


COMMENTARY

Guaranteeing dignity and decent work for migrant nurses and health care workers beyond the COVID-19 pandemic

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Abstract

Aim(s): The main aim of this article is to outline the devastating aftereffects of COVID-19 in terms of ethical recruitment and the respect of dignity of nurses and health care professionals.

Background: Nations experience the ominous impacts of the COVID-19 pandemic in terms of an exacerbated shortage of nurses worldwide. In this situation, migration flows of nurses are skyrocketing and the respect of the migrant nurses' dignity as human beings should be guaranteed.

Evaluation: Data from reports elaborated by the International Centre on Nurse Migration (ICNM) were examined and outlined the central role of the respect of dignity of every nurse to prevent unethical exploitation of them.

Key issue(s): The respect of human dignity is a complex concept. Human dignity denotes the inner nature of human beings but also their rights at work.

Conclusion(s): In a post-COVID-19 world with increased flows of nurse migration, it is crucial to guarantee dignity at work for migrant nurses.

Implications for Nursing Management: Nurse leaders should prioritize the ethical recruitment of health care workers and give a prominent role to the WHO 'Code of Practice on the International Recruitment of Health Personnel' which recognizes the ethical bedrocks of employment.

KEYWORDS

codes of ethics, decent work, ethical recruitment, human resources for health, nurse migration

1 | INTRODUCTION

The World Health Organization's (WHO) State of the World's Nursing Report 2020 (SOWN) underlined, for the first time, the current situation of the global nursing labour force and exposed the appalling health care shortages around the world mainly concerning nurses and midwives. This report assessed the overall global shortage of nurses to be 5.9 million in 2018, 89% of which were identified to be in low- and middle-income countries (WHO, 2020). New estimates by the International Centre on Nurse Migration (ICNM), a research collaboration between CGFNS International, Inc. and the International

Council of Nurses (ICN), forecast that, due in large part to the pandemic, this dearth will rise even more (Buchan et al., 2022); the WHO supported these findings and pushed the global scarcity of nurses and midwives to nine million, or higher, by 2030 (WHO, 2022).

Given this grim scenario, the United Nations (UN) Sustainable Development Goal 8 (SDG 8) 'Decent work and economic growth', one of the 17 goals established by the UN General Assembly in 2015 to foster a more livable and equitable world, could be challenging to achieve. Countries in all regions that have come to terms with the destructive impacts of the COVID-19 pandemic are seeking to employ foreign-educated and foreign-trained nurses and health workers to fill

the gaps of their increasing domestic workforce shortages. In this situation, guaranteeing decent work conditions for nurses and other health care professionals could be daunting. Policymakers and nurse leaders should quickly enact actions to mitigate the harms of unscrupulous recruitment by part of ruthless poachers who scur along with low- and middle-income countries that are the main reservoir of migrant health workers (Shaffer et al., 2022).

At the policy level, governments, health systems and other stakeholders would be wise to regularly assess and report on the capacity of their domestic nurse education systems to meet increasing demand and to sustain long-term nurse supply (Buchan et al., 2022). Additionally, supplemental indicators could be utilized to monitor nurse self-sufficiency at the country level. Regardless of the solution, the individual health care professional's choice to migrate or not should be protected. Similarly, we must recognize that 'decent work' is a fundamental right for every human being and cannot be overpowered by complex transnational circumstances. Decent work is a concept impregnated with the respect of dignity for human beings and deeply rooted in every person that underlines that people are always persons with irreplaceable, unique, embedded dignity. This concept applies in all circumstances and is irrespective of the intention of the health care worker to migrate or remain in their native country.

2 | A NURSE'S RIGHT TO DIGNITY AND DECENT WORK

Human dignity is a superior human value and fundamental human right (Kangasniemi et al., 2013). However, the construct of dignity is not only linked to the right to have rights but is also the central construct of integrity and truthfulness for the person. Human dignity denotes the innermost nature of human beings and the uniqueness of persons who are considered persons (Kateb, 2011). From that viewpoint, human dignity cannot be subsidiary to any other worth; it denotes the unity of the person in its holistic wholeness (Vanlaere & Gastmans, 2011). Human dignity underlines a person's unitary structure, founded on integrating somatic, psychic and spiritual elements. Dignity is beyond any legal collection of rules, political systems and moral doctrines. Instead, these terms draw their ultimate contention from the concept of dignity, which is considered the underpinning worth of all the other values (Sulmasy, 2013).

Hence, according to literature, dignity is rooted in every person and constitutes the essence of human beings as the ontological substance of the person (Sulmasy, 2007). In this view, all persons possess and merit dignity because they belong to humanity; for this reason, dignity is a universal norm. This was first contended by the seminal work of Immanuel Kant (1724–1804), in which he argued that all humans had to be inherently persons in their dignity and humanity and had not to be treated merely as a means to an end but always at the same time as ends in themselves (Kant, 1785). Kant theorized that dignity acquires the most extraordinary worth and constitutes the kernel where the person's essence is deep-rooted. Therefore, dignity is

considered a common promise of recognition and does not allow humiliation for human beings. From a different standpoint, Hannah Arendt stressed dignity as the right to have rights or the right of every human being to belong to humanity—a right that should be guaranteed by humanity (Muldoon, 2016). Through this lens, dignity can be seen as both the ground of rights and duties, an idea that easily translates to the nursing profession.

In this commentary, we are mostly exploring the practical characteristics of the concept of dignity, that is, what is 'contingent, comparable, and contextual [...] experienced, bestowed, or earned through interaction in social settings' (Jacobson, 2007). This type of dignity, identified as social dignity, is connected to the social appreciation and recognition people experience in their communications with others. Dignity is a fundamental characteristic of workplace settings where people spend a good part of their daytime in organizational institutions (Bolton, 2013; Hodson, 2001; Jacobson, 2009). Dignity thrives via social relationships, and this connectedness also influences a person's inherent dignity (Sulmasy, 2007). Recent literature has emphasized nursing's professional dignity, which was further examined by Italian and Finnish scholars, who tentatively defined the construct as a multidimensional intertwined concept composed of the characteristics of human beings that included the following:

- Intrinsic human dignity
- Subjective perception of one's dignity
- The professional identity of nurses
- The professional, ethical values and workplace elements (including interprofessional and intraprofessional relationships, communications with patients and their significant others and the organizational characteristics of work environments) (Sabatino et al., 2014)

It is essential to establish the scenario of these macrodimensions and microdimensions as a variable context, culturally and historically situated, which influences the perception of the concept itself. Crucial investigations on this subject were also completed in 2012, when mapping of the idea was first proposed as an element to be examined, in 2015, when the concept was studied among undergraduates, and in 2018, when the construct was analysed in hospitals and community settings in England (Sabatino et al., 2015; Stievano et al., 2012; Stievano et al., 2018). Two qualitative investigations accomplished in South Africa highlighted the meaning of the ambiguous practices of nurses to have their professional dignity respected in private health care structures (Combrinck et al., 2020; Combrinck et al., 2022). Similarly, a 2019 study on midwives' professional dignity found that their relationships with colleagues, other health care professionals and administration impacted their social dignity and understanding in hospitals (Froneman et al., 2019). A recent investigation on the subject is about to be published and, for the first time, will shed light on the professional dignity of public health nurses by using a specific instrument to measure an elusive concept as nursing's professional dignity tentatively is in its later stages of development.

The most recent literature on nursing's professional dignity is just the outcome of more profound reflections carried out in the last two

decades that highlighted the respect for every person's dignity and every migrant health worker in our case. In this framework, health care ethical codes have been developed to emphasize the need to ensure ethical recruitment of health personnel worldwide. The most significant is the WHO's Code of Practice on the International Recruitment of Health Personnel which acknowledges the foundational ethical underpinnings of international recruitment (WHO, 2010). Through its Code, the WHO has granted the moral worth of international enrollment while prioritizing the dignity of health workers and the health systems of the regions where they typically emigrate. This Code presumes an inductive point of view and envisions different jurisdictions' legal contexts and the societal milieu under a comprehensive and broad viewpoint. If correctly endorsed and applied by governments, health care organizations, nurse leaders and other stakeholders in various countries, this Code could be an incredibly effective response to the migration tsunami expected to strike health workforces in states with unstable and fluctuating economies.

3 | CONCLUSIONS AND IMPLICATIONS FOR NURSING MANAGEMENT

At the outset of the COVID-19 pandemic, global migration has since returned to prepandemic levels and will explode in the years to come. At the same time, the situation surrounding global health workforce staffing and sustainability is grim. Countries, mainly in high-income regions, seek to fill workforce vacancies with migrant health workers. To meet the demands of high-income countries' strained health systems while also ensuring ethical recruitment practices, governments, health systems and nurse leaders should strive for workforce sustainability via effective and coordinated policy responses, both at the national and international levels. If correctly endorsed and implemented, the WHO Global Code of Practice on the International Recruitment of Health Personnel can be an effective tool in helping 'destination' countries meet the needs of their stressed health workforces while also ensuring sustainability and ethical recruitment from 'source' regions that are equally at risk.

CONFLICT OF INTEREST

All authors disclose any potential sources of conflict of interest.

ETHICS STATEMENT

This commentary represents an informed opinion on a particular issue that does not involve data collected from or about humans or animals. This is not a research study. We confirm that neither the manuscript nor any parts of its content are currently under consideration or published in another journal. All authors have approved the manuscript and agree with its submission to Journal of Nursing Management.

DATA AVAILABILITY STATEMENT

Authors do not wish to share the data.

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