

The ILO Decent Work Across Borders

Mobility of health professionals between India and selected EU member states: A Policy Dialogue



Executive Summary

Investigating the working conditions of Filipino and Indian-born Nurses in the UK

Dr Davide Calenda
European University Institute
Italy

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India Habitat Centre
New Delhi

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Situated within the framework of the ILO's *Decent Work Across Borders Project*¹, this study looks at the working conditions Filipino and Indian -born nurses (Internationally recruited nurses - IRNs) in the United Kingdom (UK), and provides new evidence of the same.

The UK's case provides clear evidence of the importance of state policy in influencing employer utilisation of migrant nurses in the UK. The economic crisis, the growth of social conflict (e.g. the riots in the summer of 2011) and the widespread perception that the UK 'model' of multiculturalism was failing, also abetted the major changes in the immigration policy of the UK. The current Conservative-led coalition has prioritised the reduction of net migration 'from hundreds of thousands to tens of thousands' and of the number of permanent immigrants in the UK in its agenda. It is widely known that many migrant workers with permanent stay in the UK are in the health sector. It is noteworthy that these developments have occurred when thousands of IRNs have already arrived and settled in the UK and the possibility for other non-EU IRNs to work in the UK, as general nurses, was – and still is - in fact, very little. In principle, thus, these developments do not affect the majority of non-EU IRNs who arrived prior to 2006, but in fact they convey a message, which is not at all reassuring for migrant workers. This message is not merely a secondary factor when investigating the working conditions of IRNs. Such a climate of uncertainty impacts on the aspirations and expectations of the IRNs regarding their working conditions in the UK. As is demonstrated in this study, many IRNs came to the UK attracted by job opportunities but also with a promise of career advancement and a friendly-immigration setting. Nowadays, many IRNs are planning to leave the UK mostly because they feel betrayed and consider their aspirations frustrated.

The approach adopted in this study examines the working conditions through the relation between the economic and institutional dynamics as well as the individual working experience of IRNs, their migration trajectory and their aspirations. The attempt is to understand how the economic and institutional framework, which has evolved across time in response to changes in the political, social and economic priorities, shapes the working conditions of IRNs. The existing literature and interviews with key informants helps us to understand such a framework. At the micro level, the immediate workplace experience of IRNs was not only analysed through a survey but also cross-examined in relation to the broader framework. Namely, the review of policy documentation and literature in the field has been

¹ http://www.ilo.org/manila/whatwedo/projects/WCMS_173607/lang--en/index.htm

integrated with interviews with 13 key informants who were identified from among trade unions, professional unions, employers association, immigrant associations and governmental bodies. As far as the fieldwork research is concerned, an on-line survey was also developed to hear from IRNs working in the UK. The on-line questionnaire was filled-in mainly by Indian-born IRNs. Almost all of them are from the Indian state of Kerala. The reason for such a high number of respondents being IRNs from Kerala lies in the fact that the survey was advertised on one of the most popular on-line portal of the Kerala community in the UK, the British Malayali². A total of 433 valid questionnaires were collected from March to June 2013, out of which 384 were filled in by nurses from Kerala working across the UK and 13 by other Indian-born nurses; 36 respondents are Filipino-born nurses. This can be seen as an achievement, not only due to the high number of respondents but also due to the fact that the working experience of Kerala-born nurses in the UK is almost unknown, despite the fact that India has superseded other Asian countries – e.g. the Philippines - as the most significant source country of recruitment of international nurses in the UK. The registration figures provided by Nursing and Midwifery Council in the UK demonstrate that in 2005-2006 India was one of the most significant source countries accounting for 41% of all non-European Union entrants on the UK nursing register. Referees and channels of Filipino community in the UK were the target of the survey outreach strategy, but it didn't translate as well as it did for the Indian community. In order to compensate for the low number of responses from Filipino-born nurses, the situation of Filipino-born IRNs in the UK was often addressed during the interviews with the key informants and key informants of Filipino-born IRNs in the UK were interviewed as well.

As far as the results of the survey are concerned, almost 8 out of 10 of the respondents are women and the majority are aged between 31 and 40; 7 out of 10 respondents came into the UK directly from their home country, whereas 3 out of 10 lived in another non-European country before coming into the UK. The majority of respondents entered in the UK between 2000 and 2006. The survey covers all of the regions in England - most of the respondents have settled in the South and in the East of England and many in the London area. The survey also received a few respondents from Wales, Scotland and North Ireland. The majority of the respondents live in large urban areas, followed by medium and small cities. The set of qualifications, skills and work experience that they acquired in the country of origin made them successful candidates in the international healthcare recruitment market and desirable workers in UK, one of the most advanced countries in the world. Many respondents had also worked as a nurse in another country before coming to the UK. Almost all of them successfully fulfilled the formal requirements necessary to register

² Please see web portal - <http://www.britishmalayali.co.uk/>

as a nurse in the UK. They were also able to secure the corresponding work permit and most of them could also obtain UK citizenship or permanent residence, permanent work contracts and family reunification. Most of the respondents, in fact, belong to a generation of IRNs in the UK, who benefited from a relatively immigration-friendly policy. Nevertheless, the working conditions have worsened for 5 out of 10 respondents, since they arrived in the UK. A mixed picture emerges from the fieldwork research, but what is clearer still is that fact that unfair treatment and discrimination at work are diffused practices, which affect IRNs across healthcare facilities, nationalities and geographical areas in the UK.

Namely, six main observations can be drawn from the fieldwork research:

1. Problems with the recruitment process are widely diffused among IRNs across healthcare facilities throughout UK. A large number of internationally recruited nurses surveyed, reported that they had been provided misleading information during the recruitment process and had been charged a high fee by the recruitment agencies. Most of them had also to pay for the work permit. The majority of respondents were recruited before arriving in the UK, out of which almost half were recruited through a recruitment agency – RA - (they represent 28% of the sample). Recruitment by the NHS turns to be, overall, more ethical than recruitment intermediated by private recruitment agencies. Nevertheless, several respondents recruited by NHS have also reported problems with recruitment. Respondents recruited through a RA to work in care or nursing home or in a private facility as first employer, are those who were most affected by unfair recruitment practices. After controlling for the year of arrival in the UK of respondents, there is no evidence to suggest that problems in the recruitment process have decreased since the introduction of the NHS' *Code of Practice for international recruitment of the healthcare professionals* was published in 2004. An attentive examination of the situation should be a priority for the decision makers. There is not enough public attention on recruitment practices in UK due to the striking decrease in the international recruitment of nurses. But health care facilities in the UK will resume the recruitment of international nurses sooner or later, in view of the growing demand for health services, fuels by aging population. Fostering ethical recruitment is not sufficient, however, to improve IRNs working conditions. Our research shows that the recruitment process is only one of the manifold factors shaping working conditions of the IRNs in the UK. This aspect should be taken into account by sending and destination countries when implementing bilateral agreements. *Bilateral agreements should include clear measures to monitor the implementation of codes of ethical recruitment and to evaluate the impact of recruitment practices on the working conditions of IRNs after the arrival in the*

destination country. In fact, the lack of a systematic and effective control of recruitment process and of its impact on the post-arrival working conditions of IRNs was highlighted by key informants from trade unions and employer association in the UK.

2. The working conditions have worsened for most of the respondents since they began work as a nurse in the UK. Job insecurity is, by far, the main preoccupation among respondents, followed by security at workplace and career prospects. They feel frustrated in their professional prospects and are in fear of losing their job; only 1 out of 10 respondents considers that job security has increased over the years. Job insecurity and lack of career prospects do not depend on the employment situation of respondents – almost all have a permanent contract – or the type of employer or on their skills or qualifications, which, on the contrary, have increased across the years. Job insecurity seems to depend more on macro-economic factors (e.g. cuts in NHS funding) than other factors.
3. Unfair treatment and discrimination at work are diffused practices, which affect IRNs across healthcare facilities and geographical areas in the UK. Evidence shows that job insecurity, and in general, the worsening of working conditions, are highly correlated with unfair treatment and ethnic discrimination at work. This seems to confirm what has been remarked upon by several key informants interviewed - the easiest way for employer to deal with the cuts in funding and economic crisis is reducing the personnel and intensifying work shifts and workloads.
4. The consequences of such a situation are not limited to the working conditions of the IRNs but also extend to the quality of care they provide. In fact, IRNs most affected by a worsening of working conditions feel demotivated, consider the job security deteriorated and have more doubts about the quality of care they are able to provide to patients. Our evidence confirms what suggested by previous studies as well as international organization such as the WHO and ILO: the health care system is specific one where the quality of service provision strictly depends upon workers' motivations; IRNs are highly exposed to demotivation due to fact that are often the target of downgrading pressure at work.
5. Not all IRNs, however, are in this situation. Our evidence shows that many IRNs have improved their working situation and consider their professional identity valued by the employer and colleagues. Namely, the evidence shows that IRNs who report to be satisfied of how their efforts

and professional aspirations are recognized by the manager and the colleagues also report a better situation than IRNs who are not. Collaboration and dialogue among the members of the team or department where IRNs work also turned to be an important factor to explain the difference in working conditions. A lesson that can be drawn from this evidence and other related evidence reported in the full report: a collaborative working environment as well as the encouragement of nurses' participation in the decision making process at the workplace, foster adaptation, better working conditions as well as workers' sense of belonging to the health care facility

6. Disappointment about working conditions in the UK shapes the decision of re-emigration of many respondents, though the cost of life in the UK and a general feeling of uncertainty about the future in the UK, are also important reasons that motivate IRNs to leave the UK. The proportion of respondents who are planning to leave the UK is much higher among respondents who reported experiencing a worsening of their working conditions and those who have experienced discrimination at work. Overall, 4 out of 10 respondents (42.5%) reported considering moving to another country to work as a nurse. The proportion of respondents who reported planning to emigrate is slightly higher among those who came to the UK directly from their home country than among respondents who come to the UK after having been IRNs in another country. As far as the country of destination is concerned, Australia turns to be, by far, the most popular destination (63 %) followed by United States of America (24.5%) and Canada (15.8%). The possibility of return to the home country was reported as being considered by 31% respondents. Only few respondents are planning to move to another European country (3.8 %). Such a figure raises policy challenges. Firstly, it seems to pose serious doubts on the capacity of the UK health care system to retain IRNs. Secondly, it may point to the question of the portability of social security entitlements and rights (see the ILO Multilateral Framework on Labour Migration, 2005): will IRNs planning to leave the UK be able to transfer their social rights (e.g. pension contribution) in the new immigration country or in their home country after return?