

## Nurse migration in North and Central America strengthening health systems

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International nurse migration is a multibillion-dollar global phenomenon. Historically, Mexicans and Central Americans have not played a significant part in the migration of nurses to the United States. A new report, Strengthening health systems in North and Central America: What role for migration?, sponsored by the Migration Policy Institute (MPI), seeks to draw attention to the cross-border migration in the Americas and suggests ways the migration could be managed to meet the demand for health care services in the region.

The report, co-authored by New York University College of Nursing's (NYUCN) Allison Squires, PhD, RN, Assistant Professor and Deputy Director of NYUCN's International Education & Visiting Scholars program and Hiram Beltrán-Sánchez of the Population Studies Center at Harvard University, focuses on nursing personnel in a comparative case study, which looked at <a href="health care services">health care services</a> and human resources in five countries— El Salvador, Guatemala, Honduras, Mexico, and the United States—to identify constraints on <a href="health care">health care</a> capacity. The report examines the health care sector in each country by reviewing their health care systems, demand for services, epidemiological profiles, and demographics.

"Using migration to meet health care demand is complex; it does, however, hold the potential for benefits to health care systems, economies, and patient outcomes," Squires said. "Nonetheless, despite the perceived and actual difficulties, we advocate exploring and investing in its possibility because of the tremendous potential benefits



for all kinds of patients and for ameliorating health disparities."

The report, divided into sections, begins by providing general background information on the health care sector in each country. Section II explores the international, multibillion-dollar phenomenon of nurse migration and highlights the contributions of internationally educated nurses (IENs) to the US health care system. Section III reviews the major health care issues in each country, discussing how changing demographics and epidemiological profiles increase the demand for services and how nursing services can meet this new demand.

The report concludes with eight recommendations for fostering migration as a way to meet health care demand in all the study countries. These include investments in educational systems, ways to facilitate the credentialing of nurses across borders, developing visas based on improving language concordance between nurses and patients disproportionately affected by health disparities, integrating transitional educational programs as part of the credentialing process for internationally educated nurses, and ways to capitalize on "hidden nurses" of Hispanic heritage who are currently living in the United States who have the potential to contribute to health disparities reduction.

"In the long term, investments in nursing personnel are investments mainly in women and marginalized minorities," Squires said. "These investments go toward reducing socioeconomic inequality, improving education and health care and improving overall population health profiles—to name just a few benefits. As our report shows, the current state of nursing personnel production in El Salvador, Guatemala, Honduras and Mexico clearly illustrates what happens when there is insufficient investment," she said.

Provided by New York University



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