

identified earlier in this article) in each of our own institutions and to develop solutions in each of our own communities that will minimize and, we hope, eventually solve the problem.

Assuming that a health care organization has decided to institute a foreign nurse-recruitment process, it should also prepare to address the needs of both the foreign nurses who are recruited and the staff members who will work with them. Human resources departments can use statements of principles such as the ICN's to develop a foreign recruitment process that, first, treats each nurse justly and with dignity as he or she moves through the lengthy, rigorous application process; and, second, supports such nurses as they struggle to succeed in their new positions.<sup>18</sup>

Cultural competency training will be needed for both the foreign nurse and the institution's staff, so that they can effectively communicate with each other and with patients. The nursing staff's own fears and anxieties must be addressed—specifically the fear that, by giving jobs to foreign nurses, the institution is depriving American nurses. Finally, our health care institutions need to create

processes to mentor nurses from other countries (and their families) as they settle into their new environments, and to help them make the transition back to their own countries when their work is finished.

### A "CURSE" AND A "BLESSING"

The nursing shortage will be both a "curse" and a "blessing" for us in the United States as we work to provide high-quality patient care for all. We are "cursed" with the challenges involved in finding effective ethical solutions to our nursing shortages while, at the same time, not worsening the global shortage of nurses, particularly the shortage in poorer developing countries.

On the other hand, we are "blessed" that one of these ethically effective solutions can be the recruitment of nurses from other countries. Through the presence of these women and men in our hospitals we both increase the cultural diversity of our staffs and increase the number of caregivers available to provide care to our patients. ■

## India Is Losing Its Nurses to the West

**H**oly Family Hospital, New Delhi, India, is a 300-bed, not-for-profit hospital that was founded in 1955 by a religious congregation called the Medical Mission Sisters. Over the years the hospital has grown both in the variety of its services and in stature, because of the hard work, dedication, devotion, and austerity of the sisters. Their example has encouraged the hospital staff to adopt their values and work culture. Holy Family Hospital is famous in Delhi for high ethical standards and the high quality of its medical and nursing care. Dedicated to its community, the hospital also sponsors schools of nursing and medical

laboratory technology and a course for X-ray technicians.

I am Holy Family Hospital's associate director. Every morning as I glance through the newspaper—looking for news that may affect the hospital—I see advertisements placed by agencies seeking nurses for jobs overseas, especially in the United States, the United Kingdom, Ireland, and the Persian Gulf countries. And the search isn't limited to newspaper ads. Seeking likely job candidates, recruiters from these agencies waylay nurses outside hospitals, churches, and English-language schools. They pass out handbills on the street.

Although I try to ignore

these efforts, they still haunt me. Over the years, we at Holy Family have faced many a storm trying to stem mass exoduses of nurses, often on 24 hours' notice. In the early 1980s, we had up to 50 nurses submitting resignations en masse on a number of occasions. In those situations, the hospital's ability to provide high-quality health care was threatened.

### NURSING IN INDIA

Nursing as we know it today is of relatively recent development. It was in 1905, during the era of British rule, that nurses who were members of the Missionary Medical Association first began arriving in India.



**BY EDWARD DAVID**  
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This was the start of formalized nursing service and education in our country.

Leaders of the mission hospital movement laid the foundation for systematic nursing education. In 1935, individual states began forming councils that set nursing standards. In 1947—the year that independence was won from Britain—India's parliament established the Nursing Council, which has ever since promulgated standards for nursing schools.

Colleges devoted to nursing education were established in Delhi in 1946 and in Vellore in 1947. Through the efforts of Professor S. Radhakrishnan, the first chairman of the nation's University Education Commission, nursing education was gradually integrated into the system of higher education (for more information, see [www.indiannurses.com/history.htm](http://www.indiannurses.com/history.htm)).

### THE NURSE DRAIN

Until 2000, the main market for Indian nurses was the Persian Gulf countries. Since then, such nurses have been looking westward—the United States became the choice destination. However, although the U.S. government opened its doors to foreign-trained nurses, the immigration process was long and the wait almost endless. The United Kingdom and Ireland, on the other hand, recognize Indian nursing education for the purpose of licensing nurses to practice there. (Recognizing the high quality of Indian nursing education, coupled with rich, copious experience, the British put more stress on the ability of immigrant nurses to communicate in English.)

On average, it takes six months for an immigrant nurse to be admitted into the United Kingdom or Ireland (it can take as little as two months). It can take as much as two years or more for an Indian nurse to be admitted to the United States. Incidentally, nurse salaries are not as high in Britain and Ireland as in the United States, but they are much higher than nurse salaries in India.

### A MISTAKEN IMPRESSION

In 2003-2004, on sabbatical from Holy Family Hospital, I spent seven months at PeaceHealth's Sacred Heart Medical

Center (SHMC) in Eugene, OR, getting hands-on experience in that facility's style of hospital administration.

During my stay, I noticed that SHMC had no nurses from India or other Asian countries. I was offended at first, as the absence of Asian nurses seemed to smack of discrimination, which, if it existed, would be especially shocking because it was occurring in a system that preached (and, in other cases, seemed to practice) total equality and equal opportunities for all.

But I was mistaken. Indeed, one reason for the absence of Asian nurses was PeaceHealth's belief that, by luring Third World nurses to their shores, the West was depriving Asian and African nations of the caregivers they badly needed and had sacrificed their meager resources to train.

During the trip, I was encouraging hospitals and other health care providers to hire Indian nurses. I was under the impression that my country had a surplus of nurses. Then, too, I thought that by employing Indian nurses, the West would be giving them money they would send home to their impoverished families, thereby aiding the Indian economy.

Today, a year and a half after returning from the United States, I have a totally opposite opinion.

### EXPERIENCE IS LOST, TOO

Between January 2004 and June 2005, 260 nurses resigned from Holy Family Hospital, 189 of them to take jobs outside India—in the Gulf countries, the United Kingdom, Ireland, and the United States. Seventy-one initially took jobs in government or private hospitals in Delhi and other parts of India. But, in even these cases, most subsequently flew westward. The hospital was thereby deprived of not just the nurses but also the experience they represented:

- 79 nurses, each with more than five years' experience
- 58 nurses, each with two to three years' experience
- 48 nurses, each with three to five years' experience
- 3 assistant nursing superintendents, each with 20 to 25 years' experience
- 1 nursing superintendent with 30

years' experience

To date, the hospital has been unable to find suitable replacements for the nursing superintendent and the assistant nursing superintendents despite offering very high salaries unthinkable in the charitable hospitals arena. It is clear from looking at Holy Family's losses that the West is picking up the cream of India's experienced nurse workforce.

We in New Delhi are still lucky because the city is one of the export hubs for nursing womanpower in India. The constant inflow of nurses from all over the country, coming here to find jobs and gain experience in big urban hospitals helps keep us supplied with new nurses. But these nurses, although qualified, have little or no experience and have to be trained by us. By the time they come up to a certain standard of service and independent functioning, they are ready to fly to the West, which simply adds to our misery.

### LOOKING FOR EL DORADO

Still, I thank the Lord for providing us with these nurses. I shudder to think of the plight of rural mission hospitals, which struggle to provide health care with a minimum or below-minimum number of nurses. In such places, elderly (sometimes retired) women religious often try to fill the nursing void.

Nursing schools in India face similar shortages. Graduates with baccalaureate degrees tend to seek better-paid bedside nursing jobs in the West. As rural hospitals rely on elderly nurses, teaching institutions must often employ retired professors. What's worse, some schools recruit experienced teachers only temporarily—during inspection tours by accrediting agencies. One wonders at the quality of teaching at such institutions.

At Holy Family, we prefer to recruit nurses trained in mission hospitals because although few will have had much technological experience, most will have a thorough grounding in nursing theory and much practical experience. They will be hardworking, honest, and dedicated.

But they too, alas, will see the West as El Dorado. ■

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