



Private & Confidential

FACULTY OF BUSINESS

FINAL EXAMINATION

Student ID (in Figures) : 

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Student ID (in Words) : \_\_\_\_\_  
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Course Code & Name : **HRM2013 INTERNATIONAL HUMAN RESOURCE MANAGEMENT**  
Semester & Year : September - December 2021  
Lecturer/Examiner : Angela Thexeira  
Duration : 3 Hours

**INSTRUCTIONS TO CANDIDATES**

- This question paper consists of 2 parts:**  
**PART A (60 marks) : SIX (6) short structured questions. Answers are to be written in the Multiple Choice Answer Sheet provided.**  
**PART B (40 marks) : THREE (3) essay questions. Answer any TWO (2) questions in the Answer Booklet provided.**
- Candidates are not allowed to bring any unauthorised materials except writing equipment into the Examination Hall. Electronic dictionaries are strictly prohibited.**
- This question paper must be submitted along with all used and/or unused rough papers and/or graph paper (if any). Candidates are NOT allowed to take any examination materials out of the examination hall.**
- Only ballpoint pens are allowed to be used in answering the questions, with the exception of multiple choice questions, where 2B pencils are to be used.**

**WARNING:** The University Examination Board (UEB) of BERJAYA University College regards cheating as a most serious offence and will not hesitate to mete out the appropriate punitive actions according to the severity of the offence committed, and in accordance with the clauses stipulated in the Students' Handbook, up to and including expulsion from BERJAYA University College.

**Total Number of pages = 4 (Including the cover page)**

**PART A : SHORT STRUCTURED QUESTIONS (60 MARKS)**

**INSTRUCTION(S) :** Answer all **SIX (6)** short structured questions in the answer booklet provided.

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## **THE INTERNATIONAL MIGRATION OF HEALTH PROFESSIONALS**

Few patients in hospital can fail to have noticed the increased contribution to their care made by staff who have migrated from an increasing array of countries. Many EU countries as well as the USA, Canada and Australia have become increasingly reliant on internationally recruited health professionals, especially nurses. The scale of nurse migration is unprecedented and this movement highlights the feminization of migration. The recent experience of the UK health sector throws much light on the causes and consequences of nurse migration. This phenomenon is not entirely new as nurses and doctors have transportable skills and in the 1950s and 1960s came to the UK to train and stayed on to work in the National Health Service (NHS). What is different about recent experience has been the extent to which governments in source and destination countries have actively encouraged nurse mobility.

When the Labour government came into office in 1997, it committed itself to improving the NHS and it decided an important way to do this was to expand staffing levels. In 2000, the Labour government established a target for England to recruit an additional 20,000 nurses and midwives by 2004 and the target was subsequently increased to 35,000 by 2008. Taking account of existing staff shortages and the three years that it takes to train a nurse, international recruitment was identified as the preferred strategy to ensure rapid workforce growth. The Department of Health established an institutional infrastructure to promote recruitment activity. An NHS Director of International Recruitment was appointed, supported by International Recruitment Coordinators and the number of staff recruited internationally comprised a key performance target for these coordinators. Financial assistance was made available by the government to enable managers to travel to the Philippines in particular, to recruit batches of 50–100 nurses at a time. The Department of Health actively marketed the NHS to potential recruits through its website and entered into bilateral agreements with countries such as Spain to get over the message that the NHS was welcoming nurses to the UK. Between 1999 and 2004, 68,000 additional nurses were recruited by the NHS in England, a significant proportion were overseas nurses recruited to work in less popular specialties and geographical locations.

The NHS and independent care homes have relied heavily on nurses recruited from the Philippines to address its nurse shortage. Strong demand for Filipino nurses stemmed from its US colonial past which ensured proficiency in English and a US-orientated nurse education system that dovetailed with the requirements of overseas employers. Nursing schools have played an important part in ensuring a growing supply of nurses to feed international demand. Although nursing schools in the Philippines are privately owned, the government has sponsored their growth and this has encouraged nursing as a career because of the opportunities it presents to work abroad. By contrast, low levels of health expenditure and poor wages encourage exit overseas.

The experience of overseas nurses working in the UK has varied. Nurses often have to use recruitment agents that charge high fees to place nurses in employment and sometimes provide misleading information about the type of work and the geographical location of the workplace. All nurses have to be registered with the UK professional nursing organization before they can be employed as registered nurses and it can be difficult to gain the relevant placements and experience, resulting in qualified nurses working as health care assistants for much lower wages. In general, nurses employed in the NHS have a much more positive experience of employment with formal induction and mentoring. This contrasts with

nurses working in independent sector nursing homes who frequently confront issues of deskilling as their qualifications are not used and their experience is discounted. Internationally recruited nurses want to be treated with respect by patients and other staff and not allocated poor shift patterns or provided with few training and promotion opportunities

*Source: Bach, S. (2015) 'Nurses across borders: the international migration of health professionals', in Parry, B., Greenhough, B., Brown, T. and Dyck, I. (eds) Bodies Across Borders, Avebury: Ashgate, pp. 153–69.*

1. Explain any **TWO (2)** positive impact of migration. (10 marks)
2. Evaluate any **FIVE (5)** disadvantages of migrant workers. (10 marks)
3. With the inclusion of migrant workers in an organization, it promotes diversity which can provide challenges to HRM. Discuss **TWO (2)** challenges of diversity in the workplace. (10 marks)
4. Based on the case study, evaluate **TWO (2)** factors for international compensation from the viewpoint of the foreign nurses. (10 marks)
5. Explain **TWO (2)** challenges faced by the foreign nurses working in the UK. (10 marks)
6. Explain **FIVE (5)** trends that can affect the recruitment of foreign nurses. (10 marks)

**END OF PART A**

**PART B : ESSAY QUESTIONS (40 MARKS)**

**INSTRUCTION(S) :** Answer any **TWO (2)** essay questions in the answer booklet provided.

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1. International labour migration has become an increasingly important element of international HRM. Evaluate the **FOUR (4)** advantages for employers of employing migrant workers in their organisations. (20 marks)
  
2. Employee participation is creating an environment in which people have an impact on decisions and actions that affect the productivity of an organization. Discuss **FIVE (5)** objectives of employee participation in the decision-making process. (20 marks)
  
3. HR outsourcing reduces the fixed cost of managing employees and can be more efficient because the talent and infrastructure are already in place. The decision to outsource human resource activities requires the organisation to consider the risks involved. Discuss **FOUR (4)** pitfalls of HR outsourcing. (20 marks)

**END OF EXAM PAPER**