 1,830 in 2003 to 2004 and a high of 3,551 in 2005 to 2006, making India a major source country for 41% of all non-EU entrants in the UK. (Calenda, citing Buchanand Seccombe 2006 and UMC Registration data).

² Calenda 2014, citing Smith et al, 2006; Aboder in 2007; Nicols and Campbell 2010

Main Reference

Calenda, Davide. 2014. *Investigating the working conditions of Filipino and Indian-born nurses in the UK*. International Labour Organization (Manila) - Decent Work Across Borders Project. 64 pages.

About the Decent Work Across Borders project

In 2011, the European Union awarded the International Labour Organization (ILO) funds to implement a three-year project on the issue of circular migration. The ILO Decent Work Across Borders project: A Pilot project for Migrant Health Professionals and Skilled Workers sought to better understand schemes in line with circular migration of health professionals. Through this project, the ILO sought to facilitate an approach to migration that benefits the migrant workers, the source and destination countries within a rights-based framework for labour migration governance. The project focused its activities on three Asian countries concerned with the outflows of health professionals and skilled workers for foreign employment, namely the Philippines, India and to a lesser degree, Viet Nam.

http://www.ilo.org/manila/info/public/pr/WCMS_173607/lang--en/index.htm

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