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International Recruitment and Nursing Shortage in the Nordic Region: Ethical Implication and the Global Code: A Policy Analysis

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ABSTRACT

Aim: To communicate ethical concerns about recruiting internationally educated nurses (IENs) from outside the European Union/European Economic Area (EU/EEA) to the Nordic region.

Background: Nurse migration from low- and middle-income countries to the Nordics is increasing, and national and international organizations have raised ethical concerns about active recruitment.

Methods: This paper employed a reflective analysis using heuristic experience in a postmodern paradigm drawn from secondary sources and experiential knowledge from nonprofit work.

Findings: Key ethical issues include high costs from multiple service fees, IENs' limited understanding of contracts and working conditions, and deskilling after arrival, where nurses perform tasks below their competence. Even experienced registered nurses are often placed in practical nursing programs and first hired as care assistants.

Discussion: Existing laws on labor exploitation and trafficking alone are insufficient, covering the complex exploitation in transnational nurse recruitment. Without legal frameworks, international nurse recruiters can ignore the principles of the World Health Organization (WHO) Global Code of Practice on the International Recruitment of Health Personnel

Conclusion: States relying on international nurse recruitment should enact laws regulating recruitment actors and embed ethical guidelines in national legislation to protect IENs from exploitation. WHO member states must monitor international recruitment and ensure compliance with the WHO Global Code of Practice.

Implications for Nursing and Health Policy: Nursing science perspectives and transnational migration governance must be integrated into policy-making and implementation to protect IENs, their colleagues, patients, and families, and to prepare nurse managers to handle ethical issues in international recruitment.

1 | Background

According to the World Health Organization (WHO), the global demand for nurses and midwives is projected to increase by 5.9 million by the year 2025 (WHO 2021). Most of these shortages

(89%) are expected to occur in low- and middle-income countries (LMICs). Projections indicate that the global nursing workforce is expected to reach 36 million by the year 2030. However, it is anticipated that the majority of this expansion will occur in upper-middle and high-income countries. The repercussions

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of the pandemic have been a contributing factor to this phenomenon, thereby intensifying the shortage to 13 million nurses and consequently prompting a mass exodus from the nursing profession (International Council of Nurses 2020). These shortages are particularly pronounced in LMICs within the African, Eastern Mediterranean, and Southeast Asian regions (WHO 2020).

In Europe, there is a shortage of 1.2 million doctors, nurses, and midwives (OECD 2024). Notably, the Organization for Economic Cooperation and Development (OECD) reported that Norway, Iceland, and Finland had the highest number of nurses per capita in 2022, with a minimum of 12 nurses for every 1,000 population. However, projections indicate a significant shortage of nurses in these countries by the year 2040. For instance, Finland is projected to have a shortage of 31,000 nurses, with a need for 14,000 registered nurses (RNs) to work in specialized medical facilities (YLE 2025). Similarly, Norway is projected to have a shortage of 46,000 full-time equivalent nurses by 2040 (Jia et al. 2023). Consequently, these countries have adopted strategies to address this critical shortage, including the recruitment of internationally educated nurses (IENs).

In 2024, the Nordic Nurses Federation (NNF), a regional nursing organization representing 340,000 nurses in the Nordic countries (Denmark, Finland, Iceland, Norway, Sweden, and the Faroe Islands), issued a statement asserting that warns of the risks of wealthy countries recruiting health personnel from countries with weaker health systems and calls politicians to ensure compliance with WHO guidelines (NNF 2024).

However, there is also a phenomenon of nurses within the Nordic countries migrating to other countries (Hjemås & Syse 2023), such as nurses from Finland migrating to Sweden and Norway due to better salaries and remuneration (Östling 2022), and nurses from Sweden and Denmark migrating to Norway (Vagner 2022; Vaughn et al. 2020). Despite the economic prosperity of these nations, the migration of nurses persists. This phenomenon is steered by the comparative difference in wages and facilitated by the existence of a freedom of movement agreement among the Nordic states, which allows for the unrestricted movement of individuals within the region, facilitating employment opportunities (Scheistrøen 2024).

The active recruitment of IENs by high-income countries is an international concern (ICN 2024). IENs encounter numerous challenges when attempting to migrate to the Nordic region. Documented cases of unethical recruitment practices include the solicitation of placement fees, the undervaluation of skills (deskilling), a lack of comprehensive knowledge of signed contracts, the provision of apartment rentals at above-market prices, and the recruitment of individuals into roles within the cleaning industry (Gardberg 2017 2019; Jenssen et al. 2013; Pierstorff et al. 2015; Pietarinen 2025; Weilenmann 2023, 2024). Deskilling occurs when migrants find themselves working in roles that do not align with their educational levels, or when they are compelled to retrain for positions that do not fully utilize their professional competencies (Cubelo 2025; Vaittinen et al. 2024).

Walton-Roberts (2022) stresses the ethical implications of the underutilization of internationally educated health professionals and the necessity for enhanced credential recognition systems

in Canada. In this regard, the Alliance for Ethical International Recruitment Practices case study illuminates the risks associated with unregulated recruitment practices and the significance of voluntary codes in safeguarding internationally educated health professionals (Shaffer et al. 2016).

The Royal College of Nursing (RCN) in 2024 expressed concerns over the United Kingdom's growing reliance on IENs from countries experiencing a shortage of healthcare professionals (Campbell 2024). The RCN has highlighted instances of exploitative practices, including the imposition of excessive repayment fees and fraudulent job offers, because of this increased reliance. The RCN has been a vocal proponent of legislative reforms aimed at ensuring ethical recruitment practices and reducing reliance on overseas nurses (Campbell 2024). This assertion is corroborated by the European Federation of Nurses Associations (EFN 2025) and the International Council of Nurses (ICN 2024), which have both underscored the disparities in recruitment methodologies throughout Europe. These entities have made appeals for the establishment of harmonized ethical standards, with the objective of safeguarding IENs from the exploitation that is so often associated with the field, and to ensure that they are treated in a manner that is consistent with principles of fairness and justice.

2 | Aim

The aim of this paper is to communicate the ethical concerns of the recruitment of internationally educated nurses to Nordic countries who received their education outside the European Union/European Economic Area (EU/EEA) countries.

3 | Methodology

This paper employs a reflective approach (Mortari 2015), drawing on the authors' personal and professional experiences of working and researching the experiences of recruited IENs within the Nordic region. Both authors are also involved in human rights work through nongovernmental organizations that assist IENs who face exploitative conditions of work or unfair recruitment practices. This work provides insight into ongoing ethical problems that have not yet been reported in secondary sources or in research.

While the cases from human rights work cannot be directly referred to in the article, due to research ethical questions, they provide a vast and in-depth understanding of the realities in which IENs are presently recruited to the Nordic countries. Mortari (2015) explains that in the postmodern paradigm, meticulous examination of one's heuristic experience through reflective analysis is imperative to ensure the validity of research endeavors. Constructivist theory posits that researchers are inherently subjective in their observations, as their interpretations are influenced by their existing conceptual frameworks and perspectives (Mortari 2015).

3.1 | Data Sources and Experience From the Field

From January to March of 2025, secondary sources (Kiyimba et al. 2019) were selected purposively. The selection was based on

the most recent available information from trade unions, media outlets, and evidence-based data from academic databases. The purposive approach was implemented to ensure that the secondary sources reflect the aim of this paper. The framework for the results will be the WHO Global Code of Practice on the International Recruitment of Health Personnel, with a particular focus on Article 4, which addresses different actors' responsibilities, rights, and recruitment practices.

Author FC conducted a random rapid search into the official news outlets utilized by consumers across the Nordic countries that also provide English-language news content. However, considering the paucity of English-language news content, news articles in local Nordic languages were also utilized. The search terms "foreign nurses," "international nurses," and "migrant nurses" were translated into Nordic languages. The following online media outlets were selected: Yleisradio (YLE) (Finland), Sveriges Television (SVT) Nyheter (Sweden), Danmarks Radio (DR) (Denmark), Norsk rikskringkasting (NRK) (Norway), Ríkissjónvarpið (RUV) (Iceland), and Kringvarp Føroya (KVF) (Faroe Islands).

In addition, the authors employed their personal experiences (Gläser-Zikuda 2012) to critically examine the context of the IENs' experiences, drawing upon their previous empirical research and professional observations as well as knowledge gained through nonprofit organizations that provide support for IENs. Authors FC and TV have doctoral degrees in the fields of health and social science, respectively. Author FC is an RN, a higher education educator, and a leader of a Nordic nongovernmental organization. TV is a senior-level researcher and social scientist with 15 years of experience researching the ethics of international nurse recruitment in Finland.

The authors acknowledge that the conditions of migrating as an IEN to Nordic countries vary from one Nordic country to another. The objective is not to portray the Nordics or all recruitment actors monolithically. However, lacking materials for systematic country-comparison, the present article seeks to draw attention to the ways in which active recruitment of IENs has ethical implications also in the Nordics despite their self-image as havens of equality.

3.2 | Trustworthiness of the Study

Despite the purposive selection of recent available data from mainstream media, trade unions, and grey literature employed in this paper, the authors implemented strategies to ensure trustworthiness using the following components: credibility, transferability, dependability, and confirmability (Ahmed 2024).

Concerning credibility, authors acknowledged personal biases stemming from their active engagement with IENs. However, authors maintained objectivity by adhering to the principles of the WHO Global Code of Practice. Furthermore, the authors utilized a variety of sources, incorporating not only literary works but also professional observations. Regarding transferability, the ethical challenges experienced by IENs during the recruitment and integration process can be applicable to other settings in other high-income countries. This is a reflective approach, but the reliability of the data was ensured by meticulously

documenting the critical alterations made to the selected articles and documents throughout the writing process. A meticulous review of official news articles from multiple news outlets was conducted by authors FC and TV to ascertain that significant ethical issues experienced among IENs were addressed.

In terms of confirmability, author FC sought the guidance from colleagues in the Filipino Nurses Association in the Nordic Region (FiNAN), a nonprofit organization, who are knowledgeable in the local Nordic languages. These colleagues verified the information from official news outlets.

4 | Results

Article 4 of the WHO Global Code of Practice delineates the responsibilities, rights, and ethical recruitment process for internationally educated health personnel and stakeholders. The article under scrutiny places particular emphasis on the collaborative efforts of authorities, employers, and recruits in the prevention of the potential exploitation of migrant health personnel. The section is intended to ensure that internationally recruited health personnel and domestic health workers receive equitable treatment and opportunities. These opportunities encompass participation in orientation programs, access to continuing professional development opportunities, and legal protections that ensure their successful integration into the healthcare work environment of the destination country (WHO 2010).

The following subsections detail the results based on the sequence of events in the recruitment of IENs outside EU/EEA countries to the Nordic region, with ethical implications related to Article 4.

4.1 | Examining Article 4 of the WHO Global Code

The Nordic countries are active member states of the WHO and acknowledge the importance of adhering to the WHO Global Code of Practice on the International Recruitment of Health Personnel. Nevertheless, despite awareness of these guidelines, these countries have exhibited delays in the effective resolution of issues pertaining to the recruitment of IENs, resulting in the occurrence of labor violations.

4.1.1 | Partnerships for Patient Welfare and Legal Compliance

Section 4.1 highlights the significance of collaborative endeavors that result in benefits for patients and society. It asserts that health workers, organizations, and recruiters must collaborate with authorities to assist patients, health systems, and society. There ought to be a collaborative process among all stakeholders involved (WHO 2010).

An example of a collaborative process is the Swedish recruitment practice, where the condition for obtaining a work permit for foreign nationals outside the EU was that they had obtained employment with conditions on a par with Swedish collective agreements. This stipulation has been confirmed through con-

sultations with the Swedish Association of Health Professionals. Additionally, the recruitment process has been deliberated and formalized by nursing homes (Weilenmann 2016).

The necessity of adhering to legal obligations is stipulated in subsection 4.2 of the WHO Global Code of Practice, which states that recruiters and employers must acknowledge the legal commitments of health workers to their respective national health systems (WHO 2010). However, it has been documented that while the recruitment process was ongoing, the subjects were engaged in full-time employment at the same time at a specialized medical care facility. This made it difficult for them to combine work and recruitment requirements.

4.1.2 | Ethical Recruitment and Rights for Migrant Workers

In Section 4.3, the countries and stakeholders should make sure that recruited health workers can make informed decisions about job practices and offers under applicable laws (WHO 2010). However, previous documented cases have revealed that in Finland, many Filipino internationally educated nurses (FIENs) recruited have been requested to sign ambiguous contracts—some nurses were asked to pay a commission fee, and the job turned out to be underpaid cleaning (Gardberg 2017). The IENs may also not have clarity on different types of contracts they are made to sign as part of the process: e.g., the processes that involve internship programs may include both contracts for the internship program and employment, and the jurisdictional implications of the contracts may differ when it comes to job security.

In Norway, it has also been documented that FIENs recruited from the Philippines took out loans from their home countries to remunerate recruiters, who were reported to demand exorbitant fees (Jenssen et al. 2013; Pierstorff et al. 2015). Recruiters have, however, denied the allegations of requesting placement fees (Gardberg 2017, 2019; Pierstorff et al. 2015). In some cases, the placement fees are not clearly disclosed, as they are often disguised as additional services that the recruits must purchase from the recruitment company. For example, in a report received by the authors, the recruitment company charges a fee for its services, which includes furnishing apartments that must be rented. These apartments often have higher rental rates than the market rate (Ali-Hokka and Mäntymaa 2023).

A further issue that has come to light is the lack of awareness among recruited nurses regarding their labor rights and the contents of the signed employment contracts (Taubert 2023). The existence of language barriers, cultural differences, and a lack of familiarity with local labor laws can result in the infringement of nurses' rights, leading to their employment under suboptimal conditions (Cubelo et al. 2025). Moreover, these nurses often receive inadequate compensation (YLE 2019). This phenomenon not only erodes their professional integrity but also poses significant risks to patient safety and the overall quality of healthcare services.

Another salient concern is the presence of recruitment agencies engaging in unethical practices, capitalizing on the vulnerability of IENs. For instance, some agencies are involved in so-called

education export programs where nurses in LMICs are recruited to study short diploma programs at high tuition fees, with the promise of permanent employment opportunities, only to have no actual job waiting for them upon arrival (Ali-Hokka and Mäntymaa 2023). Instead, they are often assigned to roles such as cleaning or other menial tasks, which do not align with their professional qualifications and career aspirations (Ali-Hokka and Mäntymaa 2023). These nurses are frequently subjected to exorbitant recruitment fees, which further exacerbates financial hardship (Ali-Hokka and Mäntymaa 2023), at worst exposing them at risk of further exploitation, including outright practices of human trafficking.

In 2023, approximately 100 FIENs received negative decisions from the Swedish Migration Agency, which placed them at risk of deportation. The agency discovered that several of these individuals had been employed as nurse trainees in nursing homes, rather than as employees, which potentially constituted a violation of the migration law (Weilenmann 2023, 2024). FINAN played a pivotal role in the coordination of the case with various stakeholders, including employers, legal entities, and unions. This strategic initiative was undertaken to ensure that FIENs received comprehensive support that encompassed legal counsel, mental well-being, and peer support.

A news report by Pietarinen (2025) revealed a worrisome trend: an increasing number of foreign nurses who have obtained their education in Finland or outside the EU/EEA, who are unemployed or at risk of unemployment in early 2025. The nurses are mostly from Asia and Africa, including Bangladesh, Ethiopia, India, Kenya, Nepal, the Philippines, and Sri Lanka, with a total number surpassing 100. In these documented cases, IENs have reported negative effects on their health and mental well-being. Concerns regarding their immigration status have led some individuals to seek employment in other sectors, such as cleaning and the factory industry. These examples show how the WHO Global Code of Practice's Section 4.3 recommendation of helping recruited health workers to make informed decisions about job offers is not systematically respected in the Nordic countries.

4.1.3 | Professional Development and Integration

As delineated in Section 4.6 of the Code, member states and relevant stakeholders are obligated to ensure that recruited health workers are provided with equitable opportunities for education, career advancement, and orientation programs (WHO 2010). This is imperative to facilitate effective integration into the health system. A salient concern in the context of the recruited IENs to the Nordic countries is the phenomenon of deskilling.

In Finland, deskilling occurs at the initial recruitment of RNs as nursing assistants, followed by the signing of an apprenticeship contract preparing them for the role of licensed practical nurses (LPNs) (see Figure 1) (Cubelo 2025; Vaittinen et al. 2022; Vaittinen et al. 2024; Vartiainen 2019). This results in a lower-skilled profession than registered nursing. This practice is fundamentally concerned with the de-skilling of nursing professionals, which can be defined as the systematic devaluation of their skills within the context of the "export-import" process. This process

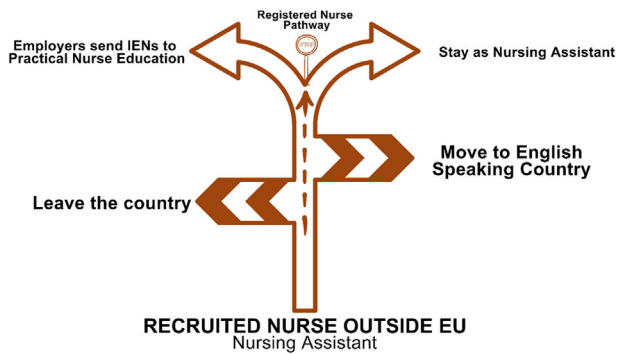


FIGURE 1 | The deskilling pathway of an internationally educated nurse in Finland.

involves the direct conversion of experienced, university-trained RNs in one country into nursing assistants and practical nurses (Vaittinen et al. 2022; Vaittinen et al. 2024; Vartiainen 2019). This practice is still systematically used by most Finnish recruitment actors despite 15 years of criticism, which is a clear violation of Section 4.6 of the WHO Global Code of Practice. It also adds to the global nurse shortage by deploying and retraining clinical professionals to nursing professions that require fewer clinical skills.

5 | Discussion and Analysis

To address the objective of this paper, an analysis will be conducted of the recruitment patterns and ethical issues in the Nordic region, with a particular emphasis on Finland and Sweden, which have recently recruited IENs. This emphasis is rooted in the observation of a discernible pattern of recruitment from these countries. The analysis will be grounded in the ethical framework of distributive justice, ensuring that there is a fair allocation of opportunities and resources between the recruited IENs and local nurses.

Among the Nordic countries, Finland has been the most active country in recruiting nurses educated outside the EU/EEA countries for the past three years. Many of these recruited nurses come from the Philippines (Gardberg 2017; Vaittinen 2017; Vaittinen et al. 2022; Vartiainen 2019). In addition to Finland, Filipino nurses have been recruited to work in nursing homes in other Nordic countries, such as Sweden (Weilenmann 2016, 2023; 2024). However, recent negotiations have been initiated with the Philippines and Vietnam. In Denmark, as the nation remains in the nascent stages of its planning process, the primary focus of news outlets is on negotiations with source countries, including the Philippines and India (Jensen and Larsen 2024). In Norway, the discourse centers on the IENs who are already present in the country but lack the qualifications to work as RNs, leading to deskilling (Gotehus 2021). A similar situation is observed in the Faroe Islands (Magnussen 2021) and Greenland (Cubelo 2024). In Iceland, Filipino IENs are highly regarded and constitute the largest IEN workforce in the national hospital. However, some of these individuals do not possess work visas and instead opt to study the Icelandic language on student visas (Thrastardottir 2024).

Within the broader context of international nurse migration, the distribution of justice demands equitable treatment (WHO 2015) among recruited IENs. This equitable treatment must be guaranteed through fair recruitment practices, proper recognition of the qualifications that led to becoming RNs, equal opportunities compared to domestic nursing labor, and protection from any form of exploitation (WHO 2010). The experiences of recruited IENs outside the EU/EEA over the past decade demonstrate instances of distributive injustice at the hands of recruitment agencies and employers, despite the presence of Nordic countries' social welfare states.

Given the evident professional linguistic challenges encountered in the migration period, it is understandable that the initial career path as a nursing assistant was a rational decision. However, it is critical to emphasize that the ultimate objective should be to attain the status of an RN. In an international multipolicy analysis conducted by Kurup et al. (2024), the transferability of skills and competencies obtained overseas to the host country is identified as a challenge. This assertion is corroborated by the meta-synthesis of qualitative studies, which similarly identifies deskilling as a salient challenge, compounded by a paucity of organizational support and systemic inequities in opportunities (Kurup et al. 2023). These challenges are not consistent with the principles delineated in the WHO Global Code of Practice on the International Recruitment of Health Personnel (WHO 2010).

Adopting the accountability for reasonableness framework (Daniels 2000; WHO 2015), this framework calls for a transparent, open-to-revision, and reinforced recruitment process. The issue of the RN shortage in the healthcare system has been addressed by the IENs in the recruitment process. However, there is a need for more clarity regarding the information provided to IENs about their contracts and the scope of practice. Additionally, the recruitment of RNs outside the EU/EEA countries for nursing assistant positions in Finland and Sweden, under apprenticeship programs to become LPNs, is not sufficient. This practice has been in place for over a decade and has become a standard component of recruitment procedures. This appears to contravene the principles outlined in the WHO Global Code of Practice.

For a considerable duration after its initiation, the WHO Global Code of Practice on the International Recruitment of Health Personnel has been regarded as the global regulatory framework governing the international recruitment of health workers (WHO 2010). However, this code is voluntary (Edge and Hoffman 2013; Siyam et al., 2013; Tam et al. 2016; WHO 2010), so-called "soft law" with no strict implementation, and rather, it is a recommendation to member states. In the Nordic context, the code has not undergone a reevaluation that considers the experiences and migratory patterns of recruited IENs, as well as the ethical implications of these practices.

Without legal frameworks, international nurse recruiters can ignore the code's principles. Whereas health professions are heavily regulated for a good reason, there is often a lack of legislation that would regulate recruitment agencies. In Finland, for instance, the international recruitment of labor does not fall under the purview of licensed or regulated activities. The initiation of a nurse recruitment business is a viable opportunity for

individuals to pursue, irrespective of their background or credentials. Without registers and legally binding regulations, the state also has no means to monitor the recruitment practices or protect migrant nurses from exploitation. The member states of the WHO report triannually on how it follows and monitor the code, yet the lack of monitoring tools means that Finland has no tools to produce accurate, evidence-based reports (Vaittinen et al. 2024).

Existing laws on labor exploitation and trafficking alone are insufficient, covering the complex exploitation in transnational nurse recruitment. Effectively, there are no repercussions for stakeholders for ignoring the code, leaving IENs without legal protection. In some other high-income countries, such as Germany and the United Kingdom, the provisions of the WHO Global Code of Practice on the International Recruitment of Health Personnel have been adopted as policy and legislation. This was done to ensure that countries with critical shortages of health professionals are not affected and that registries of recruitment agencies are monitored, respectively (WHO 2025).

Whereas in the Nordic labor markets, union membership is considered a norm and a guarantee of legal protection, in many countries of origin, labor unions are considered radical actors. This may hinder IENs from joining a union, which in the Nordic context means that they are easily left without legal help when exploited in processes of international recruitment. Awareness raising on the role of the unions is often not part of the pre-departure orientation training that recruiters provide, and newcomers may not understand the importance of joining a union.

The WHO Global Code of Practice also recommends that member states sign a bilateral agreement that ensures ethical recruitment proactively. Relatively recently, both Denmark and Finland have signed joint declarations of intent (JDI), to enhance healthcare education and training opportunities for Filipino nurses and healthcare assistants and to facilitate ethical labor mobility for recruited migrant workers between the two nations, particularly in the field of healthcare (Moaje 2024, 2025). In Vietnam, Finland also signed a Memorandum of Understanding (MOU) to ensure a transparent and ethical flow of skilled, technical, and seasonal workers to Finland, including those in the healthcare sector (MOLISA 2025). However, these are nonbinding in nature, hence lacking accountability, which would benefit both the source and host countries. Neither the JDIs nor the MOUs lead to a need for adjusting national legal frameworks so they would better ensure the rights of IENs and protect them from exploitative practices.

6 | Study Limitations

The data selected for this article is limited to the current news events from media outlets, which acknowledges the reflective and nonempirical nature of this analysis and limits the generalizability of the study. Furthermore, selected news articles might not encapsulate the comprehensive experience of the IENs. The context of ethical recruitment in accordance with the WHO guidelines was emphasized to inform policymakers of the significance of ensuring that international recruitment adheres to international guidelines and treaties. This adherence is crucial for facilitating more efficient nurse labor migration. The need for additional empirical research in this area is evident.

7 | Implications for Nursing and Health Policy

The recruitment of IENs from LMICs to the Nordic region necessitates a transdisciplinary nursing science perspective to elucidate ethical concerns. Simultaneously, there is a need to integrate international legal perspectives in nursing and in national legislations that regulate domestic nursing labor markets. To ensure a comprehensive and ethical approach to recruitment, it is essential to engage a diverse range of stakeholders from various sectors of society. This includes, but is not limited to, economic actors, employers, nursing experts from the healthcare sector, higher education professionals, and representatives from nonprofit organizations in nursing and beyond. By incorporating these perspectives, we can better understand the professional and ethical implications of the recruitment process, leading to more informed and equitable decisions.

8 | Conclusions and Recommendations

For governments that are members of the WHO, monitoring international health personnel recruitment should be imperative. They ought to ensure that practices of recruitment follow the WHO Global Code of Practice, and even though the code is so-called “soft law,” an effective way of doing so would be to incorporate its recommendations into national laws. States should develop national registers for licensed recruitment actors, with licenses subject to revocation if ethical principles are violated. In some countries of origin, such as the Philippines, there are strict laws in place regulating recruitment agencies. When the countries of destination lack adequate legislation to ensure fair treatment of internationally recruited health personnel, the migration corridor as a whole remains unprotected and unsafe for IENs. Actively recruiting WHO members states should establish an ethical committee engaging, for example, ministries of migration, employment, education, social and health care, and justice, to ensure a multistakeholder governance of processes of recruitment and integration. The committee would address unethical actions and ensure public access to registries virtually. Countries that recruit IENs ought to develop safety networks with clear service pathways for IENs who experience exploitation during or after the recruitment process.

For recruitment agencies and employers, employment contracts should be translated into the local language of the IEN and discussed in a mutually comprehensible language. Legal professionals specialized in labor and human rights laws must be involved. Recruited IENs should also not be charged any fees under any circumstances, as they often come from financially constrained backgrounds. These IENs should also receive legal and mental health services in labor disputes.

Author Contributions

Floro Cubelo: Study design, data collection, data analysis, manuscript writing, and critical revisions for important intellectual content. Tiina Vaittinen: Data analysis, study supervision, manuscript writing, and critical revisions for important intellectual content.

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Conflicts of Interest

No conflict of interest has been declared by the authors.

Ethics Statement

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