1.15. Foreign nursing staff in Italy

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In order to understand the migratory flow of nurses towards Italy, we first need to understand the complex reasons that have led to the chronic and persistent shortage of nurses in Italy, and in the Centre North in particular. It is a paradox that the resources needed to plug the gaps in Italy's health system should come from countries with a dramatic shortage of health workers, one that is exacerbated by this flight towards countries that provide a more promising future.

The ratio between nursing staff and population in high-income countries is eight times that of low-income countries; in Europe, it is ten times higher than that in Africa and in South-East Asia[1]. Italy with its 5.4 nurses per 1000 inhabitants languishes towards the bottom of the European league. Almost all OECD countries lack nurses: the nurse/population ratio ranges from 13 per 1000 inhabitants in Ireland, Iceland and Holland, to 4 per 1000 inhabitants in Turkey, Korea, Mexico and Greece (OECD average 8.2 per 1000 inhabitants)[2].

According to estimates, between 60,000 to 90,000 units are needed; the maximum figure is based on the estimated nursing staff requirements needed to reach the OECD desirable average of 6.9 per 1000 inhabitants.

This shortage is due to a number of reasons: low social status attached to the profession, low wages, limited career possibilities, disagreeable working hours and insufficient number of training facilities; indeed, there are not enough new graduate nurses to cover the turnover[3].

Over the last few years, we have witnessed a progressive weakening of the welfare system; furthermore a shortage of skilled health workers and an aging population have led to a pressing demand for migrant workers in the health care industry[4]. In some respects, the migratory flow of nurses and carers have common features: their appearance was facilitated by large-scale regularization in 2002 and by article 27 T.U. (Single Text) of the Bossi Fini Law (no.189/2002), which stated that quotas for nurses may be exceeded.

Migrant nurses come mainly from European countries, especially Eastern Europe (Romania and Poland), South America (Peru, Colombia and Brazil), Asia (India and the Philippines), and Africa (Tunisia and Morocco); 83% are women. The number of nurses from each continent varies from province to province, as illustrated by a study covering six of Italy's major districts (**Table 1**).

Between 2002 and 2005, the number of migrant registered nurses tripled to 7,000 units across Italy, an underestimate according to the *Federazione Nazionale dei Collegi* [National Federation of Districts], which gives figures of 20,000 foreign nurses in Italy if we also consider workers in care homes and private clinics[5].

Table 1. Foreign nurses on the professional register in some IPASVI provincial districts by continent of origin.

	Roma		*Milano*		*Torino*		*Genova*		*Firenze*		*Bari*	
	%	no.	%	no.	%	no.	%	no.	%	no.	%	no.
Eastern Europe*	49.3	1845	47.6	939	73.8	894	50.7	320	56.6	351	79.6	82
Rest of Europe	12.1	453	19.8	390	2.1	26	14.6	92	14.2	72	3.9	4
South America	14.1	526	21.4	422	15.7	190	16.2	102	11.8	92	9.7	10
Asia	16.2	606	5.5	109	2.6	31	13.3	84	8.9	55	1.9	2
Africa	7.1	265	5.6	110	5.8	71	4.4	28	7	38	4.9	5
Others	1.2	44	0.1	2	0	0	0.8	5	1.5	8	0	0

* Including EU countries.
Source: IPASVI Florence 2008.

A study by IPASVI in Florence reveals that the percentage of foreign nurses out of the total of registered nurses varies widely, from 14.6% in Rome to 1.2% in Bari. Another interesting figure regards the number of nurses on the professional register in some districts, which, starting from 2004-2005, fell or remained fairly stable, a trend that needs to be investigated further if we are to understand more about flow of migrant nurses (**Figure 1**).

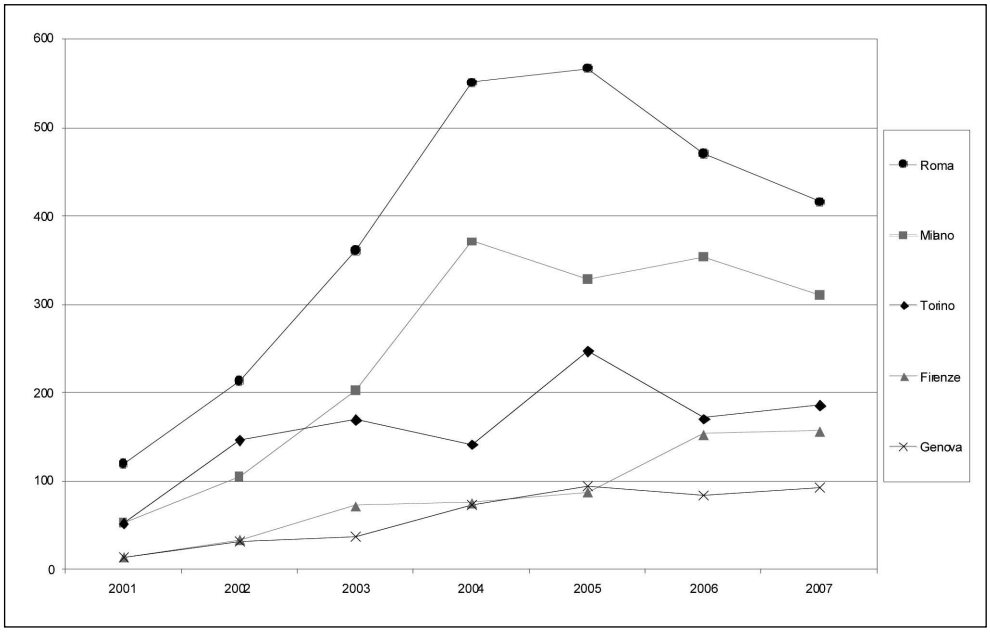

Figure 1. Trend of foreign nurses on professional register in some IPASVI provincial districts (2001-2007).
Source: IPASVI Florence 2008.

The recruitment of nurses contributes to the privatization of Italy's health system. Italian law does not allow non-Italian citizens to be employed in the public sector; this has fostered the rise of third-party businesses, temping agencies and cooperatives that provide labour to the public sector, especially women from Eastern Europe and the southern hemisphere. As foreign nurses are a weak section of the profession, their arrival has increased labour flexibility and outsourcing within the health service[6]. "Report", a watchdog program on Italy's state channel *RAI 3*, took a look at the outsourcing of nursing services; the investigation showed that using cooperatives incurred higher costs than would be entailed if the health service employed these health workers on fixed-term contracts[7].

A lot of interests are involved: worker recruitment abroad is said to be worth about 300 million euro a year[8]; it is run by major cooperatives and to a lesser extent by temping agencies. Cooperatives are allowed into the health market only by bidding for contracts for the management of entire facilities or single departments; temping agencies are involved in providing labour that compensates for temporary shortages in health workers.

The separation and, in some cases, contrast between permanent and foreign nursing staff is plain to see. Both categories work within the same facilities, but the latter are classified as non-graduates and consequently their wages are one-third lower than those of their Italian counterparts. The hours are gruelling; nevertheless foreign workers are prepared to do overtime to compensate for their low hourly wage.

The intermediaries deduct rent, the cooperative's social tax and the travelling expenses for the trip to Italy from the nurses' wages.

The biggest risk for foreign nurses is when they are recruited and transferred to Italy. There are many companies and intermediaries that work illegally; young nurses who pay to reach Italy are caught in the intermediaries' nets and forced to work illegally. In extreme, but not infrequent, cases, young nurses are blackmailed into prostitution.

The phenomenon of hiring workers through intermediaries (known as *caporalato* in Italian) also affects nurses: the long path towards having qualifications recognized is exploited with nurses being brought into the country on a temporary visa as orderlies or carers; they are then used for nursing work with no official recognition. The *caporali*, or traffickers, blackmail the nurses by confiscating their documents and visa so that they can be underpaid and exploited unscrupulously[9].

The International Council of Nurses (ICN), a WHO partner, recognizes a nurse's right to migrate and confirms the potential benefits brought about by cross-cultural care and the chance for reciprocal learning to which the phenomenon of migration contributes. The ICN also recognizes the drawbacks that international migration may have on the quality of health care in countries afflicted by a drain in the nursing workforce[10]. The migration of nurses is one of the thorniest issues in our globalized world.

Migration is very much part of globalization and requires the nursing profession to raise quality, a concept well expressed by Silvina Malvarez, a nurse for the Pan-American Health Organization: "Nurses how have a space where they can share

hope and solidarity with other populations and other nurses from all over the world. Solidarity also requires us to globalize with political action and international cooperation techniques geared towards establishing a global care network. There is now no excuse for ignoring the health conditions of the most underdeveloped communities. Nursing is the politics of human care. The intrinsically political nature of nursing lies in its ethics, concept and practice as it thinks about populations, deals with the social determinants of health and produces social intervention geared towards equity; it is an act of power distribution that will enable us to build a better and fairer world on deliberated social action"[11]. A great deal of the information in this article comes from research by an informal Italian group called *Nursing in movimento,* "The challenge of care in a globalized world"[12], which was presented at the *Asociación de Enfermería Comunitaria* conference in Valencia. This challenge poses two clear questions: "Are we caring for everyone?" and "Are we caring properly?"

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