

International Nurse Recruitment, Risk and Recession: The Irish Experience

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Abstract

In the late 1990s Ireland began to struggle to fill nursing posts and, as a result, began to actively recruit nurses internationally. Between 2000 and 2009, non-EU nurses accounted for 38% of newly registered nurses in Ireland [1]. Although recruiting internationally to compensate for national skills shortages could be considered an inherently risky exercise, the onset of economic recession (2008/9) brought these risks into sharp focus. Drawing on findings from the Nurse Migration Project, this paper illustrates the risks associated with international nurse recruitment and presents the stories of migrant nurses caught up in the 'global race for talent'.

Introduction

International nurse recruitment campaigns were initiated in 2000 to attract migrant nurses from outside the EU into the Irish health system. These international nurse recruitment campaigns successfully attracted 11,288 non-EU nurses to Ireland between 2000 and 2008 [1]. These nurses accounted for 40% of newly registered nurses during that time [1] [2] and non-EU nurses have since become an integral dimension of the Irish health workforce.

Actively recruiting nurses internationally to compensate for domestic skills shortages was a new departure in the Irish context. Historically, Ireland has had a stronger tradition of exporting, rather than importing, nurses. The move to actively recruit nurses

internationally precipitated significant change – to the Irish health system, the nursing workforce, the immigration system and most of all, change in the lives of the actively recruited nurses.

Drawing on qualitative and quantitative data from the Nurse Migration Project, this paper explores the recruitment process in greater detail. From the promotion of migration undertaken by recruitment agencies to the screening and interview procedures and the misleading recruitment tactics occasionally employed, this paper will focus on the individual migrant nurses' experience of recruitment. The paper will explore some of the risks associated with international nurse recruitment in the Irish context, many of which have been placed in sharper focus with the onset of recession. The paper will also reflect on the health workforce planning implications of Ireland's reliance on active nurse recruitment campaigns to staff its health workforce.

Methods

Ethical approval for Nurse Migration Project was granted by the institutional Research Ethics Committee. The study applied both qualitative and quantitative methods to the study of migrant nurses in Ireland. The initial fieldwork, in 2007, involved conducting qualitative in-depth interviews with 21 migrant nurses working in Ireland. A qualitative sample of 21 migrant nurses resulted (19 women and 2 men). Most came from the Philippines (16), four came from India and one from Nigeria. Most respondents were married (15), three were single, two were separated and one was widowed. The majority (17) of respondents had children.

Interviews were conducted in non-workplace settings and lasted an average of 69 minutes. Interviews were audio recorded and were later transcribed verbatim. Analysis

of qualitative data was undertaken on an ongoing basis throughout the data collection [18] and transcription phases, as the researcher (NH) familiarised herself with the emerging research themes. Data management and analysis were facilitated by the use of the MaxQDA computer package.

Following on from the qualitative fieldwork, a quantitative survey of migrant nurses was conducted in early 2009. On behalf of the research team, the Irish Nursing Board forwarded self-completion postal surveys to a random sample of 1536 migrant nurses from outside the European Union. Respondents were asked to return the questionnaires by post to the research team and a prepaid envelope was provided for this purpose. In an attempt to maximize the survey response rate [21 incentives were used: all of those who completed the survey were invited to take part in a draw for one of three EUR 500 travel vouchers; a small donation to a nominated charity was also made for every completed survey returned.

A low response rate of 25% was anticipated, in line with previous migrant surveys in the Irish context [22]. The postal survey achieved a response rate of 20%; a sample size of 309. A parallel sampling strategy, involving the recruitment of migrant nurses via their hospital employers, was also used. Three large hospitals in the Dublin area were selected as research sites; ethics approval was sought and received from each. Recruitment was facilitated by the Nursing Administration Departments of each hospital, whose staff circulated postcards and posters advertising the research project on behalf of the research team. Migrant nurses were invited to meet the researcher on-site at a specified time and date and to participate in the research project by completing a self-completion survey. Surveys were returned to the research team by post. This recruitment strategy also yielded a low response rate, with only 28 non-European Union

nurses recruited. Quantitative data (N = 337) were input and analysed in SPSS software; the analysis of open-ended survey responses was facilitated by using MaxQDA software.

The recruitment process resulted in a sample of 337 migrant nurses, 85% of whom were women. Most nurses who completed the survey originated from the Philippines 51% (173) or India 33% (112), with the remainder from 14 other countries – including 2% to 3% each from Australia, South Africa, the United States of America and Zimbabwe. The nationalities represented in the sample were broadly similar to those recorded in immigration data [3] although the sample overrepresented Filipino nurses, who accounted for 51% (173) of respondents but 45% of non-European Union nurses issued with visas between 2000 and 2008. The sample also underrepresented Indian nurses, who accounted for 33% (112) of respondents but 45% of non-European Union nurses issued with visas between 2000 and 2008 [3].

Forty percent (143) of those surveyed arrived between 2000 and 2002, with a further 29% (96) arriving in 2005–2006. Once again, this is broadly in line with immigration data, which indicate that 35% of migrant nurse visas were issued between 2000 and 2002 and another 35% were issued in 2005–2006 [3]. Due to the lack of additional data on the general migrant nurse population in Ireland, no further cohort comparisons can be made. However, in terms of an age profile of the sample population, 30% of respondents were aged 36–40 and a further 26% were aged between 31 and 35. The majority of respondents 77% (261) were married; 68% (230) had children.

This paper draws on both qualitative and quantitative findings throughout. Where open-ended survey responses appear they are referenced according to the number assigned

to the questionnaire during data input, e.g. respondent 260, whereas qualitative findings are attributed to respondents via their pseudonyms.

Recruitment Process

Recruitment Agencies

Recruitment agencies played a significant role in respondents' migration, with 83% (278) stating that a recruitment agency facilitated their migration to Ireland. On paper, the recruitment process appeared streamlined, with two main recruitment agencies responsible for the bulk of overseas nurse recruitment [4]. However each of these agencies had links to several overseas recruitment agencies and these were subcontracted to assist in the recruitment process. Both local and Irish based agencies played a role in facilitating nurse migration, with 54% (181) of respondents using one of the two main Irish recruiters. In all, 34 recruitment agencies were named - 9 Irish, 4 international and 21 local agencies in source countries such as India or the Philippines. The variety of agencies reflects the fact that globally, international nurse recruitment is big business [5] [6] [7, 8] and an increasing number of for-profit organisations now 'serve as brokers to ease the way for nurses to emigrate' [7].

In addition to screening recruits for interview, recruitment agencies were also responsible for informing potential recruits about their destination countries and future employers, as this recruitment brochure explains:

'All shortlisted candidates will be invited for a Audio-Visual Presentation by Universal HRD on the Nursing opportunity in [named group of hospitals] . . . Schedule of this Presentation will be informed to applicants well in advance and attendance is COMPULSORY' [9].

Respondent migrant nurses appeared to have relied heavily on recruitment agencies to inform them about their destination countries and employers, with 51% (173) of respondents citing recruitment agencies as their main information source prior to migration; 34% (114) of respondents relied on friends and colleagues for information; and 9% (31) relied on internet sources. For the most part recruitment agencies were considered a reliable source of information, with 83% (143/173) of respondents who relied on recruitment agency for information reporting that the information provided was accurate. However, 14% (24/173) of respondents who relied on recruitment agencies for information stated that the information they had received was inaccurate and 3% (6/173) claimed to have received no information at all.

Promoting 'the better life'

Local recruitment agencies, based in source countries play an essential role in the recruitment process. In the first instance this was achieved by '*actively create a desire for . . . migration*' [10] by aggressively promoting the '*better life*' [5] available to nurses who migrate. Local recruitment agencies promoted Ireland as a destination to applicants seeking to nurse overseas and advertised specific nursing vacancies. The powerful draw of the overseas nursing contract is illustrated by the fact that some respondents were not even *considering* migration when they became aware of - and subsequently signed up for - nursing opportunities in Ireland.

'When I'm strolling the mall and I found that the agency, me and my two friends applied for that, just for curiosity . . . and they ring us for an interview, so we go on and luckily we are accepted' (Agatha).

'A lot of my staff were trying to get out of Saudi Arabia at that time and they were asking references from me and so, I had to write these references. And one time [recruitment agency] called up the unit . . . I said, this is X, the head nurse of the unit . . . do you think there will be a place for me if ever I get to Ireland?' (Helmie).

In other cases, respondents had approached recruitment agencies with a view to availing of nursing employment overseas or in Europe, without specifying a particular destination country [11]. Local recruitment agencies then steered them towards Ireland, as a country actively recruiting nurses. In terms of recruitment, the local agencies provided the vital connection between nursing vacancies within the Irish health system and qualified nurses in the source countries. The power of local recruitment agencies and the scale of the demand for migration opportunities in source countries, such as the Philippines, is further demonstrated by the fact that Irish recruitment events were frequently advertised solely by word of mouth.

'It's not even in the newspaper or anything, it's just a word of mouth that's going around. So we ring them and they say yes, we have an interview in the hotel and that's the date and so we went there' (Carol).

Screening and Interviewing

Following their initial application, local recruitment agencies screened applicants prior to the involvement of the Irish recruiters or employers. Methods of screening differed according to country and recruiter, but several rounds of interviews, written nursing exams and exams to demonstrate proficiency in written and spoken English were commonplace. One respondent outlines both the scale of the recruitment task and daunting screening process undertaken by applicants for nursing posts.

'There were 1,600 applicants . . . those people who made it were only 63. From 1600 were cut off to 1000 and then cut down to 600 and then cut down to 63. That's how tough, like you know, the interview is' (Fatima).

When candidates had been screened by local recruitment agencies, a shortlist was drawn up and those candidates were invited for interview by a panel of Irish employers (nurse managers and/or health officials) [4]. These interview panels travelled from Ireland to countries such as India and the Philippines to conduct interviews. Information from a local recruitment agency explains this stage of the process to potential applicants: *'each applicant will be interviewed for around 15-20 minutes on their clinical experience, English skills, presentation skills and their career interests. After the interview, the result will be advised to candidates immediately'* [9]. This respondent recounts her experience at interview:

' . . . the interview was really tough. . . I was trained as a surgical nurse, so most of the questions . . . that was thrown on me was basically from the surgical point of view - from pre-op, to inter-op, to post-op, the medications, the experience and everything, how you manage the patient and everything . . . it took you from 30 to 45 minutes, as if you're being roasted inside, you know' (Fatima).

Once selected, candidates liaised with their recruitment agency to process the paperwork necessary to secure registration with the Irish Nursing Board [9], to apply for work visas, arrange flights and accommodation. These nurse recruits still potentially had a long wait before taking up their posts in Ireland, *'selected nurses would be able to*

commence employment on average between three to twelve months from interview selection' [9].

Risks

Recruitment-Related Risks for Migrant Nurses

Overall, the recruitment process contains several inherent risks for the migrant nurse applicants. The recruitment process itself – from application through to interviewing, the submission of relevant paperwork and awaiting a departure date – can take several months to complete. This means that applicant nurses, particularly those already working overseas, must carefully plan their recruitment and onward migration. This may involve resigning their post and returning to their home country to participate in interviews and examinations. The act of resigning in the hope of obtaining another overseas nursing post contains implicit risks for the individual concerned (and for family members dependent on their remittance) [12], as this respondent explained.

‘And another thing is that as well is that you have to be vacant for six months. For example, you go home, you resign from your previous job, you are vacant for six months or seven months . . . If you’ve been there for a year without having updating your career as a nurse, I mean, you couldn’t be anywhere, but go back again to X [Middle Eastern State]’ (Fatima).

Before entering the recruitment process, applicant nurses had to ensure that they had set aside sufficient savings to see them through the lengthy application and recruitment process. They had to balance the desire to avail of employment opportunities overseas (and the potential for higher salaries, better working conditions and/or better opportunities for career progression and further education) with the risk of becoming de-skilled during that time. A related risk was that they would fail to secure an international nursing contract. Pitman highlights the gamble taken by potential recruits by recounting the story of a Filipino nurse who had sold his possessions and resigned his job in

preparation for a promised departure to the USA. When the recruitment agency failed to honour his contract, he had little choice but to work in Saudi Arabia for several years to earn enough money to return to the Philippines to re-enter the recruitment process [13]. The cost and risks associated with recruitment delays or cancellations are inevitably borne by the recruits themselves.

Our research also revealed recruitment practices which pose a risk to migrant nurses during the recruitment process. *'The scope of abuse ranges from overpaid charges. . . contract and registration frauds to bullying and threatening by employers'* [5]. Where respondents experienced such practices, the complex network of recruitment agencies, directly subcontracted local recruitment agencies and other local recruiters made it difficult to identify precisely whose responsibility it might be to police or make amends for such practices. Given that migrant nurses had already invested – both financially and emotionally - in their emigration when these practices occurred, they were often reluctant to challenge them, particularly when they occurred prior to departure, as these respondents explain:

'On the day that we've learned that we're actually being employed by X hospital, [the international recruitment company] asked us for five hundred dollars'
(Francesca).

'The recruitment process there's very dodgy because it's after my interview, I know that the Irish government paid whoever they recruited . . . after the interview they [recruitment agency] said you have to pay a 57,000 pesos [EUR 1000]' (Regina).

Faced with the unenviable choice paying a considerable (by local standards) sum of money to a recruitment agent or risking the failure of their quest to nurse in Ireland, many respondents, unsurprisingly, paid up. Some respondents were forced to borrow to meet these 'hidden' recruitment costs.

'I have to ask my parents to give me that money, loan it from them' (Francesca).

Another issue raised by respondent nurses was that during the recruitment process they, or their colleagues, were misled about the type of work they would be doing in Ireland. Martin cites this as a hazard of cross-border recruitment whereby *'recruiters may know the abilities of the workers they interview, but do not have details about the job abroad'* [6]. Our survey of migrant nurses revealed that 30% (101) of respondents felt that their first job in Ireland was a poor match to their experience and qualification, as these respondents explain:

'my experience was more on paediatrics and when I learned that it was geriatrics, you know, for the elderly' (Lorna).

'Before I came to Ireland I was working in an acute hospital handling various cases of medical, surgical, paediatric and maternity but never geriatric cases. It's a huge transition/ transformation on my part but somehow I managed to adapt and handle it well' (Respondent 178).

The implications of such practices are difficult to imagine. In addition to a change of continent, country and language, these migrant nurses were forced to adjust their

professional skills to cope with completely different areas of nursing. Some respondents were, understandably, angry about these experiences.

'It was kind of, you've been fooled. Because there's a lot of difference that you worked in a CCU [critical care unit] and then to go and work in geriatrics. It's nursing as well, but . . .' (Sheela).

'I was hired as a theatre nurse not I will be placed in the elderly later on, you see? We are just like patching the hole, you know, like whatever is lacking . . . you can go there' (Regina).

In this respect, the attitude of employers and recruiters appears simply to have been that *'a nurse is a nurse is a nurse'* [8] regardless of their skills, qualifications or prior experience. Some migrant nurses worked hard to adjust and adapt to their new speciality - having already invested heavily in their migration, they felt they had little choice. Other newly arrived migrant nurses demanded that they be placed in the speciality area for which they had been hired.

'We were hired as theatre nurses . . . and then during the orientation, they told me they cannot put me in the theatre because there is an overstaffing . . . I said, you recruited a theatre nurse, that's why I applied for the post . . . if you're not going to . . . place me in theatre, please send me home tomorrow, because I'm not going to work in the ward . . . I been working for more than twenty years in theatre' (Ivory).

Such recruitment practices (whether by recruitment agencies or employers) demonstrate a disregard for individual migrant nurses, their careers, professional skills and expertise

and is sometimes referred to as *'brain wastage'* [14]. As well as the impact on individuals and their career prospects, this also represents a missed opportunity for the Irish health system. Placing highly specialised and experienced nurses outside their area of expertise means they are unlikely to reach their full potential. They will struggle to adjust while also striving to adapt to nursing practice and to life in their new country. Those respondents who remained in the jobs or specialities into which they were placed sometimes found their career progression stalled because they were working *'outside their area of expertise'* and lacked the specialised training necessary to enable them to apply for promotions in their adopted area of expertise. Others spent their first few months/years in Ireland struggling to be re-assigned into their area of expertise, or simply resigned their jobs in favour of posts that better matched their expertise and interests, for instance, 12% (39) of respondents stated that they had left their first job in order to work in a different specialism. Anecdotal evidence suggests a flow of migrant nurses from the nursing home into the hospital sector. Such additional and unnecessary pressure on migrant nurses can only contribute to job dissatisfaction and may also raise tension between local and migrant nurses. One respondent explained how her struggle to adjust from theatre to ward nursing led local nursing staff to question her nursing qualifications:

'I said, Sister, I'm sorry, I work in theatre for a long time and I should not be here . . . they pulled me here because there's no vacancy in theatre . . . So just, you know, just bear with me, I'll try my best to . . . know all these things and learn'.
(Regina).

Migration-Related Risks for Migrant Nurses

The recruitment-related risks encountered by migrant nurses are often simply the latest in a long series of risks taken by the potential migrant nurse and their families in their quest to secure an overseas nursing post. Some of our respondents mentioned that their career path was heavily influenced by the fact that nursing was considered a 'ticket out' [15], a profession that would provide emigration opportunities and would enable them to provide a remittance income for family members back home [12]. The increasing privatisation of nurse education [8] presented a challenge in this regard as many of our respondents had to fund a private education in order to qualify as a nurse. Our survey of migrant nurses in Ireland revealed that 71% (240) of respondents received no state funding for their nursing education in their country of origin. This means that they and/or their families had to invest significant financial resources in their nursing education, presumably in the hope that the acquisition of an 'internationally tradable occupation' [16] would facilitate emigration and ultimately a remittance flow [12]. The strategy is not without risk, for if emigration fails, for whatever reason, the family could be burdened with significant debt levels.

The recession has unearthed several further risks for migrant nurses in Ireland and in our survey of migrant nurses, 75% (251) agreed that the recession had impacted on their satisfaction with life in Ireland. The first concern is financial. The recession has led to tax increases and public sector pay cuts which have had an immediate impact on nurses' take home pay. Many were also affected by the reduced availability of overtime and agency work which has meant that they were no longer able to supplement their income [12]. Income reductions had prompted fears that they would not be able to maintain their remittance flow alongside their financial obligations in

Ireland and had left some respondent migrant nurse households *'struggling and having hard times'* (Respondent 46) [12].

A second concern for migrant nurse respondents relates to the stability of their employment and immigration status. Respondent migrant nurses seemed unsure of their place within the Irish health system in the context of a recession. They feared for their jobs despite the fact that 80% (269) of respondents hold permanent posts within the Irish health system, they feared for their future even if they had lived here for significant length of time, but most of all they fear for changes in Irish immigration law that will force them to leave Ireland [17]. For although 42% (143) of respondents have lived in Ireland since 200/2, only 7% (23) have acquired Irish citizenship and only 8% (28) hold long term residency. These respondents explain their concerns:

'The 'recession' has made us question ourselves: how long is the country going to need us? Being on a working visa only renewable every 2 years we are unsure of security and stability here' (Respondent 222).

'Though we are permanent we are uncertain of our jobs' (Respondent 142).

As these quotes demonstrate, respondent migrant nurses are unsure of their future prospects in Ireland, regardless of whether or not they hold permanent posts within the health system.

'I believe the State doesn't really know whether they are going to extend it or not [contract]. . . . before they hire us they don't have a plan or policy in place and there is no consistency' (Respondent 260).

They also feel that attitudes towards them have hardened, something that has been reflected in recent attitudinal surveys which reveal that 'enthusiasm for immigration has cooled significantly' [18] and fear that perhaps there is no longer a place for them in Ireland.

'It makes the Irish people think more 'racism' (because they think economic downturn is because of overseas people). We can feel that tension in the workplace more nowadays' (Respondent 138).

Migrant nurses in Ireland previously received a warmer welcome than did other migrants, a situation reflected in the UK [19], perhaps in acknowledgement of their fundamental role in the delivery of health services. Special 'fast track' visa procedures were introduced and then modified specifically to attract and then retain non-EU nurses in Ireland [20, 21]. In addition to the ethical case for reassuring migrant nurses of their continued place in the health system and in Irish society, there is also a strong health workforce planning argument for doing so.

Health Workforce Planning Risks

While the practice of sourcing skilled professionals internationally to compensate for skills shortages nationally may seem an inherently risky exercise, many of the risks associated with international nurse recruitment in the Irish context have come to light only with the onset of an economic recession (2008/9). One specific risk to have emerged is the resurgence of nurse emigration. The data would indicate that both non-EU and Irish trained nurses are considering emigration.

Prior to the recession, insecurity and instability had caused some migrant nurses in Ireland to consider onward migration [21]. In the context of a recession, with its added financial and social pressures, it is perhaps unsurprising that many more are considering their options in terms of migration. In 2008, verifications were sought on behalf of 2146 Indian and Filipino nurses [1]. Verifications, whereby an overseas nursing board seeks to verify registration status of Irish-registered nurses, are considered an indication of intent to migrate. If all of these migrant nurses were to emigrate, it would represent the loss of 19% of all non-EU nurses issued with visas between 2000 and 2008 [3]. These are specialised, experienced migrant nurses who have adapted to Irish nursing practice. Were these nurses to emigrate (as is their intent), it would represent a significant loss to the Irish health system. It would also represent a loss of nurses in excess of the total annual output from Irish nursing schools (1595 new Irish nurses joined the Irish Nursing Register in 2007 [22]). The Irish health system would struggle to cope with the loss of nurses on such a scale.

Ireland has a strong tradition of emigration and there has always been nurse emigration (of Irish nurses) from Ireland. In recent years, much of this emigration has been short-term, as Irish nurses opted to travel overseas on temporary working holiday visas. However the public sector recruitment embargo which accompanied the recession has seen newly graduated Irish nurses forced to emigrate in search of employment [23, 24]. In 2007, verification requests were received on behalf of 191 nurses and this had risen to 350 by 2008 [1]. Reducing both domestic and international supply of nurses simultaneously would seem guaranteed to damage Ireland's future ability to staff its health service.

In terms of the Irish health system, the risks of an over reliance on international nurse recruitment to staff the nursing workforce are becoming apparent. In a sense, the success of the international recruitment campaigns in delivering nurses to fill vacant posts within the health system enabled underlying problems within the health system to be obscured [14, 25]. Perhaps the assumption 'that migrant workers are essentially available on tap' [26] lulled Ireland's health workforce planners into a false sense of security, assuming that any skills shortfalls nationally could be met from a global skills pool [21]. In the context of a recession, it is questionable whether Ireland will be able to afford to recruit internationally, or whether it will be able to continue to attract migrant nurses into a health system which is struggling financially and a wider economy which offers limited employment opportunities to the spouses of migrant nurses.

Conclusion

Although international nurse recruitment delivers, it is not a risk-free strategy, either from the perspective of the individual migrant nurse, or from a health workforce planning perspective.

The greatest risk inherent in an over-reliance on migrant nurses, is that sourcing nurses internationally may not be feasible or sustainable in the long-term. It is based on the assumption that any skills shortfalls nationally can be met from a global skills pool [21] and presumes that this skills pool is infinite. Recent workforce planning projections (2010 to 2020) predict an ongoing reliance on overseas nurse recruitment [27]. Yet the authors underline the risks inherent in the pursuit of such a strategy, *'if the sourcing of nurses and midwives from abroad were to be impeded in any way (e.g. due to the intensification of the global competition for healthcare workers), the graduate output would need to increase considerably'* [27]. Ireland's health workforce planners will have

to be agile to keep ahead (or at least apace) of changes, such as these that pose a threat to the nursing workforce. As Ireland currently risks becoming a source, rather than a destination country for nurses improved understanding of nurse migration assumes a greater urgency.

Many of the risks associated with international nurse recruitment are borne by the internationally recruited nurses themselves. Respondent migrant nurses outlined the obstacles they overcame and the significant risks they took in their quest to take up posts within the Irish health system. Most recently, they have been affected by the changed economic circumstances brought about by the global economic recession. Ireland's reluctance to reassure migrant nurses of their continued place within the health system will do little to reassure migrant nurses that they are appreciated as individuals and skilled professionals, rather than as imported nursing units. This may ultimately pose a risk to Ireland's ability to maintain its health workforce. Understanding the risks from the perspective of the migrant nurse is an important aide to understanding the motivation and behaviour of migrant nurse populations.

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