Questions continue to be raised about the global trend of nurse migration: its ethical implications, the professional challenges of cross-cultural nurse integration, and the socio-economic repercussions of migration for sending and receiving countries. A primary concern is the recruitment of nurses from the global South to temporarily fill labour deficits in the global North. Salimah Valiani, an associate researcher at the Centre for the Study of Education and Work at the University of Toronto and a policy analyst and advocate within the trade union movement, presents an in-depth historical and socio-economic analysis of this issue. She successfully addresses two research questions: What accounts for the increased use of temporary migrant nursing labour in the global North, circa 1990, sparking the beginnings of the global integration of nursing labour markets? How can the dynamics of the global integration of caring labour markets be interpreted with regard to restructuring in the capitalist world economy?

Valiani highlights the trend to substitute temporary labour migration for permanent migration in OECD (Organization for Economic Co-operation and Development) countries during the late 20th and early 21st centuries. Using temporary nurse migration as the exemplar, she analyzes the international, national, and local policies, processes, and practices that have created and that sustain this phenomenon. Valiani draws on Marxian economics, feminist theory, and the world historical approach to provide an alternative explanation to the traditional “push and pull” theorizations of global nurse migration. The Philippines, the first and largest exporter of nurses, and the United States and Canada, the largest receivers of migrant nurses, are used as examples to explain her theoretical perspective.

In the example of the United States, Valiani describes the relationship between the restructuring of nursing labour and the increasing reliance on medical technology. In her detailed historical analysis, she explores the pathways of commodification of medical technologies,
health services, and drugs in the United States that have led to increased hospital costs for users. Hospital administrators cut costs by restructuring nursing labour using multiple approaches, such as the recruitment of temporary migrant nurses. In the example of Canada, Valiani combines a world historical lens and a socialist feminist lens to describe how undervaluing of female nursing labour has resulted in the high mobility of temporary nursing labour entering and exiting the Canadian health-care system. Interestingly, as Valiani points out, welfare state ideals in the Canadian instance have failed to overcome the capitalist logic of undervaluing female labour. In the final example of the Philippines, Valiani presents a pre- and postcolonial picture of the social and economic forces propelling the Philippines towards dependence on remittance of resources from exported labour. She describes the restructuring processes, at the national and global level, that ensured that the Philippines would supply the global labour market with a steady supply of temporary migrant nurses and thus solidify the exploitation and undervaluing of female labour.

In conclusion, Valiani states that the production of temporary migrant nursing labour leads to “absolute and deepened unequal exchange” within the world capitalist market. The bulk of this unequal exchange occurs between countries of the global South and the global North, exacerbating the social and economic inequities that already exist. This book is rich with evidence supporting Valiani’s theoretical perspective. Overall, it is a great resource for anyone interested in expanding their knowledge of the macro-level processes and structures shaping global temporary nurse migration.

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