

Motivations, beliefs and expectations of Spanish nurses planning migration for economic reasons: a cross-sectional, web-based survey

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ABSTRACT

Purpose of the article: Migration of nurses is not a new or recent event. During the last few decades, nursing migration flows have been a constant trend worldwide. The main objective of this study was to explore the motivations, beliefs, and expectations that Spanish nurses had when considering migration to another country in the near future.

Design: Cross-sectional, internet survey of Spanish nurses planning migration for professional reasons.

Methods: *Ad hoc*, web-based questionnaire following NEXT study guidelines.

Findings: 172 nurses responded. 50% participants intended to emigrate in the following six months and had chosen the United Kingdom as destination. The most important drivers of migration were unemployment or precarious employment, and professional development. 58% of participants were very afraid of experiencing discrimination or rejection.

Conclusions: This first study conducted in Spain directly exploring determinants of nurse migration highlighted globalization-driven factors and specific acculturation fears.

Clinical relevance: Employment uncertainty and professional development remain key ‘push’ drivers for migration of Spanish nurses. Discrimination or rejection due to migrancy were concerns for 60% of participants.

KEYWORDS: Administration; Nursing Practice; Work environment/Working conditions; Policy

1. PURPOSE OF THE ARTICLE

The emigration of nurses is not a new event. During the last few decades nursing migration flows have been a constant trend worldwide (Bach, 2003; International Council of Nurses, 2005, 2008; NEXT, 2005; Kingma, 2008). The pattern of these movements tended to follow relatively fixed routes based on geographical location, political affinity, and mobility within a continent (Buchan, Parkin & Sochhalski, 2003; Buchan, 2004; Bach, 2007). The arrival of the economic crisis in 2008 shifted those previously established migratory patterns. The countries traditionally exporting nurses met a substantial reduction in the countries hiring them (Bradby, 2014). On the other hand, many countries were not able to employ the volume of nurses trained through their educational system due to reductions in health budgets, which lead to higher levels of nursing unemployment (Benton, González-Jurado & Beneit-Montesinos, 2013; Zander et al., 2013). In Spain, additionally, the nursing workforce was influenced by chronic and cyclic dynamics of employment creation-destruction resulting from multiple structural and political factors (Keighley & World Health Organization, 2009; Khaliq, Broyles & Mwachofi, 2009; Galbany-Estragues & Nelson, 2016).

For the World Health Organisation (WHO), migration of health professionals between countries is a public health priority which deserves consideration when designing and implementing national health policies (WHO, 2010). The number of studies and reviews aiming at understanding nursing migration has therefore increased substantially over the last few years, hoping to inform health policies and legislation which would ensure the quality of care (Moyce, Lash & de Leon-Siantz, 2016; Squires & Amico, 2015).

Different studies exploring the motivations of migration conclude that it is a complex phenomenon that depends on the characteristics of the source and host countries (Dywili, Bonner & O'Brien, 2011; Manzano-García & Ayala-Calvo, 2014; Moyce, Lash & de Leon-Siantz, 2016). These studies recommend in-depth analyses about the motivations pushing nurses to emigrate including language skills, training, unemployment rate, opportunities for professional progress, etc. (Dywili, Bonner & O'Brien, 2011; Manzano-García & Ayala-Calvo, 2014). The literature review demonstrates the need of depicting the sociological context in which these migratory movements occur to facilitate their understanding (Cutcliffe et al., 2011).

Among these sociological perspectives, the international migration of globalization theory systematically classifies countries according to their health systems (Keighley, 2012). According to this theory, the globalization of labor markets is merely a survival option for workers and countries that transfers unmet needs in source countries to other regions (Keighley, 2013). The focus on globalization dictates that, once markets are opened and trade facilitated by regulations, workers will inevitably migrate. A study conducted by ICN on international migration of nurses (Buchan, Kingma, & Lorenzo, 2005) endorses such thesis, with nurse migration often a symptom reflecting more deep-seated problems in the nursing labor markets of a given country. Such focus on globalization may be exclusive in incorporating national migration policies with a tradition of influence on migration trends as a potential 'push' factor (for example, offering automatic recognition of professions and qualifications) (Keighley, 2013).

When analyzing the evidence about the current motivations for nurses to emigrate, it is worth noting that although the economic crisis has led to a change, globalization may

have been the most robust factor (Keighley, 2013). Some long-standing reasons associated with migration have been salary, income expectations, and working conditions at the international healthcare labor markets (European Commission, 2018; Benton, González-Jurado & Beneit-Montesinos, 2014; Blake, 2010; El-Jardali et al., 2011). These factors are modulated by policies at the host countries –traditionally US and UK– (Hendel & Kagan, 2011; Kaestner & Kaushal, 2012). Other variables besides economic reasons mentioned in the literature include professional dissatisfaction as a powerful predictive factor of considering moving abroad (Ma, et al., 2010), opportunities for professional development (Squires, Ojemeni & Jones, 2016), employment stability, and the quality of the host health system ((Li, Nie & Li, 2014; McGillis et al., 2009). In essence, migrant workers seek not only an attractive salary but better employment conditions, positive working environments, and social perks (Dywili et al., 2011; Manzano-García et al., 2014; Moyce et al., 2016; Squires & Amico, 2015).

In Spain, a literature review about the migration of Spanish nurses from 2009-2014 identified unstable and precarious employment and changes in the health system due to austerity measures derived from the financial crash as fundamental reasons for emigration (Galbany-Estragues & Nelson, 2016). In 2009-17 more than 12000 Spanish nurses migrated, the second largest nursing contingent in the EU just behind Rumania and accounting for 1-in-8 of all nursing migrations within and out with the EU (EU Commission, 2018). Spain produces highly qualified nurses that may be of interest to nations such as the UK, a traditional host country (van Riemsdijk, 2013).

However, ICN recommended “more research and evaluation to inform national stakeholders and international agencies of the true impact and costs (and/or benefits) of

nurse migration” (Buchan, et al., 2005), and therefore it seems appropriate to suggest that whilst the impact of economic migration has been widely explored in other settings (England & Henry, 2013; Kuhlmann & Jensen, 2015), it has not been the case in Spain. Furthermore, such review would benefit from identifying the effect of globalization and not just the economic crisis (Bygnes, 2017), at a time when the looming exit of Great Britain from the European Union (‘Brexit’) may result in trade and legislation restrictions (Fahy et al., 2017).

Our exploratory study aims to identify trends that would help better understand the emigration of Spanish nurses. Our research hypothesis is that the traditional reasons nudging nurses to migrate have changed and that, although unemployment remains a relevant push factor, globalization may be the overarching reason for this emigration. The objective of our study, therefore, was to identify the motivations that Spanish nurses may have to consider emigration to other European countries in the very near future. Other secondary objectives included the description of professional expectations of nurses hoping to migrate, and the identification of fears associated with the sociocultural context in the host country.

3. METHODS

Design

A cross-sectional survey using a web-based questionnaire.

Setting and participants

The study population was Spanish nurses in Spain who were thinking of moving to another country in a short period of time to practice their profession. The survey was conducted from September 2014 to January 2015. Researchers obtained an unrestricted

sample by disseminating on social networks –Twitter, Facebook– and Spanish nursing blogs the availability of the questionnaire (van Selm & Jankowski, 2006). Several messages were posted on these social networks, requesting the participation in the survey and its onward dissemination to nurses.

Variables and data measurement

An *ad hoc* questionnaire was created following the guidelines of the NEXT study (2005), which was conducted by more than 40 researchers from 14 institutions and developed a model which included all possible factors related to nursing migration. To ensure the content validity of the questionnaire, items and response options were defined using a multistage process. A preliminary version of the questionnaire was piloted in 20 nurses representative of the target population. This piloting contributed to assess the degree of comprehensibility and acceptability of items, the appropriateness of responses and the time necessary to complete the questionnaire. The final version of the questionnaire was created following this piloting and contained 19 items (including four sociodemographic variables) with closed response options collecting information about the country of destination, reasons to emigrate, previous experiences of migration, professional and economic expectations, contacts in the country of destination, knowledge of the language, and academic training. The survey was built with Google Forms, enabling a unique answer for each IP address to avoid multiple response bias.

Data analysis

Data were analyzed quantitatively and summarized by frequency tables. The SPSS 22.0 computer software was used for the statistical analysis.

Ethical issues

Participation in the survey was voluntary, and responses anonymous. No incentives were offered for participating or disseminating the survey. The questionnaire included

an introductory statement regarding the purpose, intent and use of data. Completion of the questionnaire was considered as implied consent to participation. The ethical committee at San Jorge University (USJ) in Zaragoza (Spain) approved the protocol.

4. FINDINGS

172 nurses completed the survey. The characteristics of the respondents are described in **Table 1**. About 36% of nurses had not decided when to emigrate, and the rest planned to do so within a short time: 7-12 months (14.5%), 2-6 months (24.4%) and in less than a month (25.0%). In reference to the target countries, 75% of respondents selected the United Kingdom as first option, 6% France or Switzerland, 5% Germany and 4% Ireland or Nordic countries.

-----**Table 1 about here**-----

The most important reasons for migration were lack or precarious employment (68.6%), and professional development (38.4%). The responses related to beliefs and expectations about the host country are presented in **Table 2**. Among the surveyed nurses, one in five respondents lacked enough knowledge about the language of their planned destination and of those who could speak the language, less than half reported knowledge of technical language (43.4%). Most nurses (92.4%) had a good knowledge of English language, regardless of the intended country of destination. Lastly, half of the respondents stated that they had contacts in the country of destination.

-----**Table 2 about here**-----

Discussion

This is the first study of its kind performed in Spain following the economic crisis. A former related investigation was based on a rigorous literature review but without any fieldwork involved (Galbany-Estragues & Nelson, 2016). Our main objective was to explore the reasons underpinning decisions by Spanish nurses to consider short-term migration to another European country. Almost 50% of participants intended to emigrate within 6 months, mainly to the UK. The key reasons were employment uncertainty and professional development. Almost half of participants did not expect to experience integration problems and felt sufficiently prepared as professionals. However, 58% of participants were afraid of discrimination or rejection. Most participants expected salary and working conditions to be quite acceptable.

In general, the results coincide with previous studies on economic factors as main drivers of migration (Matier, 1988; Dywili et al, 2011; Galbany-Estragues & Nelson, 2016). Additionally, Masselot (2011) identified the desire for internationalization as an incentive, with Europe being the main destination for Spanish nurses. Before entering the EU, Spanish nurses emigrated to similar destinations (UK, France) but for quite different reasons (Squires & Amico, 2015). The possibility of economic mobilizations and free circulation across the European continent seem to favor this desire for internationalization (Glinos, 2015), and both motives would lend support to the underlying theory of globalization (Keighley, 2012; Keighley, 2013).

Internationalization, however, should be contextualized according to the country of origin, as there are differences in the interpretation of such desire (Cortes & Pan, 2014). Nurses from Latin America or Asia, for example, live abroad to experience a substantial

improvement in their quality of life affected by a sharp acculturation (Ronquillo et al., 2011; Na, 2013), while European nurses suffer lesser cultural shocks and seek better opportunities rather than material improvements (Rodríguez-Planas & Farré, 2016). Such dichotomy is aligned with suggestions by the ICN's report on migration which proposed national and governmental follow-up measures to promote the cultural and social integration of migrating professionals and ensure performance levels adapted to the host health system (Buchan et al., 2005).

In fact, a recurrent factor in the literature and present in our study is fear of rejection and lack of integration in the host country (Allan & Larsen, 2003; Alexis & Shillingford, 2012; Batnitzky & McDowell, 2011). This anticipation of rejection or xenophobia was striking, being usually considered a barrier to migration or a key factor in deciding to continue living as migrant (Bruyneel et al., 2013). In fact, acculturation has been considered crucial for designing labor policies in countries traditionally demanding migrant nurses to meet their needs (Masselink & Jones, 2014; Schumacher, 2011; WHO, 2010, Zander et al., 2013) and reduce attrition among already immigrated nurses. It is not surprising, thus, that acculturation is greatly shaped by command of language of the host country (Ujvarine et al. (2011). Finally, seeing that racism and discrimination were concerning for nurses, it is imperative to assess what strategies could be implemented to mitigate such apprehensions and facilitate migrants' return, so international health systems and citizens can benefit from the wealth of migrants' professional experience.

One of the crucial reasons for migration refers to the aspiration not just for employment, but for a better salary and a desire for promotion (Bradby, 2014, Kingma, 2006;

Kingma, 2008). This was not, however, the case among Spanish nurses since they considered that their salary would be acceptable and on par with Spain, the only difference being that access to such salary in Spain would be more irregular. Such reason, coupled with health system similarities concurs with other studies highlighting the complexity of migration drivers (Bradby, 2014; Freeman et al., 2012). The determining factor here, therefore, is current job precariousness embedded within the conveniences afforded by globalization (understanding the language, familiarity with socio-cultural environment, stability of educational and health systems, etc.). All these factors combined play an important role in emigration (Keighley, 2012, 2013).

The Spanish nurses expressed certainty about their technical competence as well as knowledge about the language and customs of the host country, in tune with previous studies that support globalization theory and how this phenomenon favors greater mobility between countries with similar practice environments (Benton et al., 2014; Prescott & Nichter, 2014; Zander et al., 2013). As well, we wish to highlight that among prospective migrants, almost 25% had higher degrees. The adequate number of nurses and their academic education are both factors closely related with patient outcomes such as mortality (Aiken et al., 2014).

In recent years, the worldwide shortage of nurses has stimulated migration which has consequences for the source and host countries, healthcare systems and the nursing profession. However, the wider implications of migration have not been carefully analyzed (Freeman et al. 2012). With regards to Spain as a source country, nurse migration is particularly striking in view of existing nurse/population ratios, traditionally among the lowest within the OECD.

A profound sociopolitical and strategic reflection worldwide is therefore warranted regarding the economic, social, human and opportunity costs of training university graduates to be ultimately exported, whilst taxpayers experience poor quality care from understaffing. The suggestions by ICN echo this perspective of a global, unstoppable flow between nurse donor and recipient countries which demands a firm dialogue to implement strategies that ensure fairness among countries (Buchan, et al., 2005).

Limitations

One of our limitations is the impossibility to calculate a response rate, an often-cited issue in online surveys, especially those with unrestricted samples (van Selm & Jankowski, 2006). Additionally, the number of responses obtained was limited, although similar to other studies (Alexis, 2014; El-Jardali et al., 2008). Furthermore, a questionnaire may not be the best tool for exploring motivations and intentions.

5. CONCLUSIONS

Questioning prospective nurse migrants offered rich data towards a detailed analysis of macro factors such as national or international migratory policies, performance and effectiveness of inter-country nurse recruitment agreements, and reasons for nurses to remain abroad or return to Spain. As the international recruitment of Spanish nurses is on the rise over recent years, it is important that Spain incentivizes the retention of nurses or the loss of this human and professional capital would otherwise lead to an irreparable impact on the health of its citizens.

CLINICAL RESOURCES

International Centre on Nurse Migration (<http://www.intlnursemigration.org/>)

ICNM Nurse retention 2018 (https://www.icn.ch/sites/default/files/inline-files/2018_ICNM%20Nurse%20retention.pdf)

Mobile Nurses: Trends in International Labor Migration in the Nursing Field (<https://wenr.wes.org/2018/03/mobile-nurses-trends-in-international-labor-migration-in-the-nursing-field>)

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Table 1: Profile of nurses participating in the survey (n=172)

Sex	n (%)
- Female	131 (76.2)
- Male	41 (23.8)
Age, n (%)	
- < 25 years	71 (41.3)
- 25-30 years	71 (41.3)
- 31-40 years	27 (15.7)
- > 40 years	3 (1.7)
Marital/Partnership status, n (%)	
- Married	13 (7.6)
- Stable partner	86 (50.0)
- Single	73 (42.2)
Academic education, n (%)	
- Bachelor's degree	129 (75.0)
- Master's degree	37 (21.5)
- Doctoral candidate	5 (2.9)
- Doctor's degree	1 (0.6)
They had previously emigrated, n (%)	
- Yes	14 (8.1)
- No	158 (91.9)
They have family, friends, professional colleagues and other contacts in the country of destination, n (%)	
- Yes	86 (50.0)
- No	86 (50.0)
They know the language of country of destination, n (%)	
- Yes	143 (83.1)
- No	29 (16.9)
They have knowledge of English	
- Yes	159 (92.4)
- No	13 (7.6)

Table 2: Beliefs and expectations about the country of destination (n=172)

The language of country of destination will make a very significant barrier,	n (%)
- Yes	111 (64.5)
- No	61 (35.5)
They think they will have the integration problems, n (%)	
- Yes	41 (23.8)
- No	76 (44.2)
- Don't know/Not sure	55 (32.0)
They think they have sufficient professional training to work in the country of destination, n (%)	
- Yes	122 (70.9)
- No	14 (8.1)
- Don't know/Not sure	36 (20.9)
They believe that nursing country of destination is more advanced than Spanish nursing, n(%)	
- Yes	30 (17.4)
- No	123 (71.6)
- Don't know/Not sure	19 (11.0)
As regards the opportunities for career advancement, they think they will have ..., n (%)	
- The same as their colleagues of country of destination	70 (40.7)
- More than their colleagues of country of destination	43 (25.0)
- Less than their colleagues of country of destination	36 (20.9)
- Don't know/Not sure	23 (13.4)
As regards the discrimination at the workplace, they think they will experience..., n (%)	
- The same as their colleagues of country of destination	27 (15.7)
- More than their colleagues of country of destination	66 (38.4)
- Less than their colleagues of country of destination	6 (3.5)
- Any discrimination	24 (14.0)
- Don't know/Not sure	49 (28.5)
They think that patients will prefer to be cared by nurses of the same country, n (%)	
- Yes	109 (63.4)
- No	32 (18.6)
- Don't know/Not sure	31 (18.0)
They think that some negative feelings (fear, panic, loneliness, homesickness, hopelessness, uprooting, sadness...) can lead to a return to Spain, n (%)	
- Yes	109 (63.4)

- No	32 (18,6)
- Don't know/Not sure	31 (18.0)
They think that salaries in the country of destination will be..., n (%)	
- Very high	3 (1.7)
- High	46 (26.7)
- Acceptable	116 (67.4)
- Poor	7 (4.1)
- Very poor	0 (0.0)
They think their socioeconomic status in the country of destination will be..., n (%)	
- High	9 (5.2)
- Middle	153 (89.0)
- Low	10 (5.8)
They think that it will be necessary to share their housing, n (%)	
- Yes, surely	70 (40.7)
- Yes, probably	85 (49.4)
- No, probably	14 (8.1)
- No, surely	3 (1.7)