Ireland as a new destiny for Brazilian nurses

Dissertation submitted in part of fulfilment of the requirements for the degree of Masters of Business Administration in Project Management at Dublin Business School

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DECLARATION

I, Thais Martins da Silva, declare that this research is my original work and that it has never been presented to any institution or university for the award of Degree or Diploma. In addition, I have referenced correctly all literature and sources used in this work and this work is fully compliant with the Dublin Business School’s academic honesty policy.

Thais Martins da Silva

20/08/2018

Date
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ABSTRACT

The purpose of the research topic is to evaluate the motivations that would drive Brazilian nurses to immigrate to Ireland for working. The focus are Brazilian nurses in general, registered, technicians and assistants, who live in Brazil or not. This group of professionals already shows interest on working in Ireland since the researcher have contacted some of them in her recruitment project. However, there are barriers such as language which need to be overcome, and for that there is a need of understanding the motivation behind the desire of immigrate to Ireland and what are the expectations and fears.

Despite of the experience of Ireland in recruiting international nurses, Brazilian nurses need different strategies, since they don’t speak enough English in general and they are not aware of the opportunities.

The research strategy used in this study is the quantitative method, sampling size of 126 people. The nurses were approached by Facebook groups, LinkedIn and WhatsApp.

The aspects explored was the drivers of immigration for Brazilian nurses, hesitation factors, adaptation challenges, English level, work experience, the economic situation of Brazil and Ireland and the nursing sector in each country among others.

This research will provide valuable information regarding the profile of nurses from Brazil and strategies of approach for this specific public.

Keywords: Brazilian nurses, Brazilian economy, Irish Economy, Shortage of nurses, International recruitment, Media in recruiting, nurse immigration, migration, registration of nurses, Living abroad.
CHAPTER I - INTRODUCTION

Introduction

The migration of nurses is happening for a while, the reason of that is the shortage of professionals in the nursing industry and on the other hand professionals from developing countries who are seeking for better quality of life. It is important to understand that the shortage is worldwide, and it makes the developed countries start a “War for Talent” where the nurses who are prepared can get space and better quality of life, and countries that offer better pay rates and work conditions get more professionals addressing their shortage.

Ireland is one of the countries that have been sourcing nursing professionals in developing countries. For few years its focus has been India, Philippines, Africa among other English speaker countries. However, with the great number of Brazilian immigrants in Ireland, considering that Brazil is also facing a recession due to its political situation, the idea of hiring Brazilian nurses was brought to the researcher of this study.

Brazilians in general have intermediate level of English or even none due to its weak teaching system of the language. That was already known as one of the barriers but, it is necessary to understand first what the motivations for Brazilians would be to overcome the barriers and explore the idea of working in Ireland, to then elaborate strategies and invest on this new public.

This research is concentrated on the study of Ireland as being a new destiny for Brazilian nurses, comprehending their motivations, hesitations, expectations, worries, desires and presenting reasons why Ireland would be a good place for them, considering mainly economic conditions, since as said before, Brazil is facing a recession and the politics are currently very unstable. The research also brings strategies for HSE and the recruitment process in Ireland.
Background

Studies have shown that factors linked to job prospects, such as better working conditions and quality of life, are some of the key issues that influence the migration of health professionals. The nursing professional population in Brazil is one of the largest in the Country, as of 2011 census there were 1.6 million registered nursing professionals in Brazil. Over 300,000 were professional nurses, 700,000 were nursing technicians, and over 500,000 were from nurse auxiliaries. The nursing education is also gaining interest in the country, the number of people enrolled for the nursing education has doubled during the period 2004 to 2008 (Silva, et al., 2016).

Canada, the United States, the United Kingdom and Australia for a while have been the top destination countries for International Educated Nurses (IENs). International nurses have been widely considered important as a potential solution for health workforce shortages in developed countries. Destination countries are benefited from gaining educated and experienced nurses to fill the gaps in their health system, on the other hand the source countries lose their valuable health human resources time after time increasing their already existing critical shortages (Covell et al., 2017).

Ireland is also well known for the source of immigration to other countries, however the trend is reversing in the recent years due to relaxed immigration policies and skill shortage of professionals. The countries like Germany and France well known in the last few decades in attracting the immigrants have regulated the immigration, but the countries like Ireland, Spain and Greece have started attracting immigrants from all over the world. The percentage of foreign born national in Ireland has increased from less than 5% to approximately to 20% during the last four decades. The increase in immigration in Ireland was primarily due to the impressive economic growth rate of Ireland, between 1990 to 2008 the country’s average economic growth rate was 4.7%. The second important reason was shortage of skilled labors and the immigration rule were modified to fulfill the gap in skilled labor (Bustillo and Antón, 2010).
The healthcare professionals in Ireland are in shortage as the number of trained nurses continuing work in Ireland is considerably lesser than the required number of nurses in a year. Some of the reasons for the shortage of Irish nurse are Ageing population, increase in the complexity of healthcare system, shortage of trained professionals in support functions like Physiotherapy, and the increased burden of doctor’s responsibility restricting nurse’s productivity. From the supply side, there is the attractive opportunities available for the Irish Trained nurses in other countries. It is also convenient for the healthcare recruiters to recruit from other countries since the experienced nurses are available at a shorter notice and relatively low salary (Humphries, Brugha, and McGee, 2008).

Historically, the Brazilian nurses weren’t not the target market for the Ireland recruitment agencies. For instance, in 2015 and 2016, the top five countries from which the HSE sources the nurses are India, Philippines, and Pakistan (NMBI, 2017). The nursing shortage crisis in Ireland provided an opportunity for the educated Brazilian to look to migrate to Ireland as the pay and living conditions are perceived to be better. Currently Brazilians already have been migrating to Ireland, foreign-born people now make up just more than 17% of the population, at 810,406 people where one the fastest-growing groups were Brazilians (up 6,498) after Romanians (up 10,707) and before Spanish (up 4,806) (Census 2016, 2017).

**Rationale of the Research**

Few researches have considered and evaluated the migration of nurses worldwide also its effect on the developed and developing countries. The movement of professionals from Brazil is caused by the low economic development of country and regions, the deficiencies in living conditions, and the lack of opportunities for professional development. (Silva et al., 2016).

Ireland is becoming a destiny for many Brazilians, according to the Brazilian Educational & Language Travel Association (BELTA), Ireland was the fourth most sought country for students and professionals. The reason for that was the quality of life, safety, localization, and the possibility of combine work and study (Maes, 2018).
Filling this research could provide more information on the reasons, expectations and worries of nurses from Brazil when they consider Ireland as new destiny of migration.

In the future, the outcome will be useful for the Health Service Executive (HSE) and agencies to create strategies and methods of recruiting nurses from Brazil. Brazilian nurses could also use the study to help in their acknowledgment about Ireland and the opportunity of working in the country.

**Research Question**

**What would be the motivation for Brazilian nurses to immigrate to Ireland?**

The research question will help us to understand what the nurses from Brazil are seeking for and if it will be possible to fulfill their expectations. It is considered that there is already a very strong desire from them since the researcher works as recruiter in a project of recruiting nurses from Brazil, also there is desire from HSE do explore new cultures such as Brazilians than just Indians and Philippines. The project is ongoing for more than 1 year, and there are a lot of nurses interested on working abroad, in Ireland. However, there is still a gap between the recruitment strategy and the candidates which needs to be studied.

**Sub questions**

**What are the barriers for Brazilian nurses to immigrate to countries like Ireland?**

There is clearly an opportunity available for the Brazilian nurses to migrate to Ireland since there is a skill shortage in Ireland and the quality of education in Brazil is also improving over the years. But the number of Brazilians nurses migrating to Ireland is very lower compared to other countries. This question will find out the barriers to nurses’ migration from Brazil, based on the research outcome the recruiters can work to mitigate the barriers.

**Why Ireland would be a good country for Brazilian nurses to work abroad?**

This question will help the recruiters who sourcing for nurses from Brazil to understand the reasons that make Ireland a better place to live and work than Brazil. Considering
this information would help to build a strong strategy of approaching to the future candidates.

**What are the adaptation challenges once living in Ireland?**

For a few reasons commonly known, even being a great place to live, Ireland would be a bit challenging. By considering these factors, Brazilian nurses could evaluate better their own expectations also be psychologically prepared to face these specific situations.

**What are the requirements to register as a nurse in Ireland?**

It is extremely important to understand the requirements to become a registered Nurse in Ireland, all the rules and requirements are given by the Nursing and Midwifery Board in Ireland (NMBI). Once acknowledged all the steps, the recruiters and the future candidates will be able to plan step by step, focus and stress only on the valuable actions.

**There are few nurses from Brazil living in Ireland, so what are they doing in Ireland and why they are yet to get registered?**

Identifying few nurses living in Ireland and understanding what their reality is will help to build stronger strategies to ensure that Brazilian nurses will be able to achieve their registration in an acceptable period, without dragging steps.

**Problem Statement**

The Irish health system (HSE) is known for its shortage of healthcare professionals, being one of the employers of professionals of India, Philippines and Nigeria. Currently there are the possibility to also employ people from Brazil. However, it seems Brazilian people are not ready yet to start the process of registration, even sometimes they are already living in Ireland.

**Rationale of the Study**

The study will fill the existent gap to understand the expectations and worries on Brazilian nurses related to moving to Ireland for work.
Once eliminating the lack of information, the recruitment of this specific public will be more assertive in terms of strategies on attraction, approaching, recruitment structure and retention.

It also associates the researcher’s aspirations with becoming an International Healthcare Recruiter in Ireland, and accordingly, in-depth knowledge of Brazilian nurses’ motivations in this industry is going to contribute her chances of success in her chosen career path and on the project which she already holds.

**Significance of the Study**

The findings of this study will redound to benefit of healthcare system in Ireland and Brazilian nurses who are looking for international experiences. The greater demand of healthcare professionals in Ireland justifies the need of different strategies and sources of workforce. Thus, nurses who participate and understand the outcome of this research will be able to acknowledge what to expect from working in Ireland and what are the requirements of NMBI to get registered. That supports them on taking decisions and planning their journey accordingly. Agencies will be guided on what should be emphasized in the approaching to attract and engage future candidates on the challenge of the registration process. For the researcher, the study will help her to uncover critical information in the recruitment of this specific group that haven’t been explored yet. Thus, new information and theory on recruitment practices of overseas candidates may be arrived at Ireland.

**Research Hypothesis**

The research was conducted in the light of the following assumptions:

For Brazilian Nurses:

1. Low remuneration in comparison with great responsibility and social expectations play a vital role in deciding for immigration
2. Mental and physical stress due to a high demand of work and insufficient number of nurses plays a vital role in deciding for immigration
3. Low level of social respect for people practicing the profession in healthcare plays a vital role in deciding for immigration
4. Political situation in Brazil plays a vital role in deciding for immigration
5. There is not enough financial condition to invest on a premium English education
6. No awareness of the opportunity and requirements

For Recruitment Process:
1. The language is a barrier
2. The opportunities are not clear
3. The registration process is not clear
4. There is a need of investments on attracting strategies, and financial support in the first steps in some cases.

Research Aim and Objectives

The research outcome would help to build a structured recruitment process specially for Brazilians as there could be few barriers for immigration. It would contemplate the timeframe and strategies to motivate Brazilian nurses to overcome the barriers and prepare themselves to apply for registration in the NMBI. The following are the main aim of this study:

- Identify reasons behind the immigration for Brazilian Nurses
- Identify strong conditions in working and living specifically in Ireland
- Understand the average of English level of Brazilian Nurses
- Identify Brazilian nurses who already live in Ireland to understand what they are currently doing
- Understand the awareness of the opportunity and on the requirements
- Identify the barriers of the immigration process for Brazilian nurses
- Recommendation on strategies of recruitment and attraction
Research Structure

Introduction
The first chapter is the overview of the research and the achievements which the researcher is seeking for, with introduction, background, aims, objectives, significance and rationale of the study among others.

Literature Review
This chapter discuss the studies and relevant theories related to the topic chosen for research.

Research Methodology
The research methodology will be explained step by step, including data collection, sample size and research philosophy used.

Data Analysis and Interpretations
The results on the research will be discussed on this chapter, clarifying the collected data.

Discussion
The fifth chapter is to relate the theory and the analysis of the collected data.

Recommendations and Conclusions
A conclusion between the theories and the research objectives also the collected data shall be presented on this chapter. The researcher will share recommendations that might boost the recruitment of Brazilian nurses, which also will help them to have their international experience.
CHAPTER II - LITERATURE REVIEW

Literature Introduction

The literature review section will be helpful to understand the existing academic articles published regarding the components of the research and sub-research questions.

Economic conditions

When the desire to live abroad exists, it comes from diverse reasons, but mostly for economic conditions. Ireland is already perceived by Brazilians as a better place to live than Brazil. Although the community of Brazilians in Ireland has been increasing with the time, living abroad still being a challenge, English language still a barrier for most of Brazilians and on top of that cultural aspects.

Comparison between Brazil and Ireland’s life conditions

Developed countries are commonly known for its quality of life, on education, health, safety, life expectancy, and employment conditions. For that reason, according to (OECD Better Life Index, 2018) Brazil, being a developing country, compared with Ireland shows that there are a few indexes which are way different, mainly in terms of education, housing, safety, income, jobs, environment conditions among others.
Even after more than a decade, Brazil haven’t changed much, according to Joychelovitch (1995) it is possible to observe the reality of Brazil without any in-depth study, it reveals corruption, violence, nepotism, patronage and inequalities, also a deep lacunae between constitutional rights and daily life that for many people, are deprived of citizenship, corruption and impunity are old issues.

According to Lino and Matsunaga (2018) currently, Brazil has a big demand on techniques which will help in the criminal investigations, since the country is in the 10th position on the ranking of countries with the biggest index of homicides per 100 thousands habitants. While Ireland, according to Mundi (2018) is in the 180th position, what explains why the Safety is 0.1 while Ireland is in 8.8 in the graph above.

The second indicator in the graph which had more disparity after safety was the income, where according to Statistic (2018) the gross income distribution among tax payers in Brazil in 2015, based on their declared average monthly income was: the richest portion of Brazilian personal income taxpayers (0.1 percent) declared an average gross income
of 135,103 Brazilian reals per month. The average gross income declared by half of Brazilian personal income taxpayers in 2015 amounted to 1,640 Brazilian reals per month. Ireland, according to The Examiner (2018), has one of the best rates of income distribution in the European Union. New figures from Eurostat show that the richest 20% of the population in Ireland on average only earn 4.4 times more than the poorest 20%. This shows that Ireland's policy of redistributing wealth by collecting taxes and paying welfare contributes toward creating a fairer society.

According to Insider (2018) the PISA is a worldwide exam administered periodically (every three years) that measures 15-year-olds in 72 countries. In 2015 around 540,000 students took the exam. The difference between Ireland and Brazil is huge as is possible to see in the next figure, Brazil is close to the bottom in the three kind of exams, while Ireland is above the average on all them. It means the Irish education system is more efficient than in Brazil.
**FIGURE 2: PISA INDEX**

Source: Insider (2018)
The fourth lowest indicator of Brazil on the Figure 1 is related to Housing. Although the program called “Minha casa Minha vida”, of the President Lula, had created conditions for the expansion of the housing market for families with an income of up to 10 minimum wages, the problems related to a lack of housing have not yet been fully solved (Monteiro et al., 2017). With the urbanization, there was a lack of necessary investments, what forced the people who arrived in the metropolis to solve their house problems through self-construction, which was precarious and later, the population made up the so known “favelas”. According to Monteiro (2017) the housing issue in Brazil is because of the cities were not prepared respond to such a large demand of new residents, resulting in their disorderly expansion and affecting, not enough, the working class, which due to the lack of resources began living in improvised, unhealthy and inadequate housing.

Ireland currently has a light crises specifically on the capital, as Census 2016 (2017) states almost 10% of the population in accommodation is with less than 1 room per person. But still, compared with Brazil, Ireland is a better choice since in Brazil there are even slums and more homeless people. According to Phillips (2017) Brazil has slumped into its worst recession for decades, with 14 million people unemployed, and there are even more people on the streets. In 2014 Brazil celebrated its removal from the UN hunger map. Unfortunately, the big country is in danger again, a new report warns, of being reinstated.
If ordered the Brazilian indicators in crescent order is possible to see, apart from health, all the basic conditions are on the top, as the lowest levels, the indicators in total make an average of 6, while Ireland keeps an average of 7, what makes the Irish country a better place to live than Brazil in terms of basic life conditions.
Living Abroad

The human being has the capacity to be “connected” to his origin place, then establishing a relationship between the places which he chooses as destiny and his home. This phenomenon is one of the characteristics of migration (COGO, 2012).

According to (Manea, 2012) migration is an important part of education surpassing the institutional limits of education, like schools, universities, academies etc. to the international education process in the society as a whole. The migration promotes cultural adaptation and education, it changes habits, knowledge and skills are achieved or change through this experience. Language, customs, values are added to the ones that the migrants already had in the origin country. The whole life experience is a learning experience, this plays a vital role in the human evolution, cultivating flexibility, adaptability and the learnings come from the existential experience of leaving your own country more than just learning with the contact with a new culture.

According to the International Relations Ministry in 2011, based on reports of 2010 to the Embassies and Consuls of Brazil, there was 3.122.813 Brazilians living abroad. Developing countries are the top countries when it comes to migration, the reasons are widely known, their people are mainly looking for education, safety, career opportunities, health conditions and incomes. Apart from the basic reasons, there is another social aspect, for instance, when talking about Brazilians, friends and relatives has a vital role in the international migration, being them in the origin place or even in the destiny place, besides the common reasons, people want to explore new experiences and sensations, also meet the relative family who already live in the destiny country (Garcia, Bitencourt Neto and Góes, 2013).

According to Expat Insider (2017) nowadays, there are an estimated 56 or 57 million expats worldwide, and the term “expat” is no longer limited to corporate assignees relocating from a company’s HQ. Some people moved for their career, some for love
and others just for the adventure, according to the organisation, they are classified in ten different expat types, based on the main motivation for relocating, which are:

- The Romantic: represents 12% of the whole group.
- The Family Expat: represents 3% of the whole group.
- The Dream Destination Expat: represents 4% of the whole group.
- The Greener Pastures Expat: represents 14% of the whole group.
- The Adventurer: represents 10% of the whole group.
- The Foreign Assignee: represents 11% of the whole group.
- The Career Expat: represents 14% of the whole group.
- The (Ex-) Student: represents 5% of the whole group.
- The Traveling Spouse: represents 10% of the whole group.

Out of that, the Greener Pastures and the Career are the majority of expats (28% together), who are looking for quality of life, financial reasons, retirement or because they found a job, or wanted to start their own business in the destiny country.
According to Expat Insider (2017) to be satisfied living abroad you need to have a balance between 5 factors mainly:
Quality of life: leisure options, personal happiness, travel and transport, health and well-being, safety and security.

Easy of Settling In: felling welcome, friendliness, finding friends, language.

Working Abroad: Job and career, work-life balance, job security.

Family Life: Availability/Costs of childcare and education, quality of education, family well-being.

Personal Finance: Income, capacity of saving and investing.

Apart from what people who live abroad expect, the process of migration also implies a multidimensional learning process, starting with the language, customs, professional learning and maybe culminating with a change of lifestyle and personal values. The individuals are situated at the point of confrontation between two cultures, and the “adaptation process” is actually a continuous dialogue between those cultures. The individual efforts of understanding the new culture and to understand her or his own, or to situate her - or himself in this new social-cultural landscape is trapped in a hermeneutic circle. The migrant person understands her or himself as part of a nations, or as belonging to a professional branch, and may notice differences that were invisible before migrations. The learning processes are socio-critical processes as well, and sometimes the acknowledgment of one’s own values or principles is an important stage in the process of changing, or on contrary accentuating them (Manea, 2012).

Brazilians and English Language in Migration

Currently, there are a great number of teachers teaching English without proper qualifications, the teaching of English in Brazilian schools is carried out in less than ideal conditions (Gimenez et al., 2016).

According to Xavier (2014) in the public secondary schools of some regions in Brazil, the teaching methodology still predominating on grammar-translation, commonly because of large class sizes and poor classroom acoustics, the absence of language labs and equipment, not to mention difficulties with regards to both teacher oral proficiency and student indiscipline. English teachers and teacher educators need to find ways to
improve the methodology for the sake of students and their future as citizens in a
globalized world.

Brazil has been associated with social and cultural inequalities for a long time, if
narrowing, English language would be one of the educational system gaps in the country
(Gimenez et al., 2016). Its low standard can partly be explained by its historical lack
of policies with the objective of improving the teaching of foreign languages in schools.

The process of globalization has been uncovering the areas that should be improved in
Brazil, such as education and learning of English language. New policies and programs
were then launched in 2013 to create a fairer and more democratic society that
embraces the rich variety of the country’s cultural resources at the same time,
establishes links with a global perspective (Gimenez et al., 2016).

The “English without Borders” (EWB) program, launched in 2013, had the objectives
of covering what is considered to be deficient in the English teaching in the country: the
poor language competence of teachers, methodologies that discourage student
participation, and the lack of use of online technologies. This program created
opportunities for public school teachers to improve their skills in a country where
English was the first language. EWB was an ancillary program to “Science without
Borders” (SWB)—an initiative at the federal level to raise the academic profile of the
country at the international level. SWB was responsible to highlight the necessity of
improving the English language teaching system in the country (Gimenez et al., 2016).

Although the great expansion of higher education occurred over the past years there
still are some disparities among social groups and places(Gimenez et al., 2016) As a
developing country, Brazil is striving to include a larger percentage of its youth in higher
education.
Comparing with 80 countries which doesn’t have English as first language, according to EF EPI 2017 - EF English Proficiency Index (2018) Brazil occupies the 41st place:

When analyzed by region, the South has the best rankings, also São Paulo and Distrito Federal. According to English in Brazil (2015) while the redistribution of wealth is nationwide, the majority of those in the A, B and C economic classes are centered in south and southeast Brazil, especially in the major cities and their surrounding areas;
the data also displayed these areas, along with the tourism hubs on the east coast, as having higher English levels. Undoubtedly, the redistribution of wealth is affecting education and English attainment in Brazil. The analysis shows a direct correlation between income and English.

Proficiency by region and city

FIGURE 7: BRAZIL ENGLISH LANGUAGE RANKING
Source: (EF EPI 2017 - EF English Proficiency Index, 2018)
The reason for the lack of English skills from class C to lower ones is the fact that they are perceived to hold slightly more modest aspirations than its counterparts in other countries. In Brazil, the C class priorities consist of providing a secure home and sustenance for close family, perhaps with the emphasis on goods such as televisions, refrigerators or microwaves to enhance quality of life. However, access to private education and transportation, for example, can still be difficult for this group. And as English is mostly learned at external English language schools, like private schools not public, apart from class A and B, the other classes have difficulties to invest on this type of things (English in Brazil, 2015).

![Monthly spending by category (%)](image)

**Figure 8: Class C spending**

Source: English in Brazil (2015)

According to Dubetz (2013), as the lack of communicative language proficiency in English affects most the community with limited economic resources because of poor English classes given in the public schools, non-profit organizations invest on the learning in those communities and as consequence there are an increase of the employability of these young adults.
Although, rushing with the desire for better life, the goals of buying a home, car or setting up their own business many Brazilians do not undergo any formal preparation in the English language upon departure to English speaking countries, mainly because they don’t have condition for that (Siqueira, 2018). Many people state their difficulties in communication, especially about the English language (Garcia, Bitencourt Neto and Góes, 2013). In many studies about the adversity faced by the immigrants in the United States, the lack of English is presented as embarrassment and a barrier to get a job (Siqueira, 2018).

A research made by Nogueira (2013), tells that Brazilian expats, when talking about culture adaptation, referred the language as a constraint. The way the expats were interpreted was commonly misunderstood, even they had a decent level of English, they realized the intonation, pronunciation, grammar and vocabulary they were using was coming from Portuguese linguistics, and even they were talking in English, they didn’t sound polite. The public of his research were people of higher economic level, not because the economic class was a matter, but because in Brazil, people with better financial conditions are the people more likely to learn a new language also to have international experiences.

According to Manea (2012) for the highly qualified migrants, like doctors, the language seems to not be an issue for adaptation, The doctors arrived in the UK with a good or very good level of English. This level covers medical terminology, conversation, grammar and understanding. This may be the core of language, but it is not everything. Language is like an organism, continuously developing and having various faces. The tonality of voice, the verbal debit, the illocutionary and perlocutionary aspects of the language are hard to know a priori. Language blends in the way people behave, in celebrations, in the functioning and meaning of institutions, Language shows the belonging in different social roles. The way a Medical Practitioner addresses you is different from the way a banker or a teacher does.

Even when the destiny language is already known, there are still barriers, because language is not all about acknowledge the word meanings, it is an interactive process, language relates to customs and with a lot of cultural aspects, when the migrant doesn’t
have proficiency in the destiny language is even harder. When knowing the foreign language, migrants already have a style of speaking which was learned in their own country that may differs from the manner of the natives in the new destiny and that style is difficult to change (Manea, 2012).

**Nursing sector in Brazil and in Ireland**

The demand for health workers has increased markedly in all countries, rich or poor. The health workforce crisis has the potential to become worse in the coming years, the wealthiest countries are glimpsing a future with a low fertility rate and marked population aging, which will cause an increase in the number of chronic and degenerative diseases, with a resulting higher demand for healthcare. Technological advances and income growth will require a more specialized health workforce, even as basic healthcare needs increase due to the decreasing capacity, availability, or willingness of families to care for the elderly (Poz and Roberto, 2013). In such a great necessity, besides the economy, the conditions of work in the countries are very important, since this factor will directly affect the satisfaction of the nursing professionals.

**Nursing sector in Brazil**

Nursing in Brazil is a discipline from the field of health, knowledge that is produced and reproduced in undergraduate and graduate programs and specialization programs, which make up the foundation of the work of professionals called nurses. The core identity of nursing is care. Nursing is represented by an occupational group in the health field that is composed of workers with an undergraduate degree (registered nurses), those with a technical/vocational certificate (nursing technicians and auxiliaries) and individuals with no specific education (nursing aides) (Pimenta, Souza and Ramos, 2016). While nursing technicians perform tasks directly related with patient care, registered nurses are mainly charged with managing care (da Silva et al., 2016). Nursing is one of the 14 professions that compose the health field, comprising 60% of the total workers in the field, a figure that includes all multi-disciplinary team members (Pimenta, Souza and Ramos, 2016).
According to Taka Oguisso et al. (2016) the first Brazilian professional course of nursing was settled in 1938 in the University of Brazil, which today is known as the Federal University of Rio de Janeiro. In 1942 another University was founded in São Paulo by the Rockefeller Foundation. These two nursing schools were the product of the Brazilian State seeking assistance from international groups to create a “modern” nurse. Nurses educated in these states subsidized, specialized schools and universities, would help define the emergence of the “modern” nurse in Brazil. Key actors in the governance of the Brazilian healthcare system saw the “modern” nurse as essential to creating a modern healthcare system capable of responding to increasing demands for healthcare services brought by industrialization and increased demands for exported goods which expanded domestic employment opportunities rapidly for the Brazilian population.

Currently, according to Brazil - Healthcare | export.gov (2018), there are 6,742 hospitals in Brazil, with 494,000 beds. Of these hospitals, 70 percent are private/not for profit hospitals. Approximately 55 percent of healthcare expenditures are performed by the private sector, while the other 45 percent are under the public budget.

The nursing professional population in Brazil is one of the largest in the country, as of 2011 census there were 1.5 million registered nursing professionals in Brazil. Over 300,000 (20%) were professional nurses, 700,000 (47%) were nursing technicians, and over 500,000 (33%) were from nurse auxiliaries. The nursing education is also gaining interest in the country, the number of people enrolled for the nursing education has doubled during the period 2004 to 2008. The Brazil’s nurses are looking for opportunities abroad due to better living conditions (Silva, et al., 2016).

According to Silva et al. (2016) although the size of the nursing workforce seems to be great, in absolute numbers, and the existent increase of the number of nursing schools in the last decade in the country, the concentration of schools and the availability of nurses per capita are quite uneven in different regions. Nursing schools are concentrated in the states that are most densely populated and which have the greatest income concentration, accompanying the distribution of gross domestic product (GDP) and economic and social inequalities of the Brazilian regions.
More than half of the nurses (53.9%), technicians and auxiliaries of nursing (56.1%) is concentrated in the South and Southeast. Proportionally to the population that represents 28.4% of the Brazilians according to IBGE, the Northeast region represents a lower concentration of professionals, with 17.2% of the teams of nursing (Pesquisa inédita traça perfil da enfermagem no Brasil, 2018).

Although there is still a shortage of professionals in Brazil, 65.9% of the professionals of nursing states that it is difficult to find a job. Currently, some of interviewed professionals in a research are under unemployment in the last 12 months, it is probably because of the working conditions. The lack of professionals concentrate in rural areas normally, where the work conditions don’t help the nursing professionals (Pesquisa inédita traça perfil da enfermagem no Brasil, 2018).

The work conditions of the nurses in Brazil have approached habits and behaviours, such as excessive consumption of fried foods and coffee, lack of physical activity, and increased prevalence of obesity, and aspects of well-being, such as the non-availability of time for rest and leisure and recovery after work. They are given the long shifts (usually 12 hours) adopted in hospitals and the practice of multiple jobs, leading to the exacerbation of working hours (Fernandes et al., 2017).

Among health care workers, nurses are considered the most prominent group when studying about work ability and fatigue, as a function of their precarious working conditions that are characterized by intense physical and mental demands, long and irregular work shifts, outsourced workforce and under-employment. Those sources of strain result in illness, loss or reduction of work ability and poorer quality of life and well-being (da Silva et al., 2016).

The minimum pay rate depends on the state, the following are a monthly average per state, it might variate from hospital to hospital (Piso Salarial do Enfermeiro, 2018):

*** Consider as if today (august/2018), the currency € 1 = R$ 4.45 (euro and reais - Google Search, 2018)

- São Paulo: R$ 3.102
- Mato Grosso do Sul: R$ 3.087
- Rio Grande do Sul: R$ 2.699
- Ceará: R$ 2.649
- Distrito Federal: R$ 2.629
- Pará: R$ 2.572
- Bahia: R$ 2.567
- Rio de Janeiro: R$ 2.558
- Sergipe: R$ 2.496
- Paraná: R$ 2.495
- Minas Gerais: R$ 2.397
- Goiás: R$ 2.384
- Santa Catarina: R$ 2.379
- Paraíba: R$ 2.202
- Espírito Santo: R$ 2.158
- Pernambuco: R$ 2.002

*** It can climb according to the years of experience, maximum R$ 6.400 after 8 years of experience.

The roles which pay better salaries are the ones which involves team management and specialization in some area of Nursing, the following is the monthly average of this kind of position (Piso Salarial do Enfermeiro, 2018):

- Nursing Manager: R$ 7.662 (with 8+ years of experience it can climb to R$ 17.100)
- Nephrology Nurse: R$ 4.144
- Nursing Coordinator: R$ 4.028
- Obstetric Nurse: R$ 3.718 (with 8+ years of experience it can climb to R$ 7.340)
- ICU Nurse: R$ 3.381
- Surgery Theatre Nurse: R$ 3.259
- Occupational Nurse: R$ 3.207
- Supervisor Nurse: R$ 3.140 (with 8+ years of experience it can climb to R$ 10.900)
Currently, according to EXAME (2018) R$ 3,706.44 monthly is necessary to cope with all the expenses of a worker and her or his family with food, housing, education, clothes, hygiene, transport, leisure and pensions.

**Nursing sector in Ireland**

The healthcare sector is considered as one of most significant sectors in any country, Republic of Ireland is no exception to the fact. The Ireland public healthcare service is the largest employer in terms of number of employees employed. Approximately 130,000 healthcare professionals are working under the payroll of HSE as of 2016. Most of the healthcare professionals employed by the HSE are Irish nationals at 90.1%, followed by Asian countries like India, Pakistan & other Asian countries amounts to 4.8%, followed by UK and Africa at 1.9% and 1.4% respectively. The nursing professionals comprises of 33.5% of the total healthcare professionals employed by HSE (HSE, 2017).

Historically, the Brazilian nurses weren’t not the target market for the Ireland recruitment agencies. For instance, in 2015 and 2016, the top five countries from which the HSE sources the nurses are India, Philippines, and Pakistan (NMBI, 2017). The nursing shortage crisis in Ireland provided an opportunity for the educated Brazilian to look to migrate to Ireland as the pay and living conditions are perceived to be better.

One of the important factors which helps the Irish nurses to immigrate to countries like Australia, Canada, USA and UK are the Irish cultural backgrounds and social network with the existing Irish people in those countries. Another significant advantage for the Irish Healthcare professionals is the qualifications that are considered equal in those countries and the languages spoken in those are same as in Ireland (Glynn, 2015).

The Republic of Ireland is well known for the source of immigration to other countries, however the trend is reversing in the recent years due to relaxed immigration policies and skill shortage of professionals. The countries like Germany and France well known in the last few decades in attracting the immigrants have regulated the immigration, but the countries like Ireland, Spain and Greece have started attracting immigrants from all over the world. The percentage of foreign born national in Ireland has increased from less than 5% to approximately to 20% during the last four decades. The second
important reason was shortage of skilled labors and the immigration rule were modified to fulfill the gap in skilled labor (Bustillo and Antón, 2010). According to (McCarthy, Power and Greiner, 2010) nursing in Ireland has changed significantly in the last 6 years with the promotion of higher standards of care and professionalism through legislation and advanced educational attainments. De Natale and Waltz (2015) says that the dignity and value of recipients of care in Ireland are honored and respected by nurses, who are truly present for clients and families in all settings, from waiting room to hospital or hospice room. The significance of nurse-patient communication for patient-centered care is evident. McCarthy, Power and Greiner (2010) states that this development in Irish nursing may have resulted in increased stress levels for nurses. Healthcare workers have been recognized as experiencing occupational stress. Nursing is associated with a range of different demands; these include physical (high workload), emotional (issues to do with death and dying) and social demands (conflict with colleagues).

The Department of Health in Ireland (2018) states that Irish people are living longer. Every year the 65 and over age group increases by 20,000 people. This trend is set to continue in the future and will have implications for future planning and health service delivery. The largest proportional increases in the population in Ireland will be in the category of those aged 85 years and older. The number of people aged 65 and over will grow from one-fifth to over one-third of the working population over the next 2 decades which will have implications for how the country manages the health services.

The next graphic given by OECD Better Life Index (2018) shows that currently, Ireland, United States and Australia have exactly the same amount of nurses in the health system, being 11.6 nurses per 1,000 inhabitants. It explains why these countries are always recruiting, as well United Kingdom, which are even bellow with 7.9 nurses per 1,000 inhabitants in 2017.
Although the number of nurses are the same in these countries, according to The Health Management Institute of Ireland (2017) it had also to be remembered that the environment in which Irish nurses worked was very complex, because Ireland had one of the lowest number of beds per thousand population and one of the highest bed occupancy rates in the OECD. The number of beds in hospitals, patient acuity and dependency, support from other health professionals and patient turnover determined the kind of work which nurses carried out. A small number of beds, increasing patient acuity and dependency and high turnover meant nurses would be much busier.

According to HSE (2018) the pay rates in the whole country for registered nurses increase according to the years of experience, starting from €30,802/year as if 1 year of experience, and it can increase to €45,548 for 11+ years of experience. Other roles such as Senior Staff Nurse and Clinical Nurse Manager have a higher pay rate, starting from €48,982 per year.
The cost of living in Ireland varies according to the city, Dublin being the capital would cost €832.98\(\text{€}\) without rent for a single person monthly (Numbeo, 2018) and with family of four costs €2,973.27\(\text{€}\) without rent.

**Shortage of nurses in Ireland**

The healthcare services in Ireland are facing the challenges of the recruitment and retention of qualified nurses to maintain the quality of service provided to patients and clients. The healthcare sector has gone through major changes in the last two decades due to economic, social conditions in the country. A major crisis was developed in early 2000s when the Irish healthcare encountered major shortage of qualified nurses (Hospitals (DATHs) and Hospital, 2000). The shortage of qualified nurses in Ireland has led to the migration of nurses from other counties to Ireland. Employers began to look further afield and initiated international recruitment campaigns to facilitate the migration of qualified nurses to Ireland. The percentage of registered nurses in the next decade has seen a major switch over. The percentage of nurses registered from Irish national was reduced to 50% whereas the non-EU nationals has increased to 40% during 2000 to 2008 (Humphries, Brugha and McGee, 2008).

Overseas nurse recruitment is a cheaper and quicker option than scaling-up indigenous training (Kingma, 2006). India and the Philippines are the top two countries from which Ireland has sourced the bulk of its migrant nursing workforce (Lorenzo et al., 2007; Khadria, 2007). At any moment, recruited nurses can return to their homeland or migrate to another country if better conditions are offered (Kingma, 2006).

The situation of nursing shortage hasn’t improved in the current decade too, the 2017 budget mentioned about the shortage and need for additional funding in the healthcare system. The Minister for Health has assured that approximately 1000 full time nurses will be hired during the next year (Higgins, 2017).

A survey conducted by Irish Nurses and Midwives Organization of all the students who gone undergone the internship program revealed the reasons for the nurse’s shortage in the country. The survey states that almost 4 of 5 students that have undergone internship are planning to leave Ireland for other countries, and out of 78\% of internship
students that are planning to emigrate, 90% of them are 23 years or younger. The reasons for their preference to work in other countries were better working conditions and better pay. The public recruitment agency is not proactively managing the recruitments, it was stated in the survey that 70% of the Irish internship students have been contacted by the overseas agencies six before their completion of their nursing program (INMO, 2017).

HSE National HR Division has spent €10,000 on overseas recruitment drives and promotion for positions in the Irish Healthcare System. Staff from National HR have travelled to London, Wales, Glasgow and Edinburgh. Out of 26 hospitals that disclosed the figures, it was revealed that almost €700,000 has been spent since June of last year (Russell, 2018).

**International sourcing of nursing professionals**

Globalization, population aging, and new consumer expectations can also dramatically shift demands on the health workforce. As part of the global political economy, beginning in the 1990s there was a significant increase in the international migration of physicians and especially of nurses, seeking job opportunities and security in more dynamic labor markets (Poz and Roberto, 2013).

The healthcare professionals in Ireland are in shortage as the number of trained nurses continuing work in Ireland is considerably lesser than the required number of nurses in a year. Some of the reasons for the shortage of Irish nurse are Ageing population, increase in the complexity of healthcare system, shortage of trained professionals in support functions like Physiotherapy, and the increased burden of doctor’s responsibility restricting nurse’s productivity. From the supply side, there is the attractive opportunities available for the Irish Trained nurses in other countries. It is also convenient for the healthcare recruiters to recruit from other countries since the experienced nurses are available at a shorter notice and relatively low salary (Humphries, Brugha, and McGee, 2008).

The healthcare professionals especially the nursing professional is one of the oldest type of professionals that are hired from international sources. The international hiring
of nurses is predominant in the developed countries due to the average age of the population is increasing and as well as the nursing workforce also ageing. The shortage of skilled nurses can be fulfilled either by retaining the talent force by fluffing their expectations and broadening the sourcing base. The new nurse registration in Ireland has undergone a major change in the early 2000s where 66% of the new entrants in Ireland Nursing market have qualified outside of the Ireland (Buchan and Sochalski, 2004).

The availability of trained and qualified healthcare professionals is very important for an effective healthcare system in a country. Due to shortage of qualified healthcare professional various countries have implemented different strategies to retain the talent. For example, in UK the salary for the healthcare professional has been increased, Australia and New Zealand also increased the salaries as well as the number of students in the healthcare educational institutions. In Ireland, the Government has increased its spending on healthcare education and training, but it didn’t help them in retaining the talent in the country. Hence the country predominantly meets the shortage of skilled healthcare professionals by sourcing from the developing countries like India, Philippines and Nigeria (Gouda et al., 2015)

**Recruitment matters**

There are many reasons that make people go abroad, it can be for love, career, adventure, economic conditions, study among others. When it comes to the professional area, nursing has already been under migration for a while, commonly developed and rich countries use the developing countries as a source. For that there is already recruitment strategies and steps that must be followed. The migration flows vary in direction and magnitude over time, responding to socioeconomic factors present in source and destination countries. Considering the country of source, few factors can be considered to facilitate the recruitment and retention of this specific public.
Migration of nurses: motivation and challenges

Imbalances in the composition and distribution of health teams further complicate current health problems. In many countries, the professional training of a limited number of health workers, although costly, is not necessarily adequate for local health needs. There is also a frequent shortage of qualified personnel in public health and policymaking and management. Many health workers are subject to adverse work environments - humiliating wages, lack of support from administrators, insufficient social recognition, and weak career development (Poz and Roberto, 2013).

There are very few journal articles published regarding the immigration of Brazilian nurses and their barriers in immigration to other countries, however the studies conducted regarding the Latin American country nurses can be associated with the condition in Brazil since the culture is homogeneous. The Latin American nurses was once the largest part of the world healthcare system, the situation has changed in the last decade, however the number of registered are still huge compared to any other European Countries. The nursing auxiliaries like the physiotherapy has become the largest part of the Brazil’s healthcare system. In comparison to other Latin American countries, the number of nurses migrating from Brazil is lower (Siantz and Malvárez, 2008). Over time, the proficiency levels in English of Brazilians have improved but for some language barriers still constituted the main barrier to bridging and linking with the wider community and institutions outside their networks (Fanning and Munck, 2016).

The primary sourcing countries for sources like India, Philippines and United Kingdom have an advantage of English Language fluency which is mandatory for the nurses to qualify for migration. The emerging countries for nursing market like Jamaica and Nigeria are also gaining importance since the official language of these countries is English. This is one of the major drawbacks for Latin American countries where the English fluency amongst the nursing professional are less. There are private institutions like “Nurses Now International” has designed a transitional education program for Mexican nurses to prepare them to work in the USA. The other countries, like Brazil,
need such training program to improve the language barriers for nurses (Squires, 2017, p. 31).

Since 2004 Buchan and Sochalski stated that the recruitment strategy that was gaining ground was that of developed countries recruiting nurses from developing countries, what haven’t changed. Much of the international flow of nurses from one developed country to another, such as the exchanges between the United Kingdom and Australia, was relatively less and short term, nowadays it is possible to find articles and newspapers telling about Irish nurses who went to United States or Australia and never went back to their country. In 2004 the rapid growth in international recruitment from developing countries had garnered media interest and public policy attention. Since then developed countries are positioned to exploit factors that motivate migration among those amenable and able to relocate, such as relatively low pay, poor career structures, and the lack of professional development opportunities that characterize nursing in many developing countries, as well as other unsafe or undesirable domestic conditions.

The liberal immigration policies are not only the deciding factor for people to immigrate to the country, but the attitude and culture of the country plays an important role in attracting talent from other countries. The culture of the country and the attitude towards immigrant will change over the period. Turner and Cross (2015) state that the attitude of Irish towards immigrants were positive prior to great recession, however it has changed in the recent years. There are other studies which correlates the increase in immigration will have a negative attitude from the host country’s people. A detailed conducted McGinnity and Kingston in 2017 agrees with the previous studies on the relationship between attitude of people changes based on the economic situations of the country. They state that the attitude of Irish towards immigrants was positive during the period 2002 to 2006 even when the immigration was increasing, and the attitude became negative during 2008 to 2010 primarily due to the global economic crisis which impacted Ireland also. However, the attitude has become positive again during the year 2012. The immigration policies and attitudes of the
people should be valued equally before a recruitment of foreign national decision is made by the recruitment agencies.

According to Ramji and Etowa (2018) the migration of nurses has brought with it much diversity in terms of race, culture, religion, nursing education and indigenous philosophies and practices from around the globe.

One of the major threats for the immigrant workers are the racism directed towards immigrants, a study conducted in early 2000’s amongst the black and ethnic minority groups revealed that 4 out of 5 immigrants were experienced some sort of racist attack or discrimination in Ireland. The other challenges for the immigrant workers are the exploitation, the work permit holders are paid less compared to the locals for the same job performed and with the same level of skill set (Loyal, 2011). Hence the recruiting companies need to take care of the issues and challenges will be faced by immigrant workers in Ireland.

According to (Chen et al., 2013) foreign-educated registered nurses in United States also report encountering such challenges as communication difficulties, experiences with racism, and marginalization. In addition, prior work indicates that foreign-educated nurses face various abuses in the recruitment process. Finally, foreign-born direct health care workers have also reported experiencing racism and discrimination in the workplace.

Negative workplace experiences may contribute to low job satisfaction, low morale, and workforce turnover. The serious consequences of negative workplace experiences and the frequency with which they are reported by foreign-born and foreign-educated health workers suggest that the existing workforce is not being optimally supported.

**Overseas Registration process in Ireland**

According to NMBI(2018) Nurses and midwives who practice in Ireland must be registered with the Nursing and Midwifery Board of Ireland (NMBI). It is not recommendable to move to Ireland, or leave the current employment, based on the expectation that the application for registration will be successful. People should wait
until they receive their decision letter (Step 5) before making any travel or employment plans.

Before anything, the English requirement is very important as the first step, if the nurse is coming from English speaker countries and she/he worked for 3 years there within the 5 years after graduation, the process is faster, but if not, it is necessary to complete an exam called IELTS or OET before anything. Only Canada, Nova Zealandia, United Estates, United Kingdom are recognized as eligible for this rule (NMBI - Overseas nurses & midwives who want to practice in Ireland: NMBI, 2018).

**Figure 10: Pathways to meet NMBI English Language Requirements for Registration**

Source: NMBI (2018)
As mentioned before NMBI accepts International English Language Testing System (IELTS) Academic Test, IELTS Academic Test for UKVI, and the Occupational English Language Test (OET) as evidence of English language competency strictly with the following scores:

<table>
<thead>
<tr>
<th>IELTS Academic Test</th>
<th>Minimum scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening</td>
<td>6.5</td>
</tr>
<tr>
<td>Reading</td>
<td>6.5</td>
</tr>
<tr>
<td>Writing</td>
<td>7.0</td>
</tr>
<tr>
<td>Speaking</td>
<td>7.0</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td><strong>7.0</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OET</th>
<th>Minimum scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening</td>
<td>C+</td>
</tr>
<tr>
<td>Reading</td>
<td>C+</td>
</tr>
<tr>
<td>Writing</td>
<td>B</td>
</tr>
<tr>
<td>Speaking</td>
<td>B</td>
</tr>
</tbody>
</table>

**Figure 11: English Requirements NMBI**

Source: (NMBI - Overseas nurses & midwives who want to practice in Ireland: NMBI, 2018)
After proving the English level, the process is composed of 5 steps:

**NMBI's five-step process**

![Diagram showing the five-step process]

For overseas applicants, NMBI operates a five-step application process.

**Figure 12: NMBI's five steps**

Source: NMBI (2018)

After paying a fee of €350 to start the registration, as 1st step the proof of English and personal information are sent to NMBI, as 2nd and 3rd step the Board then send to the candidate 2 packages of documents to be only filled, one by the nurse and other by the previous employer and University. As 4th step NMBI analyses the same 2 packages of documents, but this time filled with all the information required. As 5th and last step NMBI gives the decision on the registration process which can be one of the followings (NMBI - Overseas nurses & midwives who want to practice in Ireland: NMBI, 2018):
The decision is sent by letter to the applicant, the process can take 3 or even 6 months. If the decision is NMBI (2018):

**Eligible for registration:** The applicant needs to pay the annual fee of €145, and in 10 days maximum he/she receives the successful registration letter, with that the nurse is registered and ready to work.

**Further information required:** The applicant still needs to send some documents or information which was not clear enough for NMBI.

**Adaptation:** The applicant must find a job first in a Hospital or Nursing Home (most likely through agency) and the employer will be responsible for finding an adaptation place, the adaptation can last 6 to 12 weeks.

**Refused registration:** The applicant was not accepted, the fee is not compensated, but there is a chance to appeal.
Retention in the Nursing industry

Prabhu (2016) pointed out retention intention as an employee, after being in the organizational position, presenting belongingness and positive affirmation to the organization and work to retain in the original enterprise. Alghamdi & Urden (2016) regarded retention intention as an employee, after working in an organization or a unit, being willing to continuously stay in the organization or unit to strive for performance.

Nurses, as the first-line workers, bear the major responsibility to take care of patients. However, the turnover rate of nurses has been concerned as the high risks of nursing work, inadequate nursing manpower allocation, large job stress, and low social status. (Hongmei TANG et al., 2018).

Long-term high pressure, heavy workload, and unstable working hours have resulted in nurses’ job dissatisfaction and high turnover rate; a lot of nurses do not even intend to involve in the workplace. Reducing retention rate of nurses in past years is related to insufficient manpower allocation, excessive workload, disproportional salary and work pay, not being respected and bad teamwork to cause decreasing job satisfaction and result in high turnover rate. (Hongmei TANG et al., 2018)

In countries like Brazil without a massive investment in training, these growing inequalities will produce even greater pressure for emigration of health professionals from poorer regions (Poz and Roberto, 2013). Emigration happen with the developed countries as well as they are not able to fix the shortage of professionals and the native nurses are exhausted, for instance, many Irish nurses have gone to United states, New Zealand, United Kingdom and Australia (The Irish Times, 2018).

Alameddine et al. (2017) classified the factors in reducing employees’ turnover rate and enhancing the retention intention into family factor, work environment, salary & welfare, supervisors’ leadership style, and ineligible position. The research results revealed that the enhancement of employees’ salary & welfare was the key tactic to retain excellent talents in the organization; furthermore, the changes of managers’ attitudes, seeking for harmonious state between managers and employees in the organization, and encouraging employees’ work motivation and mind appeared the
most direct effects on employees’ retention. George (2015) also emphasized that
nursing and medical service staff with higher education background showed fewer
promotion opportunities in hospitals and lower retention intention; inflexible work or
lack of learning and development potentials would enhance employees’ turnover
intention; and, high work pressure and low job satisfaction were also the key factors in
low retention intention. Dessler (2016) stated that an organization had to establish a
complete manpower allocation mechanism, encourage employees proposing
improvement suggestions, reinforce employees’ work autonomy, present complete
education and training and provide on-job training, smoothen promotion channels,
career development, and retention measure, and enhance employees’ job satisfaction
and reduce the work pressure to enhance employees’ retention intention.

Historically, also one of the reasons of the shortages of health professionals worldwide
is the rural areas, which have been a major issue. For instance, the World Health
Organization and the Australian Productivity Commission have highlighted the
importance of fostering policies that support the recruitment and retention of health
professionals in rural and remote areas (Lincoln et al., 2014).

Rural work environments appear to experience recruitment and retention challenges
and because of this, it is vital to examine possible relationships between work
environments and poor nurse outcomes. Similar challenges in recruiting rural nurses
persist in the USA, Europe and Australia. Regarding to health care worker (HCW)
retention in rural settings, the World Health Organization (2010) recommends overall
improvement in personal and professional supports for HCWs. These supports include
living conditions for HCWs and their families, a good and safe working environment,
professional networks among rural health professionals, and professional networks
expanding to HCWs in better served areas (Nowrouzi et al., 2016).

In Brazil there is an emerging consensus that policies for recruitment and retention in
rural and remote areas need to address two critical issues (Poz and Roberto, 2013):

i) to be effective, interventions need to be implemented in bundles, combining
different packages of interventions according to the variety of factors
influencing the health worker’s decision to work in rural or remote areas;
ii) to match the interventions with health worker's preferences and expectations, since the health worker’s employment decisions are a function of these preferences.

In developing countries to answer these questions and support the elaboration and implementation of programs for recruitment and retention of health workers, the approach known as Discrete Choice Experiments (DCE) has been increasingly applied with the support of the World Bank, in partnership with WHO and Capacity Plus/USAID, and studies of this type have begun to be applied in Brazil. The evaluation of these and other experiments, including an articulated research agenda, can allow the development of policy and program options to deal with a crisis that has curtailed the capacity of national health systems to improve the health of their population (Poz and Roberto, 2013).

A research in Canada has identified that it is common for health professionals who were raised in rural areas and are familiar with the advantages of the rural lifestyle, to be more likely to continue to work following their matriculation. Respondents -working in nursing for 14 to less than 23 years were more likely to stay in their current position compared to the other groups of nurses. Other studies have linked years of experience with job satisfaction. They also reported that nurses who worked less than one hour of overtime per week were more likely to stay in their current position. This may suggest an appreciation of their quality of work life as well as a desire to balance time in and outside of work and studies have linked nurses quality of work life and working conditions to their work ability (Nowrouzi et al., 2016).

According to Department of Health in Australia (2018) The challenges facing the nursing and midwifery professions are multifactorial. Nurses and midwives are seeking to find a balance between the need to continue to provide strong leadership within effective health care teams and maintain an appropriate level of autonomy and empowerment as a professional group. At the same time individual nurses and midwives need continuing opportunities to enhance their mix of skills by having enough time within their increasingly busy service delivery roles to invest in professional development, with the opportunities this brings for career progression and recognition of their expertise.
Media on International Recruitment

According to Siqueira (2018) the migration was expanded by the communication and information Technologies, especially by internet, which gave a new boost and configuration to an already existent phenomenon.

Nowadays the companies increasingly turn to social media as a preferred recruitment source. HR professionals have been extensively using social networking sites to screen and select applicants (Aggerholm and Andersen, 2018).

Organizational recruitment had radical changes since the emergence of the Internet and the adoption of e-HRM (electronic Human Resource Management) in the mid-1990s. Investigating ‘The Time Top 100 graduate employers 2014-2015’ rankings, 100% have a website containing recruitment content; 93 are present on Facebook, with 58 of the 100 companies having recruitment-focused Facebook pages; 92 have a YouTube channel, 71 of which include YouTube channels that contain recruitment-focused videos (Frasca and Edwards, 2017).

From a recruitment perspective, social media are also used as part of a corporate communication strategy to promote employer brand image and studies show that a favorable brand image positively affects recruitment outcome. A study on whether and how the media used to communicate recruitment messages influence outcome concludes that the employed media strategy affects both cognitive and affective responses to the message as well as pre-hire outcome (including attitudes, intentions and behavior associated with joining the organization). The mere social media presence, thus, seems to positively affect corporate reputation, which again positively affect employer attractiveness, and which positively correlates with applicants’ job intentions and their expectations toward the employment company. Consequently, social media seem to make a difference in recruitment contexts and may positively affect recruitment processes and outcome (Aggerholm and Andersen, 2018).

Currently there is a “War for talent” in certain types of roles such as physicians and nurses, since all the developed countries are looking for this category of professionals, while the developing countries are trying to retain them. Credibility in this situation
plays a vital role, the media might differ on communication features and source credibility according to the company goals to positively impacts the organizational attraction. The “war for talent” has shifted organizations’ attention from the selection, to the attraction of new recruits. Moreover, organizational attraction is identified as an antecedent to other focal pre-hire outcomes, including pursuit intentions—job seekers’ intent to enter into the talent pool, and job choice—whether job seekers choose to accept a genuine job offer (Frasca and Edwards, 2017).

Differing the media in connection with another dimension is perceived as a source of credibility. The “source credibility framework,” proposes that consumers are more likely to be persuaded by a message when they believe the source is highly, a consumer’s decision to accept a message is influenced by their attributions concerning the communicator’s involvement in the message. Attributions concerning knowledge bias (the communicator’s knowledge of the message’s content is not genuine) or reporting bias (the communicator’s unwillingness to convey a true representation of reality) will influence the degree to which recipients of the message will be persuaded (Frasca and Edwards, 2017).

Regarding examining source credibility, studies noted a limitation concerning to the choice of video presenter. Was recognized that a white, middle-class male may not appeal to all job seekers (albeit speakers with these characteristics are often found in the UK recruitment videos screened at the onset of this research) and could also indicate a nondiverse organization, whereby detracting from the content of the recruitment message which attempted to proclaim otherwise. Ideally, the video element needs multiple conditions, with presenters of different gender, ages, and ethnicities to test the validity of these outcomes (Frasca and Edwards, 2017).

A prominent feature of YouTube recruitment videos is that videos will typically transmit a variety of cues (e.g., body language and vocal tone) beyond the explicit message. Additionally, the language in videos may be perceived as natural, comparable to how one would communicate in a face-to-face context, which is not as apparent in static text-based media. Thus, the language variety feature of richness is likely greater within
video communication than the other media investigated in studies (Frasca and Edwards, 2017).

According to Frasca and Edwards (2017) both Facebook and YouTube video are positively related to source credibility via amount of information, highlighting the importance of conveying enough detail to display the sources’ trustworthiness, likeability, and expertise.

However, in a study on the perceived fairness of using social media for screening applicants in the hospital industry, results show that applicants generally rated the use of social networking sites as less fair which would ultimately affect their job intentions negatively. In addition, the study suggested that applicants perceived social networking sites as not providing any information relevant for either new or current employees. Another study supports this, as it shows a mismatch between job seekers’ social media use and the recruiting companies. The results indicate that whereas companies increasingly turn to social networking sites in posting jobs, job seekers are using specific job boards more extensively and, in addition, consider them more effective than both LinkedIn and Facebook. The same study shows that social networking sites are effective in reaching passive job seekers compared to online job boards (Aggerholm and Andersen, 2018).

According to Garcia, Bitencourt Neto and Góes (2013) the Brazilian immigrants use the social media to minimize the existent risks in the migration on long distances, indicating the existence of a big migration scheme with tourism agencies, religious institutions, relatives and friends, with more importance on the informal laces with relatives, friends and people from the same background and place. When abroad, Brazilians look for company of people to share adventures, moments, feelings of being abroad and missing home, to share the cultural shock.
CHAPTER III - RESEARCH METHODOLOGY

Methodology Introduction

The research methodology and design help the researcher to conduct the research in a structured manner, the design is like a guideline and a checklist that needs to be followed while conducting the research.

The following table provides the proposed research methodology to be used in this research:

<table>
<thead>
<tr>
<th>Research Components</th>
<th>To be adopted in this Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Philosophy</td>
<td>Epistemology and positivist philosophy</td>
</tr>
<tr>
<td>Research Approach</td>
<td>Inductive approach</td>
</tr>
<tr>
<td>Research Strategy</td>
<td>Quantitative</td>
</tr>
<tr>
<td>Sampling and Sample Size</td>
<td>Sample size for Quantitative - 126</td>
</tr>
<tr>
<td></td>
<td>Non-Probability sampling</td>
</tr>
<tr>
<td></td>
<td>Population of Interest - Brazil Nurses</td>
</tr>
<tr>
<td>Data Collection</td>
<td>Questionnaire</td>
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<tr>
<td>Data Analysis</td>
<td>Quantitative Statistical analysis, Hypothesis testing for Quantitative Methods.</td>
</tr>
<tr>
<td>Research Time Horizon</td>
<td>Cross Sectional Time Horizon</td>
</tr>
</tbody>
</table>

**Figure 14: Research Methods Table**

Source: by Researcher, 2018

The theoretical background and the reasons for selecting each element is described in the next section.
Research Design

According to Robson and McCartan (2016), research design is considered as the blueprint of the research work, which ensures the success of the research principles. Research design also helps to perform the research in a productive manner and it helps to carry out the research work in an authentic manner. It is dependent on the analysis of different dimension of the research parameters. Two types of research designs are explanatory and exploratory research design. Explanatory research designs help to describe the situation in a much lucid fashion. In exploratory research design the researcher is bound to perform the detail and deep analysis of the facts and explore new hypothesis for the research, what this research is based on. Moreover, the research design also helps to frame the research questions and research objectives. Research question helps to guide the research work in a particular direction for the success of the research. Apart from these, there is another research manner known as descriptive research, which is based on the description of the topic.

Research Philosophy

The two major ways of thinking about research philosophy is ontology and epistemology both will influence the way in which the research process is approached. The epistemology is focus on the elements which constitutes acceptable knowledge in the research. The researcher focuses on collection and analysis of facts and figures. The positivism philosophy concerns with the collection of data, examining the relationship between variables studied in the research (Saunders, et al., 2012).

The positivist philosophy will be followed in the research with an objective of viewing the entire research from an objective view rather than subjective view of the researcher. The positivist philosophy eliminates the direct or indirect bias of the researcher while conducting the data collection or while interpreting the data.
**Research Approach**

The inductive approach will be followed in the research since the existing theories about the barriers of Brazil nurses migrating to other countries is not available, hence it will be difficult to build on with the existing theories.

The inductive approach is based on the data collection without a preconceived hypothesis or notion, based on the data collected the themes are created and focus is given to an important theme (Saunders, et al., 2012). There is a risk due to inexperience of the researcher in applying inductive research, however the risk can be mitigated by the professional experience of the researcher in the nursing recruitment field.

**Research Strategy**

The strategy applied will be the quantitative method. There is one type of participant for this search, which is The Nursing professionals from Brazil. The objective and the nature of information required for this research from the participants will help to answer the research question and sub-questions, it also provides suggestions for attractions of nurses.

**Sampling**

The sampling is an integral part of the business research especially research projects undertaken by the master students when it is impractical to collect the data from all the possible case or the population of interest. The sampling provides an opportunity for the researcher to collect the data from the subgroup of the population and infer the research outcome to the entire population of interest. The sampling techniques are classified as two groups namely probability or representative sampling or non-probability sampling. The probability sampling will be chosen when there is a chance that each population of interest is getting selected is known and they have equal opportunities to be selected. This can be possible only when the list of participants otherwise called as the sampling frame is available and accessible to the researcher (Saunders, et al., 2012).
The type of population of interest is the Brazil nurses but it is not possible for the researcher to get the data due to data confidentiality through the Brazil healthcare authorities. Hence the non-probability sampling technique will be more suitable for this research.

The snowball sampling technique will be used to identify the population of interest. The researcher is associated with a nursing recruitment firm in Ireland, hence the snowball will start from the nursing recruitment firm that can guide the researcher with the list of the nurses from Brazil, the recruitment firms in Ireland and with the contact details of HSE executives.

**Data Collection**

The data collection is going to be done using the. The data will be collected from the Brazilian nurses using the questionnaire since the data needs to be collected from a large sample size. Using the questionnaire will help the researcher to collect the data within shorter period from a large section of people. The questionnaire will be a combination of closed ended questions and open questions to include both uniform set of data for most of the questions and additional information wherever required.

**Data Analysis**

The quantitative data collected will be analyzed using graphs to represent the barriers for nursing professional to migrate from Brazil to other countries. The data will be presented with an objective to present in easily understandable manner using visual tools such as Pizza Graph and tables.

**Time Horizon**

The time horizon will be used for this research is cross-sectional since the time frame allocated for this research is limited to three months.
Research Ethics

The researcher understands the significance of the ethical practices to be followed in the research, hence the research will be conducted by following guidelines provided in DBS ethical research code of conduct.

Research Limitations

The major limitations identified at this stage of the proposal are Access to information of stakeholders and non-stakeholders, such as Brazilian nurses who already live in Ireland and the ones who live in Brazil or other places, English understanding of Brazilian nurses to fill the questionnaire, limited time available to complete the research and Limited existing academic research in this topic to guide the researcher.
CHAPTER IV - DATA ANALYSIS AND FINDINGS

Introduction

The questionnaire applied to nurses was carefully made due to answer the research question and sub-questions, without involvement of personal desire and values. The aim was to understand the motivations and expectations of nurses if coming to Ireland. The answer can vary according to the background of the nurses and economic situation, however when counting the current Economic situation of Brazil, it was expected to have few standard answers.

The questionnaire

The research was conducted based on relatively small group of participants, the approached people can’t be counted as the collection of data was made through internet, and the questionnaire was shared on Facebook groups, LinkedIn and WhatsApp. From all the approaches, 126 people cooperated and were willing to share the questionnaire with their friends and workmates of the same field. The group of respondents were 126 people, classified as professional nurses, technicians and assistants, 3 people out of the 126 respondents are working in other areas not related to the field of research, it is not known if they work inside hospitals in that specific area or not.
1. Could you please mention your gender?

Most of the respondents classified themselves as Women.

In the pool 80 people were women, 29 men and 17 people preferred not to say their gender.
2. Could you please mention your age category?

More than half of the respondents are aged between 26 and 35 years old.

![Pie chart showing age distribution of respondents.]

**Figure 16: Age Category of Respondents**

Source: Questionnaire by Researcher

In the total, 21 people were under 25 years old, 35 people aged between 26-30 years old, 30 respondents aged between 31 and 35 Years old, 22 people aged between 36 and 40 years old. Being the minority 18 respondents are aged 41 and above.
3. What is your professional category?

Most of the respondents were in the nursing field, however few people who answered seems to be working in other areas, it is not known if they work inside hospitals in that specific area or not.

In total 123 respondents are currently in the Nursing industry, 86 people out of 123 are professional nurses, 23 people were technicians and 14 are assistant nurses. 3 people out of the 126 respondents are working in other areas not related to the field of research.
4. How many years of working experience do you have in Hospitals?

More than half of the respondents are very experienced, 52.3% which corresponds 66 people have from 5 years to more than 11 years of experience.

Out of the 126 respondents, 9 people were never employed, representing 7.1% of the pool. 11 people have less than 1 year of experience, which corresponds to 8.7%. 10 respondents have worked for 1 year to 2 years, being 7.9% of the total. People with 2 to 5 years of experience were 23.8% of the respondents (30 people). 41 nurses (32.5%) stated as 5 to 10 years of experience and the more experienced with more than 11 years working in the area represented 19.8%, which means 25 people of the respondents.
5. Have you ever worked or still working abroad?

Most of the respondents have never worked abroad, being less than a half with international experience.

70.6% of the nurses, which represents 89 people, have never worked abroad. The other 37 people (29.4%) had experiences abroad, all them temporaries.

Source: Questionnaire by Researcher
6. If you have international work experience as a nurse, where?

When asked about where they worked internationally, only 20.63% have worked abroad, by the answers given it seems some people considered working in another state, as international instead.

![Image of a pie chart showing international experience as a nurse of respondents.]

**Figure 20: International Experience as a Nurse of Respondents**

*Source: Questionnaire by Researcher*

From 126 people, 79.37% (100) respondents have never worked abroad. While the others had worked temporary in the countries above. Ireland apparently has attracted most of the nurses in this pool, about 13 nurses.
7. Indicate 3 of the options given is what most drive nurses to leave Brazil and work abroad:

To understand the reasons which drive the nurses on the desire of leave Brazil was given 6 options and the possibility to choose other reason, 5 people wrote 5 more other reasons not given in the question.

![Figure 21: Reasons driving nurses abroad](image)

**Source:** Questionnaire by Researcher

**OPTIONS GIVEN:**

1. Low remuneration in comparison with great responsibility and social expectations - 87 votes
2. Mental and physical stress due to a high demand of work and insufficient number of nurses - 49 votes
3. Low level of social respect for people practicing the profession in healthcare - 62 votes
4. Political situation in Brazil - 82 votes
5 - Personal reasons - 34 votes

6 - No career opportunities - 41 votes

OTHER:

7 - “Lack of professional appreciation” - 1 vote

8 - “Different Experiences” - 1 vote

9 - “I hate Brazil at all” - 1 vote

10 - “The violence in Brazil” - 1 vote

11 - “Another Culture, quality of life” - 1 vote

In order of majority, with 87 votes the low remuneration in comparison with great responsibility and social expectations was the 1st thing which motivates nurses to look for other opportunities. The current political situation comes with 82 votes in the 2nd place then in 3rd position comes the low level of social respect for people practicing the profession in healthcare with 62 votes
8. Why do you believe Ireland would be a good place to work abroad?

The expectations of living in Ireland were divided in 5 topics and the majority seems to be expecting better life conditions in Ireland likely to the economic conditions of their country.

![Figure 22: Good Reasons to Live in Ireland](image)

Better life conditions were pointed by 44 people (34.9%) as the main expectation of living in Ireland. The second expectation in moving to Ireland is find better career opportunities by 37 people (29.4%). The work conditions were classified in the 3rd place by 20 votes, representing 15.9%. Higher pay rates and International experience was the options less chosen by the respondents, being respectively 13 (10.3%) and 12 (9.5%) votes for them.
9. Why do you think nurses from Brazil hesitate to move to Ireland for work?

As hesitation to move from Brazil, 4 reasons were given and an open option where 3 people had chosen reasons that they believe interfere negatively on the nurses’ desire to leave the country and work abroad.

The language is considered a barrier for 54% of the respondents, which means 68 people. No awareness about the opportunities in Ireland comes as the second biggest reason with 21.4% votes (27). The lost trust in recruiting agencies in such important decision as immigration got the third place as a worry on moving to Ireland, 23 (18.3%) people voted on it. The different weather and culture were chosen by 5 (4%) people. Representing 0.8% each, the homesickness, Lack of information on the registration process and lack of experience were given by one person each as a reason to hesitate to move to Ireland.
10. What do you believe would be the 3 most challenging adaptation factors to work in Ireland?

As challenges on adaptation once moving to Ireland, was given 6 options and the respondents should have chosen only 3 as the main threats for adaptation. 2 other factors were added by 2 respondents.

Once again, the language was considered as a barrier as a challenge with 101 votes (80.2%), the second challenge factor more chosen was the cultural differences with 65 votes (49.2%). Sharing the house if it is needed was chosen 58 times as a challenge, representing 46% of the respondents. Weather conditions with 51 (40.5%) respondents, homesickness and heavy workload respectively with 37 (29.4%) and 34 (27%) votes. Lack of knowledge and loneliness were pointed by 1 person each, corresponding to 0.8% each.
11. How aware are you of the requirements to register as a nurse in Ireland?

When asked about the awareness on the requirements and registration process 88 people stated to know nothing or very less of the registration process.

![Pie chart showing awareness levels]

**Figure 25: Awareness of Registration Requirements**

Source: Questionnaire by Researcher

Very less awareness was stated by 47 (37.3%) people while 41 (32.5%) people said to know nothing at all the requirements. 16.7% (21) of respondents seems to know enough to start the first steps. Only 17 (13.5%) people know all the requirements.
12. **What is your level of English?**

The level of English was mostly ranked between basic and intermediate.

![Pie chart showing English level of respondents]

**Figure 26: English Level of Respondents**

Source: Questionnaire by Researcher

The majority with 31% (39) of people stated their English as Intermediate while 25.4% (32) of people said their English is Basic. 25 of the respondents have Advanced skills on English language and 30 people (23.8%) stated their English as Proficient and None, 15 people each of them.
13. Are you currently living in Ireland?

A big part of the respondents is not living in Ireland.

While 35(27.8%) people said they are living in Ireland, 91(72.2%) stated that they are still living in Brazil.
14. If yes, what are you doing in Ireland?

As most of the respondents are still in Brazil, when asked about their occupation in Ireland 69% which means 87 people, have chosen the option N/A (not applicable).

Apart from the people who still in Brazil, 15(11.8%) people said they are working and studying in Ireland and other 15 (11.8%) people said they are only studying English. The minority was composed by 9 people who said they only work in Ireland.
15. If you are currently working in Ireland, where do you work?

Out of the 126 respondents, 98 people (77.8%), selected the option N/A as they are currently living in Brazil or don’t work in Ireland yet.

Home care was chosen by 9 (7.1%) of the respondents to work in Ireland, while Nursing Homes were chosen by 7 (5.6%) of the nurses. 9 (7.1%) people said they already work in a Hospital or Clinic in Ireland, and 3 (2.4%) people said they work in another area.
16. What do you believe would incentive you to take the first steps to register as a nurse in Ireland?

As an open question people were asked for factors which would make them feel excited in starting the registration process. After collecting the answers, a tendency was noticed, and the opinions made 16 groups of common answers, which people were saying the same things but in different ways.

The results were organized in the next table to make the understanding clearer. Most of the respondents about 19 people (16.91%) believe that a Youtube channel would

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**Figure 30: Incentives to Start the Process**

Source: Questionnaire by Researcher

The results were organized in the next table to make the understanding clearer. Most of the respondents about 19 people (16.91%) believe that a You tube channel would
incentive people to start the registration process or at least give the first steps in terms of preparation. A You tube channel could also include ‘Awareness about the opportunity’, ‘Success cases’, ‘Knowledge of the registration process’, ‘Awareness about the culture’, as all this key information could be transmitted by videos on YouTube. It means this groups can be all together, making a group of 52 people who are looking for a better information.

<table>
<thead>
<tr>
<th>OPINIONS</th>
<th>VOTES</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness about the culture</td>
<td>1</td>
<td>0.88%</td>
</tr>
<tr>
<td>Sponsored registration process</td>
<td>1</td>
<td>0.88%</td>
</tr>
<tr>
<td>Trust towards my recruiter</td>
<td>1</td>
<td>0.88%</td>
</tr>
<tr>
<td>Competition to win a cash prize of the best candidate</td>
<td>2</td>
<td>1.77%</td>
</tr>
<tr>
<td>Opportunity as a career while in Ireland</td>
<td>2</td>
<td>1.77%</td>
</tr>
<tr>
<td>Agency approach in Portuguese</td>
<td>1</td>
<td>0.88%</td>
</tr>
<tr>
<td>Not sure</td>
<td>5</td>
<td>4.42%</td>
</tr>
<tr>
<td>Good Salary, decent workload, less bureaucratic registration process</td>
<td>6</td>
<td>5.31%</td>
</tr>
<tr>
<td>Knowledge of the registration process</td>
<td>6</td>
<td>5.31%</td>
</tr>
<tr>
<td>Providing instruction manual</td>
<td>6</td>
<td>5.31%</td>
</tr>
<tr>
<td>Sponsored English classes</td>
<td>10</td>
<td>8.85%</td>
</tr>
<tr>
<td>Success cases</td>
<td>10</td>
<td>8.85%</td>
</tr>
<tr>
<td>Workshops</td>
<td>12</td>
<td>10.62%</td>
</tr>
<tr>
<td>Getting the necessary score in the IELTS</td>
<td>13</td>
<td>11.50%</td>
</tr>
<tr>
<td>Awareness about the opportunity</td>
<td>16</td>
<td>14.16%</td>
</tr>
<tr>
<td>YouTube Channel</td>
<td>19</td>
<td>16.81%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>113</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

**Figure 31: Incentives to work in Ireland**

Source: Questionnaire by Researcher

Most of the incentives stated on these answers are related to providing information to the nurses. Being through YouTube channel, Workshops, Success cases, Manual in Portuguese. The other opinions were more related to benefits or sponsorships.

17. If you would like to receive information about the requirements to register as a nurse in Ireland, please write your email below:

Out of 126 people, only 32 people are interested in receiving more information through their email.
CHAPTER V - DISCUSSION

The research was narrowed down from general motivations to go abroad towards the strategies to approach future candidates with the study of the economic conditions of Brazilian nurses and the country destiny. It was conducted based on a relatively small group of participants if considered groups of Brazilian nurses on Facebook (APPENDIX D) who are willing to work in Ireland. The approached people can’t be counted as the collection of data was made through internet, and the questionnaire was shared on Facebook groups, LinkedIn and WhatsApp. From all the approaches, 126 people cooperated and were willing to share the questionnaire with their friends and workmates of the same field.

The quantitative method proved that there are some patterns on few answers what makes the group slightly homogeneous since most of the results present a big number of votes in certain options. During the investigation process there was also open questions where people could adapt their answer, that option was to understand the candidates’ point of view on the recruitment process and to give their own reasons to certain behaviors. The researcher is considering 10% of wrong answers, since some participants might don’t understand all the questions due to their level of English.

The list of theoretical bases is exploring the possibility of Brazilian nurses to consider Ireland as a good country to work abroad bearing in mind the economic factors, their motivations and expectations and their background.

1. Could you please mention your gender?

Most of the respondents were women, around 64%, although the situation has been changing with the international opportunities, that answer was expected since worldwide the profession has a historical occupation mostly by women.

2. Could you please mention your age category?

From all the 126 people, only 18 people were aged 41 and above. Brazil is the home of 36.04% internet users in the South America (Pandita, 2017), considering the size of Brazil in Latin America, was expected at least 70% of users in the country. Because the
questionnaire was shared via Facebook, LinkedIn and WhatsApp, it is possible to assume that the elder generation could have less access since according to Pandita (2017) there is a pattern of mobile phones and tabs growing more popular among younger generation only because they are able to access internet, and the elder population is not used to be online and using these applications all the time like the younger population. Another reason for that can be the fact that the questionnaire was all in English, which certainly was a barrier for this generation, as the English language was not very popular when they were in the scholar age.

3. What is your professional category?

Although most nurses in Brazil are technicians as it says in the Literature Review: ‘Over 300,000(20%) were professional nurses, 700,000(47%) were nursing technicians, and over 500,000(33%) were from assistant nurses’. Unexpectedly, most of the respondents were professional nurses, what was good for the research as this category of professional is the only one which is compatible with the requirements of NMBI, while the other categories still need to finish their bachelor’s degree or even need to start one.

4. How many years of working experience do you have in Hospitals?

When asked about the work experience as a nurse, most of the people stated having more than 2 years, 5 years or 11 years, but the majority has between 5 and 10 years of experience. When considering their country, is possible to assume that some of the respondents are counting their previous experience as technicians also instead of considering only the experience after graduation. It’s very common in Brazil registered nurses starting their careers as nurse technicians. On the other hand, since that most of the people who answered the questionnaire were aged between 26 to 30, it is also possible to assume that some of them graduated in their early 20s, what is possible if they started the University when they were 17 years old.
5. Have you ever worked or still working abroad? And 6. If you have international work experience as a nurse, where?

Certainly because of the lower knowledge in the English Language in the country as studied on the Literature Review, most of the Brazilian nurses has never had international experiences. In this context the fact that 89 people who never worked abroad was highly expected by the researcher. Although 37 people had answered they had experience abroad, only 26 people had stated which international countries they worked in, being them Germany, London, Barcelona, Haiti, Guinea Bissau, Latin America, New Zealand, Paraguay, Portugal, South Africa, United Arabic Emirates, USA, Ireland. Some of the people who stated having worked abroad, worked actually in Brazil itself but in other states apart from their origin or current state. The biggest group which had international experience pointed Ireland as their destiny.

7. Indicate 3 of the options given is what most drive nurses to leave Brazil and work abroad:

As 3 things what most motivates nurses to look for other opportunities, the low remuneration in comparison with great responsibility and social expectations was chosen 87 times as the reason which drives nurses to go abroad. The current political situation was chosen 82 times and the low level of social respect for people practicing the profession in healthcare was chosen 62 times. The low remuneration and the political situation were highly expected as Brazil has a high level of inequality and currently the country is facing a recession as presented in the Literature Review. The low level of social respect can be explained maybe because of the shortage of professionals, the population might discharge on the nurses their feelings of being waiting in the queue or for the low-quality service due to the faulty health care system. Other reasons were voluntarily given, for instance, lack of professional appreciation, the seek for different experiences, hate for the country, violence in Brazil and the seek for life quality.
8. Why do you believe Ireland would be a good place to work abroad?

The answer for this question matched with the expectation of the researcher. Since the life conditions in Brazil still in developing process as shown in the Literature Review, as the major answer ‘Better life conditions’ were pointed by 44 people (34.9%) as the main expectation of living in Ireland. The second most expectation in moving to Ireland is find better career opportunities by 37 people (29.4%). The work conditions were classified in the 3rd place by 20 votes, representing 15.9%. Higher pay rates and International experience was the options less chosen by the respondents, being respectively 13 (10.3%) and 12 (9.5%) votes for them. Analyzing the bunch of information so far it seems Brazilian nurses are looking mainly for quality of life, even not related to their work conditions, which means Brazil is very faulty on basic life conditions, considering this, it is possible to assume that professionals of other areas would probably be also interested to leave the country.

9. Why do you think nurses from Brazil hesitate to move to Ireland for work?

Even with so many difficulties in Brazil, and having an easy access to Ireland, Brazilian nurses seems to be not able to move to Ireland. The language is considered a barrier for 54% of the respondents, which means 68 people. The lack of English skills is commonly expected in a big group of Brazilians since the country doesn’t have a good teaching system of the language, only people with better financial conditions can afford learning a new language, according to the literature review, people who has more knowledge in the country are concentrated in the South Region, São Paulo and Federal District. Many people demonstrated not having awareness about the opportunities in Ireland with 21.4% of votes, which means 27 people, the reason for that is that there is not any recruiting program towards Brazilian nurses apart from the project started in 2017 called “Enfermeiros na Irlanda” managed by the researcher of this study (APPENDIX E). The lost trust in recruiting agencies in such important decision as immigration got the third place as a worry on moving to Ireland, 23 (18.3%) people voted on it, it might be a result of the non-awareness of success cases and non-existing national recruiting programs towards Brazilians, since the population has lower level of English, when compared with other developing countries. The different weather and
culture were chosen by 5 (4%) people. Representing 0.8% each, the homesickness, Lack of information on the registration process and lack of experience were given by one person each as a reason to hesitate to move to Ireland.

10. What do you believe would be the 3 most challenging adaptation factors to work in Ireland?

Adaptation would be the process after living in Ireland, even considering getting registered and being working in Ireland, 101 of the respondents once again classified the language as a barrier in this period, being their first worry if living in Ireland. This percentage shows how the Brazilian population in general have been affected by the weak educational system, it goes beyond of the lack of English knowledge, but it becomes a lack of confidence as well, which can affect their adaptation since they might feel afraid of doing mistakes or being misunderstood. The topic of cultural differences was chosen 65 times, probably they are not totally aware about the culture in Ireland, and normally people are afraid of the unknown situations. Sharing the house was the third challenge of adaptation most chosen in 58 times, this is actually one of the biggest challenges of immigrants in Ireland, mainly in the capital, and big cities, but this context would be more suitable for students, however being a nurse with less experience, whom the salary would be a bit lower, it would be recommendable to work in hospitals or clinics far from big cities, so the rent would be cheaper, and the chance of having to share the house would reduce significantly. Weather conditions were selected 51 times (40.5%), homesickness and heavy workload respectively with 37 (29.4%) and 34 (27%) votes. Lack of knowledge and loneliness were pointed by 1 person each, corresponding to 0.8% each.

11. How aware are you of the requirements to register as a nurse in Ireland?

Since the population who has Advanced level of English in Brazil is very less, and currently there is no other Recruitment Program for Brazilian nurses apart from the one in the researcher hands, and this one is not nationally known yet, the non-awareness of the requirements was highly expected, 68 people stated that they know nothing or very less of the requirements while 21 people know enough to start the first steps and 17 people said being aware of all the requirements, probably some people already know
the requirements because of the Brazilian nurses community on Facebook (APPENDIX D) and the Portuguese manual already shared in the past by the researcher (APPENDIX E), some of these people stated that they are advanced or proficient in English so in this case they could also have read the requirements on the NMBI website (APPENDIX G).

12. **What is your level of English?**

As expected, most of the respondents stated their English as intermediate, basic or none 86 people from 126 in the total. As said before the lack of English skills is commonly expected in a big group of Brazilians since the country doesn’t have a good teaching system of the language, only people with better financial conditions can afford learning a new language, according to the literature review, people who has more knowledge in the country are concentrated in the South Region, São Paulo and Federal District. Only 30 people said their English is Advanced or Proficient. The lack of English gives Brazil a huge disadvantage when compared with other developing countries, India, Philippines, Africa e few other countries are being source of professionals for a long time already, even Brazil having high skilled professionals the country is underestimated by the international market, what makes the professionals lose the opportunity to reach better life conditions they are seeking. The fact that most of the people who answered the questionnaire had low level of English allows the assumption of that they might have selected wrong answers as they could misunderstood the questions and options, it explains why some graphics slightly don’t blend.

13. **Are you currently living in Ireland?**

Currently, out of the 126 respondents only 35 people are living in Ireland, they might be the same people who stated their knowledge on the requirements and the ones who said having their English level as Proficient, Advanced and a few of them intermediate. 91 people said they still living in Brazil. The reasons for that was already clarified by their answers on the previous questions, about the hesitation factors, the not awareness about the opportunities and requirements, and by the challenges on adaptation, all mentioned before.
14. If yes, what are you doing in Ireland?

There are few Brazilian nurses living in Ireland already, which were found by the researcher when she started the project ‘Enfermeiros na Irlanda’ in 2017, and other nurses identified on the Brazilian group on Facebook (APPENDIX D), it was expected to have few of them answering the questionnaire. In this question, different from the previous result (35 people living in Ireland), 39 people said they are living in Ireland, the difference of numbers might be because of the lack of English of some participants, who might had answered this question wrongly even they are in Brazil. 15 people said they are working and studying English, they probably have student visa, or if they have European passport they still need to improve their English to get the required score in IELTS. Other 15 respondents said they are only studying. 9 people said they are only working, they might have European passport and enough English and now they are trying IELTS or they already got the registration in NMBI and they are working in a nursing home or hospital in Ireland.

15. If you are currently working in Ireland, where do you work?

In this question again, the number of people who seems to live in Ireland doesn’t match with the other graphics, out of the 126 respondents, 98 people (77.8%), selected the option N/A as they are currently living in Brazil or don’t work in Ireland yet, considering the question 13, the number of people to select N/A supposed to be 91 plus the people who only study in Ireland (15), what makes a total of 106 people in N/A and the rest distributed between the other options. The researcher is considering 10% of wrong answers, since some participants might don’t understand all the questions. Home care was chosen by 9 (7.1%) of the respondents to work in Ireland, while Nursing Homes were chosen by 7 (5.6%) of the nurses. 9 (7.1%) people said they already work in a Hospital or Clinic in Ireland, and 3 (2.4%) people said they work in another area. Most of the Brazilian nurses work in nursing homes and Home care, which is the most similar job to their field. Hospital and clinics would be just registered nurses through NMBI. The researcher is aware of a small number of Brazilian nurses who already work in Ireland, so the 9 respondents were expected.
16. What do you believe would incentive you to take the first steps to register as a nurse in Ireland?

As an open question people were asked for factors which would make them feel excited in starting the registration process. After collecting the answers, a tendency was noticed, and the opinions made 16 groups of common answers, which people were saying the same things but in different ways. The results were organized in a table previously presented to make the understanding clearer:

<table>
<thead>
<tr>
<th>OPINIONS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness about the culture</td>
<td>0.90%</td>
</tr>
<tr>
<td>Sponsored registration process</td>
<td>0.90%</td>
</tr>
<tr>
<td>Trust towards my recruiter</td>
<td>0.90%</td>
</tr>
<tr>
<td>Competition to win a cash prize of the best candidate</td>
<td>1.80%</td>
</tr>
<tr>
<td>Opportunity as a career while in Ireland</td>
<td>1.80%</td>
</tr>
<tr>
<td>Agency approach in Portuguese</td>
<td>2.70%</td>
</tr>
<tr>
<td>Not sure</td>
<td>4.50%</td>
</tr>
<tr>
<td>Good Salary, decent workload, less bureaucratic registration process</td>
<td>5.41%</td>
</tr>
<tr>
<td>Knowledge of the registration process</td>
<td>5.41%</td>
</tr>
<tr>
<td>Providing instruction manual</td>
<td>5.41%</td>
</tr>
<tr>
<td>Sponsored English classes</td>
<td>9.01%</td>
</tr>
<tr>
<td>Success cases</td>
<td>9.01%</td>
</tr>
<tr>
<td>Workshops</td>
<td>10.81%</td>
</tr>
<tr>
<td>Getting the necessary score in the IELTS</td>
<td>11.71%</td>
</tr>
<tr>
<td>Awareness about the opportunity</td>
<td>14.41%</td>
</tr>
<tr>
<td>YouTube Channel</td>
<td>17.12%</td>
</tr>
</tbody>
</table>

As open question, it was not obligatory to answer, so from the 126 people, 111 respondents gave their opinion on what would be an interesting approach to future candidates, and what would make them more interested in the opportunity. It’s already known by the researcher that the opportunity needs to be better promoted, so a few
of the answers above were already expected. The 16 groups were divided in 3 according to the frequency of votes.

Among the opinions most given, YouTube Channel is the winner with 17.12%, as already known by the Literature Review, YouTube gets a lot of attention on recruitment and even better when shared on Facebook. Brazilians frequently use the application when they decide to go abroad due get most of the information and to feel familiar with the new destiny. ‘Success cases’ (9.01%) and ‘Awareness about the opportunity’ (14.41%) could be linked to the YouTube channel since they would certainly be part of the subjects of the videos. Many people (11.71%) wrote about their English that ‘Getting the necessary score in the IELTS’ would incentive them to start the first steps, but doing IELTS is actually the first step, so maybe this opinion can be added to the ‘Sponsored English classes’ (9.01%), where people are looking for improvements on their English but they have no financial conditions to invest on that right now. ‘Workshops’ (10.81%) was also highly pointed by the participants.

In the second group ‘Agency approach in Portuguese’ (2.70%), ‘Knowledge of the registration process’ (5.41%) and ‘Providing instruction manual’ (5.41%) could be added in just one action since all them, just like the first group, are linked to sharing information and given support. Good Salary, decent workload, less bureaucratic registration process (5.41%) would involve policies of the board of nurses (NMBI) and HSE which goes beyond of the agency power and recruitment program, for the first steps it wouldn’t change or improve the current situation of future candidates, this opinion was probably given by people who already live and work in Ireland. 4.5% of the respondents were not sure on what to suggest.

In the third group with less votes ‘Awareness about the culture’ (0.90%) and ‘Trust towards my recruiter’ (0.90%) could count also as a promotion issue, which means the information need to be spread, once it happens the agency will also be trusted, since the exposure brings this benefit according to the Literature Review. ‘Sponsored registration process’ (0.90%) already happens, but only if the candidate is successful in the registration, the Employer gives €1,500 to any overseas candidate once they are employed. ‘Competition to win a cash prize of the best candidate’ (1.80%) that’s
something not expected, but still, Brazilian nurses need first to be prepared for that, filling all the requirements of NMBI, otherwise the number of participants on a competition would be very low, but if looked as just a promotion, could work. ‘Opportunity as a career while in Ireland’ (1.80%) the person who answered this is probably willing to go to Ireland already, but certainly doesn’t understand yet about the process.

17. If you would like to receive information about the requirements to register as a nurse in Ireland, please write your email below:

Out of 126 people, only 32 people are interested in receiving more information through their email. In a previous question 68 people stated that they know nothing or very less of the requirements while 21 people know enough to start the first steps and 17 people said being aware of all the requirements. Considering this information, the 32 people who left their email for contact were part of the 68 people who are not aware of the process. In this 68 people, 41 were the ones who don’t have any information.

Conclusion of discussion:

This study suggests that Brazilian nurses are willing to go abroad mainly because of the economic and political situation of the country, but the work conditions and pay rates are also strong influencers on their motivation. Comparing with Brazil, the life conditions in Ireland are much better considering economic factors, even the work conditions are not totally satisfactory, the whole context would bring many advantages for Brazilian nurses, on top of that it would bring better career opportunities.

English is the first barrier to get involved in the recruitment process, from their point of view as well from the point of view of the researcher, it seems to be an issue even on the adaptation period what suggest a lack of confidence in Brazilian nurses. The non-awareness and lost trust on agency are the other biggest barriers, but they are result of the lack of information.

Apart from the language, adapt to the culture and share house would be challenges in the adaptation process.
There are Brazilian nurses already living in Ireland and studying English to try IELTS and registration, when compared with the whole population of nurses in Brazil, the number of people aware about the opportunity is very small. Most of them are working in nursing homes and Home cares. There are few people already registered and working in hospitals, but they are currently less than 10 people. There is an extreme need of promotion of the requirements and opportunities, but it must to be in Portuguese.
CHAPTER VI - CONCLUSIONS AND RECOMMENDATIONS

This research has shown key factors of the Brazilian nurses’ profile and how their expectations would fit in Ireland as a country destiny for working. There is a possibility of fulfilling some of their expectations, in terms of better life conditions, which includes safety, income, education, housing, environment, jobs, civic engagement, work-life balance, community, life satisfaction and health. In all these aspects, Ireland has shown a better level than Brazil.

When people go abroad, there are 5 categories which make the new life satisfying and where the immigrant need to have balance. All these categories, comparing with Brazil, Ireland still a good place to settle in:

**Quality of life:** leisure options, personal happiness, travel and transport, health and well-being, safety and security.

**Easy of Settling In:** felling welcome, friendliness, finding friends, language.

**Working Abroad:** Job and career, work-life balance, job security.

**Family Life:** Availability/Counts of childcare and education, quality of education, family well-being.

**Personal Finance:** Income, capacity of saving and investing.

That means that Brazilian nurses would have a better quality of life. Moreover, this improvement would be solid, consistent, since there will be a balance of the 5 factors mentioned above.

Since most of Brazilian nurses don’t speak English and, the research has shown the population of Brazil who most speak English are the classes A and B, because they have better income, it means Brazilian nurses are in big numbers part of the class C and others. If that is true, Brazilian nurses normally spend their money mostly with housing, food and healthcare, there is no extra money for investment on their education or entertainment and others. Considering their monthly salary in Brazil, is possible to understand that this affirmation is true. When compared with the Irish Health System
conditions and the cost of living, even Ireland is one of the most expensive countries to live, Brazil still behind.

**NURSES:**

Although there are opportunities for Brazilian nurses to enter in the Irish Health care System, there are barriers which the nurses need to overcome, the most important thing is the English language. This factor can’t be changed by recruitment agencies or employers, Brazilians need to focus on that, even there is no financial condition. Currently there are YouTube channels or websites, applications such as ‘Duolingo’ where people can learn for free. That would help at least with the basic English. The fact that Brazilian nurses don’t speak English makes the International Nursing Industry look for countries which had English as first or second language, such as India, Philippines, Africa and others.

**HEALTH SERVICE EXECUTIVE:**

Ireland as a destiny would have to investigate their health system due to find the reasons why their own nurses leave the country. There are already known reasons such as workload and incomes, which certainly HSE has been aware. There is a need of restructure in the Irish health system in terms of skills management. The shortage of skills that Ireland have been facing is not just because Irish nurses emigrate, but because the population is living longer, and the immigrants have been increasing with the time, all these aspects should be carefully analyzed since, only contracting new people wouldn’t sort the root cause. If solving the root cause and implementing improvements on the workload and incomes, the emigration of Irish nurses would decrease, and the better conditions would catch attention of nurses who are willing to go abroad.

A good a suggestion for the Health Service Executive (HSE) would be the understanding of the American Program called Magnet Recognition Program. And if it is applicable, invest on it. According to Magnet Program (2018) the program was initially formed in 1990 as the Magnet Hospital Recognition Program for Excellence in Nursing Services; its criteria were based on findings from a 1983 study conducted by the American Academy
of Nursing’s Task Force on Nursing Practice in Hospitals, which identified 14 characteristics that created an environment conducive to attracting and retaining well-qualified nurses who promoted quality care. These 14 characteristics became known as the “Forces of Magnetism.” In 2002, the program was officially changed to the Magnet Recognition Program®.

The Magnet Recognition Program® is a road map for nursing excellence. It is a program based on evidence and research. Research comparing Magnet organizations with non-Magnet organizations has found Magnet recognition to be associated with improved nurse sensitive indicators, including lower rates of falls and improved skin integrity.

**Principles of the Program**

The Magnet Recognition Program® focuses on advancing three goals within each Magnet organization:

1. Promoting quality in a setting that supports professional practice
2. Identifying excellence in the delivery of nursing services to patients
3. Disseminating “best practices” in nursing services

The Forces of Magnetism serve as the foundation of the current Magnet Model, which is composed of five key components that place greater focus on measuring quality, patient care, and performance outcomes. These principles are:

1. Transformational Leadership
2. Structural Empowerment
3. Exemplary Professional Practice
4. New Knowledge, Innovation, and Improvement
5. Empirical Quality Results
RECRUITMENT:

Recruiting international talents needs to be very well structured since it involves many changes on the life of future candidates. When recruiting internationally, the agencies are working with dreams and expectations, for that reason the candidates need to have credibility on the agency and employers as they are about to give a very important step in their careers and life.

There is a need instead of traditional recruitment within the usual strategies, a structured plan on how to reach Brazilian nurses in a way they feel motivated to invest on a new language. It is known that Brazilian nurses compared with other developing countries have a lower index of immigration and the major reason is their lack of English. Despite of that, with the globalization and the Brazilian recession, there is an opportunity to invest on them as a source of high skilled professionals.

The findings of this research suggest that HSE and Recruiters should link and integrate different medias such as Facebook, YouTube and Instagram, and dedicate efforts in promoting their social and video media, for instance, their organizational website, so that nurses would be inducted to view this media. The Irish Health system and the agency involved on recruiting Brazilian nurses should build their website with greater personalized focus, cues, and amount of information about working in Ireland as a nurse.

Having a Facebook profile would be beneficial to combine videos and webpage on a single platform, since most of the recruiting profiles on Facebook don’t include videos, that would be a differential. Furthermore, the agency’s website could be improved with the addition of video and content of a personalized nature. And in the future, the agency could integrate an instant message feature on their page, which would enable job seekers to obtain tailored responses to their queries. The tailored responses would positively impact likability perceptions, as the agency is likely to communicate in a polite and positive manner to potential applicants.

Moreover, via Facebook’s conversational capability, it is expected that job seekers will conclude that the source is knowledgeable. In this way the agency will use this as an
opportunity to display its expertise. Additionally, the “open” nature of Facebook may increase perceptions of source trustworthiness, considering that third parties and current employees could publicly dispute misleading information. Consequently, perceptions of source credibility are likely to be greater for Facebook versus the other media.

The YouTube videos would be short ones of maximum 5 minutes each, with a very precise information, about requirements, success cases, registration process, work conditions, life conditions in Ireland and all the lack of information presented in this research.

On top of the promotion, would be a manual in Portuguese, explaining step by step (APPENDIX E) and workshops in universities in Brazil. If possible would be interesting to create a competition where the winner would have advantages, such as coaching, sponsored English classes or cash prize.

As future research, is recommended to identify the cases of success of Brazilian nurses in Ireland, investigate the budget that the Irish Health care system is willing to spend, analyze a good strategy of competition as a promotion, identify the best method of learning IELTS or OET, identify the best practices of recruiting through social media and YouTube channels, among others.
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SELF - APPRAISAL

I’m 27 years old. I was born in Brazil in a family of 5. My parents got 30 years of marriage in 2017 and I have 2 siblings. My oldest sister is married, and I have 2 nephews from her, one is 5 years old and the other one was born last year. My brother is also married but he doesn’t have kids yet. I’m the youngest kid, I’m single and still looking for my pot of gold at the end of the rainbow, it’s not about being married, but about my achievements in general. I had 2 dogs, but unfortunately one of them passed away last year, he was very close to the family, just really like a member. Everyone still in Brazil, I’m the only black sheep.

Being abroad is not an easy task, it requires more strength than we imagine. It’s about our body, soul and mind. It’s about break everything we are and rebuild that again using some polished old pieces with new ones. It’s about realize how small we are and how big we can impact others life. Finally, it’s understand that in the whole world nothing makes us better or worse that the person next to us, we are all different and everyone carry your own story with particular experiences, and that makes this world a wonderful place to live and enjoy.

Since my first memories I always look for something different, I hardly ever wanted to do something everyone was doing. Based on that it’s possible to understand part of my path and achievements so far. When I was 15 years old I took a course of Industrial mechanics and got a job at Robert Bosch, where I worked for 5,5 years. In 2013, I completed a Diploma in Business Administration, before joining a Recruitment Agency in Brazil as a trainee. There, I gained experience working on a variety of recruitment projects including sectors such as: production, civil, electrical and environmental engineering, sales, bank, financial, accountancy, marketing, logistics, human resources and nursing.

One significant project included establishing a new premier agency for an International Bank, where I was solely responsible for my team. This responsibility included the
coordination of new researchers’ training in the work cell, researchers’ workload control, monitoring of processes internally, maintaining the quality of projects and database auditory.

In 2015, I moved to Ireland, to improve my English and experience a new culture. With persistence and acquired knowledge, I joined Optimize Recruitment to work specifically on projects in the nursing & healthcare sectors.

In 2017, when I started my Masters, I expected some hard time, since I was totally committed with important things, I was working in a café to pay my bills and the loan of €10,000 that I just had gotten to pay my course, besides that I was working as a contractor with the project of nurses, which was an excellent opportunity to learn a new process in a country where I’ve never had experience in my area before, this project is based on commission, so I couldn’t leave the café.

Classes, assignments and new commitments came as expected, in my personal life, losses and health issues with risk of life in my family, not expected. The stress was accumulated, at that time I couldn’t afford to see my family, because, as student I could work just 20h and I was saving every single coin to keep paying my courses. I still didn’t meet them (for 3 years), no conditions for that.

What I’ve most learn with the MBA was beyond of technical knowledge. I’ve learned to deal with adverse situations and don’t keep my head down, I’ve learned to identify priorities, to hold emotions, to forget the pain. I’ve learned that we can’t stop, and at the end everything will be alright. The time will pass, and the future is 90% on our hands, we can’t lose the track.

When doing the dissertation, was the same story, I had to take important decisions, I’m also responsible for the place where I live, so I am the one who takes all the decisions. I’ve gotten hunted by a company to open a new operation in their agency, so I was participating of interviews, which made me lose the focus on the dissertation. For many reasons, I was not able to focus on the research, and at the same time I was not feeling sure about my topic, since my supervisor was not convinced with my objectives. With so much information and a cloudy mind, after a while I’ve got clarity on my topic. I was
a bit late and my supervisor was on holidays. So, I saw myself alone, was not the first time. What I’ve learned in life is that we must keep moving, but with a direction, a target, with assertive actions. So once, I fixed the topic in my mind, I’ve ignored everything around, and I was able to work on the dissertation in peace. I’ve learned by these conflicts to ignore certain situations, to don’t be so intense in small things, that was affecting my productivity, even I am the one who must solve issues. It is important that we consider our goals as the priority, because the small things and other people won’t do it for us. Next time it happens, if I start giving to much importance to other things than the priorities, I’ll be able to realize that before, as I’ve faced that on my dissertation period.

This research was extremely important for me, since I’m currently working with recruitment of Brazilian nurses, although I hold the project for more than 1 year, we didn’t have much success, and the reasons behind that was not clear, till I start this research. With the outcome, now I’m able to apply some of the recommendations and propose improvements to HSE and to my agency. I can actually make the things happen, but now, based on literature review and the primary research, what makes the strategies very consistent. I’m very happy with my work, and I’m excited to study more things in-depth.

CONTENT

Process:

My aim since I started the course was make a point on my recruiting project, so that reason drove me to choose my topic, was a bit difficult to understand what outcome I was expecting. I was trying to think on the simplest way, because I believe that when you think simple, you can think in-depth, if you start to think too much and start creating theories you can lose the meaning of the research, and at the end you are not able to answer your research question. So, my decision was work on the base, since there is nothing much built on Brazilian nurses being abroad. In this way I had literature enough to review and I believe was the most assertive way, instead being creating things which don’t exist yet.
Use of Sources:

My assumptions were aligned with the literature review and with the outcome of the primary research. The reason for that was that I’m already connected with the field of research, what was a very positive aspect since I know what kind of information I was looking for, down from the research question towards the conclusion. I avoided to use very old references (less than 2012), my topic was great for that, I’ve found many sources of 2016, 2017 and even 2018.

Dissertation Formulation:

The sources used fitted very well for my topic, I didn’t have to do any adaptation. The evidence I’ve found was very important, and it clarified some gaps of information that I had before, the best of my findings was that all the assumptions I had, now are proved by literature and by the primary research. Once you cross both information you are able to understand the connections, and what was just an assumption becomes a solid information, which you can use to build strategies.

Own learning:

The learning style employed on this research was ‘Theorist’. When analyzing I was crossing the results with the literature review in a very logical approach, trying to adapt and integrate observations. Normally that’s my way of thinking, I tend to be very practical in decisions and analysis. Sometimes though, I realized according to the situation, the way of thinking was not appropriate, so I’ve learned to adapt in few situations. My schedule didn’t happen as I planned, even I asked days off to focus on my dissertation, but at the same time I’m surprised with the amount of focus I can have under pressure. I also realized with the course and with the dissertation, that when I’m under pressure, I tend to be more assertive and keep the focus. When I’m under pressure is when I’ll give my best, and I will be multi-tasking and I won’t lose my focus and the meaning on what I’m doing. I feel like I am in a competition with myself. It’s challenging!
APPENDIX B - SAMPLE QUESTIONNAIRE

Ireland as a new destiny for Brazilian Nurses

READ BEFORE YOU ANSWER

Dear Participant,

Thank you for your time and support!

This study is an independent research work of Miss. Thais Martins da Silva with no affiliations or sponsors. It is a research about Ireland as a new destiny for Brazilian Nurses.

The study has been approved by DBS Ethics Committee, as part of the study you will be asked to fill up the online questionnaire of 17 questions which may take not more than 5 minutes in total.

Avoid any external influences. A well-answered questionnaire provides the true picture and hence accurate analysis.

Your participation is entirely voluntary in nature. The information you provide will be kept confidential, and no identifying information will be used in the dissemination of the results.

By filling this questionnaire, you are agreeing that: (1) you have read and understood the Participant Information Sheet, (2) questions about your participation in this study have been answered satisfactorily, (3) you are aware of the potential risks (if any), and (4) you are taking part in this research study voluntarily (without coercion).

Supervisor guiding & monitoring this dissertation is Dr. Shaun Hayden (shaun.hayden@db.ie)

Should you have any questions regarding the study, please feel free to contact me on 10372558@mydbs.ie

*Obrigatório

1. Could you please mention your gender? *

   Marcar apenas uma oval.

       ☐ Female
       ☐ Male
       ☐ Prefer not to say

2. Could you please mention your age category? *

   Marcar apenas uma oval.

       ☐ under 25
       ☐ 26-30
       ☐ 31-35
       ☐ 36-40
       ☐ 41 and above
3. 3. What is your professional category? *

Marcar apenas uma oval.

☐ Nurse
☐ Technical Nurse
☐ Auxiliar Nurse
☐ Outro: _______________

4. 4. How many years of working experience do you have in Hospitals? *

Marcar apenas uma oval.

☐ Never employed
☐ Less than 1 year
☐ 1 year to 2 years
☐ 2 years to 5 years
☐ 5 years to 10 years
☐ More than 11 years

5. 5. Have you ever worked or still working abroad? *

Marcar apenas uma oval.

☐ Yes
☐ No

6. 6. If you have international work experience as a nurse, where? *

________________________
________________________
________________________

7. 7. Indicate 3 of the options given is what most drive nurses to leave Brazil and work abroad: *

Marque todas que se aplicam.

☐ Low remuneration in comparison with great responsibility and social expectations
☐ Mental and physical stress due to a high demand of work and insufficient number of nurses
☐ Low level of social respect for people practicing the profession in healthcare
☐ Political situation in Brazil
☐ Personal reasons
☐ No career opportunities
☐ Outro: _______________
8. Why do you believe Ireland would be a good place to work abroad? *

- Better life conditions
- Higher pay rates
- Good work conditions
- Better career opportunities
- International experience
- Outro:

9. Why do you think nurses from Brazil hesitate to move to Ireland for work? *

- The language is a barrier
- No awareness about opportunities in Ireland
- Lost trust in recruiting agencies due to an increased number of frauds
- Different weather and culture
- Outro:

10. What do you believe would be the 3 most challenging adaptation factors to work in Ireland? *

- Homesickness
- Weather conditions
- Language barriers
- Heavy Workload
- Sharing house if it is needed
- Cultural differences
- Outro:

11. How aware are you of the requirements to register as a nurse in Ireland? *

- Not at all
- Very less
- Enough to start the first steps
- I know all the requirements
12. What is your level of English? *  
*Marcar apenas uma oval.
- None
- Basic
- Intermediate
- Advanced
- Proficient

13. Are you currently living in Ireland? *  
*Marcar apenas uma oval.
- Yes
- No

14. If yes, what are you doing in Ireland? *  
*Marcar apenas uma oval.
- Studying English
- Working
- Both
- N/A

15. If you are currently working in Ireland, where do you work? *  
*Marcar apenas uma oval.
- Home Care
- Nursing Home
- Hospital or Clinic
- Other
- N/A

16. What do you believe would incentivise you to take the first steps to register as a nurse in Ireland?
APPENDIX C - CONSENT FORM

Ireland as a new destiny for Brazilian Nurses

READ BEFORE YOU ANSWER

Dear Participant,

Thank you for your time and support!

This study is an independent research work of Miss. Thais Martins da Silva with no affiliations or sponsors. It is a research about Ireland as a new destiny for Brazilian Nurses.

The study has been approved by DBS Ethics Committee, as part of the study you will be asked to fill up the online questionnaire of 17 questions which may take not more than 5 minutes in total.

Avoid any external influences. A well-answered questionnaire provides the true picture and hence accurate analysis.

Your participation is entirely voluntary in nature. The information you provide will be kept confidential, and no identifying information will be used in the dissemination of the results.

By filling this questionnaire, you are agreeing that: (1) you have read and understood the Participant Information Sheet, (2) questions about your participation in this study have been answered satisfactorily, (3) you are aware of the potential risks (if any), and (4) you are taking part in this research study voluntarily (without coercion).

Supervisor guiding & monitoring this dissertation is Dr. Shaun Hayden (shaun.hayden@dbs.ie)

Should you have any questions regarding the study, please feel free to contact me on 10372558@mydbs.ie
APPENDIX D - GROUP OF BRAZILIAN NURSES IN IRELAND ON FACEBOOK
APPENDIX E - SAMPLE OF THE MANUAL IN PORTUGUESE FOR NURSES BY THE RESEARCHER
CARTA PARA VOCÊ

Olá enfermeiro(a)!

Se um dia você se imaginou morando na Europa e esse é o seu grande sonho, agora é o seu momento! Se você nunca sonhou sobre isso, mas está interessado, vem que não tem erro!

Meu nome é Thais Martins da Silva e moro na Irlanda desde Fev/2015. Sou graduada em Administração, pós graduada em Gerenciamento de Projetos e tenho experiência de recrutamento desde o Brasil.

No presente momento estou desenvolvendo um projeto e é com grande prazer que lhe apresento o ENFERMEIROS NA IRLANDA. Esse é um projeto novo no quesito Irlanda e Brasil, atualmente existem muitos filipinos e indianos que passaram pelo mesmo processo.

Esse manual foi elaborado com a intenção de facilitar o entendimento do processo de registro como enfermeiro brasileiro na Irlanda. Todas as informações contidas aqui foram coletadas com base no site do NMBI, RCSI, HSE e também com base em entrevistas com enfermeiros que atualmente trabalham na Irlanda.

NMBI: https://www.nmbi.ie/Registration/Trained-outside-Ireland/Application-Process
RCSI: http://www.rcsi.ie/overseasaptitudeetest
HSE: https://www.hse.ie/engstaff/jobs/overseas_candidates/living_and_working_in_ireland.html

Te espero nas próximas etapas,

Thais Martins da Silva
Phone: +353 89 946 0714
Email: thais@optimalrecruitment.ie

Recruiter profile:
http://optimalrecruitment.ie/about/thais-martins-da-silva/

Linkedin:
https://www.linkedin.com/in/thais-martins-da-silva-60b07362/

“O homem é do tamanho do seu sonho.” - Fernando Pessoa
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<td>B: Documentos de Identidade</td>
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<td>C: Contatos</td>
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<td>D: Registro do título de enfermeiro e pós-graduação no Brasil</td>
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<td>G: Detalhes da prática profissional no Brasil</td>
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<td>H: Explicações extras</td>
<td>10</td>
</tr>
<tr>
<td>I: Ler e assinar alguns termos de responsabilidade</td>
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<td>J: Checklist de todo o processo</td>
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<td>Programa de Adaptação</td>
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<td>Optimize Recruitment</td>
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<tr>
<td>Perguntas Frequentes</td>
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CRITÉRIO DE ELEGIBILIDADE

Para trabalhar na Irlanda como enfermeiro, é necessário reconhecer o seu diploma e passar por uma série de análises de documentos. É um processo um pouco trabalhoso com alguns gastos iniciais, mas muito compensatório no final. Sendo contratado, você recebe uma ajuda de custo de €3500, sem falar que em 1 mês de trabalho mesmo no período de adaptação é possível cobrir boa parte dos gastos que teve para se registrar e trabalhar na Irlanda.

Antes de tudo confira se você é elegível para o processo de registro de enfermagem na Irlanda. Acesse link abaixo para ver o conteúdo original.

https://www.nmbl.ie/Registration/Trained-outside-Ireland/Group-3-Applicants

Critérios obrigatórios:

1. Ter um registro válido e atual (ATIVO) no Conselho de Enfermagem do seu estado (COREN);

2. Se você tiver finalizado sua faculdade por tempo superior a cinco anos da data de início do registro na Irlanda, você precisa ter trabalhado na área por pelo menos 12 meses nesse espaço de cinco anos;

3. Atender aos critérios de proficiência na língua inglesa.

Saiba mais aqui: http://www.nmbl.ie/Registration/Trained-outside-Ireland/English-Language-Requirements

O NMBl só aceita IELTS ou OET como teste de proficiência na língua e você precisa conseguir as notas mínimas requeridas por eles em cada habilidade (escuta, fala, leitura, escrita e média geral).
Sendo elegível, as próximas páginas vão te explicar o passo a passo desse processo.

**NMBI's five-step process**

**STEP 1**: Overseas Registration Application Request Form

**STEP 2**: Overseas Registration Application Pack

**STEP 3**: Forms and documents from relevant authorities

**STEP 4**: NMBI carries out an assessment of your application

**STEP 5**: You will receive a decision letter from NMBI

For overseas applicants, NMBI operates a five-step application process.
ROLE
DUTIES
(HSE Nursing, Staff Nurse, Midwifery, Pediatric, Intellectual Disability Nurse, Psychiatric Nurse, Nurse Managers)

FIRST AN ADAPTATION PERIOD MUST BE COMPLETED

- Nurses coming from overseas need to successfully complete a supervised placement in an Irish health care facility, before being approved for registration.
- The minimum timeframe for completing the placement is six weeks, but the health care facility can extend the placement timeframe to 12 weeks.
- The role during this time is as a nurse but is supervised.

THE NURSING ROLES INCLUDES

- Providing pre-and post-operation care;
- Monitoring and administering medication and intravenous infusions;
- Taking patient samples, pulses, temperatures and blood pressures;
- Writing in patient records, undertaking ward rounds, etc.

POSITION
CHALLENGE

Irish nursing methods and adaptation to European culture and environment.

REQUIREMENTS
- Graduation: Nursing qualification and eligible for registration as a nurse in Ireland.
- Experience: At least 1 year working in accredited hospital after the graduation in the last 5 years.
- Language: English Advanced. NMBI only accepts International English Language Testing System (IELTS) Academic Test and Occupational English Language Test (OET).

Personal Competences
- Resilience | Hands-on | Communication ability
- Open to learn new ways to practice | Easy adaptation in different environments

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<th>OET: minimum scores</th>
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<td>Listening</td>
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SCORES

NMBI will only accept the minimum scores in the IELTS Academic Test and OET:
UNDERSTANDING ABOUT THE BUSINESS

SEVEN HOSPITAL GROUPS:

- Ireland East Hospital Group - 11 hospitals
- RCSI Hospitals Group - 7 hospitals
- Dublin Midlands Hospital Group - 7 hospitals
- University Limerick Hospitals Group - 5 hospitals
- South/South West Hospital Group - 9 hospitals
- Saolta Hospital Group - 6 hospitals
- The Children’s Hospital Group - 3 hospitals

UNDERSTANDING ABOUT THE BUSINESS

The Health Service Executive (HSE) is the largest organization in Ireland with over 100,000 people. The HSE directs and funds public health services in Ireland. The HSE manages services through a structure designed to put patients and clients at the centre of the organization.

Wide range of emergency, diagnosis, treatment and rehabilitation services are provided in Ireland’s public hospitals. Their world class national specialist services include heart, lung and liver transplants, bone marrow transplants, spinal injuries, pediatric cardiac services and medical genetics.
UNDETERANDING ABOUT THE BUSINESS

The hospitals in Ireland are organized into Seven Hospital Groups. The services delivered include inpatient, scheduled care, unscheduled/emergency care, maternity services, outpatient and diagnostic services.

BENEFIT PACKAGE

**Additional allowances of €1,858 for working in certain areas such as Emergency Dept, ICU, Theatre, Renal, Geriatric, Oncology, etc. If there is an eligible post graduate course in the specialist area that can be increased to €2,791.

PENSION SCHEME

- Pension contributions from the employer.

RELOCATION PACKAGE

- Up to €1,500 in vouched removal/lodgement expenses including the cost of flights. Nursing Registration Costs with NMBI. Funded post graduate education.

HOLIDAY PAY

- Minimum annual leave for nurses is 23 per year. There are 8 public holidays per year. That equates to 33 fully paid holidays per year.

AVERAGE WORKING WEEK

- The working week for a nurse in Ireland is based on a standard 39 hour week. The health sector is a 7 day per week. Overtime hours are normally available but attract a higher rate of pay. Work on Sundays and public holidays is paid at almost double pay.
BENEFIT PACKAGE

Staff Nurse salary (with one year's experience) starts at €30,802 (as of 1/1/18). Depending on years of experience the salary scale climbs to up to €45,248.

For example a nurse with 4 years’ nursing experience gained anywhere around the world, would commence on €34,531 per annum.

Basic monthly salary:
*1 year experience before tax

€2,566*

STEP BY STEP

REQUIREMENTS
** Depending on your correct and full documents.

PREVIOUS
- Graduation
- 1 year experience
- IELTS 7

FIRST INTERVIEW
Interview with Agency (skype)

NMBI REGISTRATION
Interview with Agency (skype)

ATYPICAL WORKING SCHEME
Interview with Hospitals for adaptation (skype)

WORK PERMIT VISA
Placement
CONTACT

THAIS MARTINS DA SILVA

Email: thais@optimizerecruitment.ie
Phone: 089 946 0714
Recruiter Profile:
http://optimizerecruitment.ie/about/thais-martins-da-silva/
LinkedIn:
https://www.linkedin.com/in/thais-martins-da-silva-60b07362/

APPENDIX G - NMBI WEBSITE