From Diplomacy to National Development: Chinese Policy on the Transnational Mobility of Nurses

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There is currently a global shortage of nurses.\(^1\) As the world’s population continues to grow, as increased life expectancies are paralleled by an increase in chronic conditions, as new infectious diseases emerge, and as the scope of nursing practice expands, the gap between demand and supply of nurses worldwide is expected to widen. Consequently, the international recruitment of nurses has intensified.\(^1-3\) Since 1978, China has witnessed unprecedented socioeconomic developments that have directly impacted its health care system, including nursing. In addition, China has made notable progress toward integrating into the global community virtually at every front. Within the historical and current national and international contexts, this article examines the evolution of China’s policy on the transnational mobility of nurses using a domestic-international linkage interpretive framework. In particular, it focuses on the policy shift from sending nurses abroad in the form of foreign aid as a tool for international diplomacy to a strategy for national development. Then, the Filipino model of exporting nurses as a national development strategy is described and its applicability to China assessed. Finally, the implementation of this new policy and related issues are analyzed.

This article argues that the shift in China’s policy on the transnational mobility of nurses is the natural and logical outcome of the interplay of changed priorities with respect to national interests and international environment in post-Mao China. The basic assumption of this article is that, from a stakeholder conceptual framework, there are many interest groups at the individual, institutional, national, and international levels that have overlapping and frequently different or even conflicting interests regarding the transnational mobility of nurses.\(^4\)

For the purpose of this article, national inter-

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ests will be the primary focus, with secondary attention given to international and individual interests.

**Domestic-International Linkage: Interpretative Theoretical Framework**

Policies are not made in vacuum. Chinese national development policies in the post-Mao era were conceived, formulated, and executed in the Chinese national and international contexts. In other words, these policies were the products of the interplay between national determinants (such as national interests, internal politics, ideology, employment rate, etc.) and international constraints/environment (such as relations with other countries and international organizations, foreign trade, perceived status and position on the world stage, etc.). Viewing policies as outcomes of this interaction is the fundamental premise of the domestic-international linkage framework. This framework is adopted to interpret the evolution and change of Chinese policies on the transnational mobility of nurses.

**Chinese Policy on Transnational Mobility of Nurses**

China’s national development policy can be broadly characterized as self-reliance and self-sufficiency from 1949-1965, isolation during the Cultural Revolution (1966-1976), and integration into the global community after 1978. The national development policy in a given historical timeframe was the function of the interplay between national interests and international constraints. Consequently, as part of a broader national development strategy, China’s policies on transnational mobility of nurses have adapted to the evolving and changing priorities of national interests and international environment.

**Sending Nurses Abroad as Diplomacy (1949-1977)**

During the early years of the People’s Republic (1950s-1960s), China was preoccupied with nation building following decades of foreign invasion and civil war. Internationally, as many former colonies gained independence and became sovereign nations, China began to perceive itself as the leader of the developing world in the fight against the global hegemony of the United States and the Soviet Union and against the Old World Order characterized by unjust international division of labor. To a considerable extent, this clash between China and the two superpowers was ideological in nature, although security and development were also concerns.

Historically, China was not a nurse-exporting country. Perhaps the earliest records of Chinese nurses being sent to foreign countries date back to the 1960s when nurses as part of medical teams were dispatched to newly independent Third World countries as part of a larger international diplomacy campaign to win over hearts and minds. In essence, China utilized foreign aid as a tool for international diplomacy. No project embodied this policy better than the Tanzania-Zambia Railway, which was financed, designed, and carried out by China alone. Started in 1971 and completed in 1975, this project became a model of China’s foreign assistance programs. This project demonstrated to the world that China was able to finance, design, and complete challenging projects independently. This was particularly important
after both the United States and the Soviet Union turned down the project request.

Over time, this global diplomatic strategy became part of what came to be known as Three Worlds Theory, a geopolitical theory formulated by Mao Zedong. Officially publicized in 1974, this policy served as China’s dominant foreign policy framework during the Mao era. Eventually, China won the moral and diplomatic support of Third World countries, became their unofficial spokesperson and led the fight against imperialism, domination, and the perceived injustice of the Old World Order. Today, elements of using foreign aid as diplomacy still can be seen, although the underpinnings of the Chinese foreign policy framework have broadened to include interdependence within the context of globalization.

Exporting Nurses as National Development Strategy (1978-present)

The real beginning of transnational migration of Chinese nurses did not begin until China adopted an open-door policy in 1978. Chinese nurses were sent individually to work on short-term contracts in Singapore and oil-rich gulf countries in the Middle East. For Chinese nurses, working in a foreign country was primarily perceived as a means to improve one’s living standards. In particular, the opportunity to work overseas was associated with prestige. Material perks such as television sets, microwave machines, tape recorders, and other electronics brought back at the end of the contracts served as powerful status symbols. By and large, few of these Chinese nurses stayed in those countries permanently, possibly due to unfavorable immigration policies in destination countries and a lack of desire among Chinese nurses themselves.

Since China opened its doors to the outside world in the late 1970s, economic development has become a priority of national interests. As a result, domestic economic consideration began to assume a greater role in China's foreign policy. Eventually, this policy came to be known as “modernization diplomacy” or “economic diplomacy” and was defined as serving China’s greatest national interest – economic development. This policy shift can be best understood and interpreted in the national and international contexts of post-Mao China.

National Determinants of the New Policy

Socioeconomic Development. Since 1978, the Chinese economy experienced a boom that was unprecedented in China or perhaps in the world, with an astonishing 7-9% sustained annual growth rate. Between 1980 and 2000, the size of the Chinese economy quadrupled. The socioeconomic reforms launched by the late paramount leader Deng Xiaoping in the late 1970s and continued by his successors transformed China from a socialist planned economy into a semi-free market economy under the name “socialist market economy.” Among the most daring economic initiatives were: (a) partially privatizing state enterprises in the 1990s because 70% of them were losing money and had to be subsidized by the government and (b) “letting some people get rich first” through personal entrepreneurial endeavors, with only recent recognition of private ownership written into the Chinese Constitution. The revival of the once suppressed entrepreneurial spirit unleashed energies that had not existed under the socialist welfare system. Dependence on oneself rather than reliance on the government and work units (dan
wei) became key to financial security and social mobility because the socialist system was being replaced with more components of capitalism in which profit was the bottom line. In this national context, individual initiatives were crucial to survival and success in society.

However, China is poor in most resources with the exception of human capital. For instance, China had about 22% of the world population and 26.3% of the world’s labor force (709 million) in 1995, 1.64 times that of high-income countries combined. Meanwhile, only 7% of the world’s arable land and water resources, 3.4% of world’s domestic investment, and 0.27% of world’s total of international patents. As a direct result of the privatization of state enterprises and the down-sizing of the government to improve administrative effectiveness and efficiency, millions of Chinese people found themselves in a precarious situation: they either had to retire early with meager retirement pay or be laid-off. Consequently, unemployment (and underemployment) has become one of the volatile political and social issues in China. The proportion of those affected was staggering. For instance, the proportion of the workforce in the state-owned sector dropped from 63.0% to 34.4% between 1979 and 1996; the accumulative number of laid-off workers reached an estimated 20 million, 20.1% of whom were 36-40 years old. At the end of 1998, the urban unemployment rate reached 8 to 8.5%. In addition, the urban unemployment issue was exacerbated by the so called “floating population” – surplus farmers freed from rural reforms trying to find work in urban areas – which was estimated at 100 million.

Socioeconomic Status of Nurses. There have been two seemingly paradoxical scenarios. On the one hand, there has been a dire need for nurses to staff health care facilities to meet nurse-to-bed ratios set by national standards. China has one of the world’s lowest nurse-to-physician ratios (0.61:1 in 2001) and has vast unmet needs in rural areas. On the other hand, there has been a sizable number of nurses who were either unemployed or underemployed, particularly in urban areas. Furthermore, some unknown number of Chinese nurses have chosen to leave the profession.

There are many possible explanations for the above situation. First, health care administrators in urban areas have tended to use nurse quotas to hire other health professionals such as physicians. Since Chinese nurses as a group had little influence over decision making, especially regarding human resources, there has been no forceful opposition to this practice. Second, many nurses have chosen to live and work at urban hospitals, even if this has meant more competition, more stringent requirements for education and experience, and longer waiting times. Third, many Chinese nurses have failed to find job satisfaction and career development opportunities and have been eager to change jobs even when employment opportunities have been available. Last but not least, many Chinese nurses have settled on nursing not as their first career choice but as a realistic one often decided by parents or teachers. Their internal motivation to study and stay in nursing has been weak at best.

In addition, the inferior socioeconomic status of nursing as a profession and its unattractive occupational reputation have contributed to the motivation for transnational migration. There is sociocultural stigma against becoming a nurse in the Confucian tradition, primarily because nursing is associated with uncleanness, servility and physical labor with little intellectual challenge. To further exacerbate the situation, the starting salary for entry level nurses is as low as that for janitors in some
parts of China. Consequently, the perceived and real return on investment in nursing education is minimal, thus eroding the motivation to study and remain in the profession.

Reforms in the Chinese nursing education system have exacerbated the situation inadvertently. The Chinese nursing education system consists of three entry-level programs: secondary level programs, associate degree programs (zhuan ke), and baccalaureate programs. Following the Soviet model, China eliminated nursing from institutions of higher learning, reducing it to secondary technical education. Post-secondary nursing education at the associate and baccalaureate levels was not restored until 1983. However, the dire consequences of such a policy remain startlingly evident: the percentage of Chinese nurses trained in secondary programs was 95% in 1997 and 85% in 2005. With increasing educational requirements from employers, especially large prestigious urban hospitals, the marketability of graduates from secondary level nursing programs has decreased noticeably. For example, in urban centers such as Beijing, Class A hospitals (i.e. largest hospitals with the best medical technology – usually teaching hospitals affiliated with university medical centers) have virtually stopped hiring nurses with less than an associate degree.

International Environment

In the post-Mao era, China has consistently promoted peace to build a favorable international environment through bilateral and multilateral agreements and flexible foreign policy for its economic development. In fact, China has taken advantage of the relative international stability in the last decades to advance its national interests. Foreign trade and investment have become important avenues to integrate China into the global economic system. Starting in 1984, China established four Special Economic Zones to attract foreign investors, who took advantage of the low labor cost and favorable tax policy to produce goods at more competitive prices. By the early 1990s, one-third of China’s national income was derived from foreign trade, up from only 2% in the early years of the People’s Republic. Another indicator of China’s relative dependence on foreign trade was the fact that exports and imports as percentage of Gross National Products (GNP) jumped from 9.89% in 1978 to 27.90% in 1991.

Meanwhile, since 1979 China has aggressively exported its labor resources to other countries to achieve a win-win outcome: to relieve its unemployment pressure and earn foreign exchange. Essentially, exporting nurses was part of this new national development strategy known as “international labor cooperation.” Between 1979-1988, China signed 7,164 labor service contracts with 117 countries, earning $10.3 billion. Since 1988, labor export has accelerated, with an annual volume of 70,000 workers on average. By the end of 1992, 130,000 Chinese workers worked overseas on these contracts. After joining the World Trade Organization (WTO) in 2001, China was advised to continue promoting labor exportation, but in a more organized manner.

Exporting Nurses as a National Development Strategy: The Philippine Model

For decades, the Philippines has deliberately promoted exporting nurses as a national development strategy to generate much-need-
ed hard currency. Over the past few decades, hundreds of nursing schools were established simply for the purpose of training nurses for export. As a result, Filipino nurses have become a national brand product. Today, this small island nation with 88 million people is the dominant supplier of well-trained nurses in the global marketplace. For instance, the Philippines alone contributed 38.9% of all internationally educated nurses working in the United States in 2000. In 2004, remittances sent back by Filipinos amounted to $8 billion.

For many Filipino nurses, going abroad to work is the best way to support their families (both nuclear and extended) because salaries are up to 20-30 times higher abroad. In addition, employment in another country may provide a way for nurses and their families to emigrate. In fact, the fever of immigration via nursing was so hot that a report indicated that 4,000 practicing physicians took courses to become nurses in 2004 because of the nurse-friendly US immigration laws and regulations.

Despite the many advantages presented by international nurse migration, there have been concerns about the shortage of nurses to staff Philippine health care facilities and the capacity to educate future generations of nurses in the country. Health care facilities in rural areas have been hit especially hard by the nurse exodus. Additionally, there are increasing concerns about the quality of the mass production of nurses. As the global demand for nurses has increased, more nursing schools have opened up as profit-making enterprises. With fewer qualified faculty and staff and limited facilities for instruction and clinical experiences, the quality of graduates has been inevitably affected. Thus, the Philippine government is concerned that these schools might turn into diploma mills and might ultimately hurt the national brand product that has taken the country so long to build and maintain. As a result, 23 substandard programs were recently forced to close in attempt to assure quality.

**Does the Philippine Model Work for China?**

Chinese government officials and entrepreneurs have been studying the Philippine business model of training nurses to assess its applicability to China. There are reasons to believe that the Philippine model may work for China.

**Similar Levels of Socioeconomic Development and Employment Pressure.** Both China and the Philippines are developing countries with similar levels of socioeconomic development and with increasing needs for foreign currency to promote national development. The two countries share pressing sociopolitical issues like high unemployment rates, although the primary underlying causes differ. Exporting nurses to other countries could serve as a “safety valve” to help maintain social stability.

**Shared Cultural Values.** Like their Filipino peers, many Chinese nurses regard working abroad as the best way to provide long-term financial security. This is a form of self-sacrifice they are willing to make for the long term interests of their families. Once working in foreign countries, Chinese nurses are willing to work long hours and save a significant portion of their income. Additionally, Chinese and Filipino nurses share similar work ethics, clinical excellence, and compassion.

However, there are also major differences between China and the Philippines that present challenges to achieve desired outcomes of this new policy.

**Language.** Filipino nurses are trained in an English environment since English is one of the official national languages and is used as
the medium of instruction in nursing schools. In contrast, Chinese nurses do not have this advantage.

Nurse Training. There are major differences in nursing education in the two countries. Philippine nursing schools, especially those designed to train nurses for export, have been essentially modeled after US nursing programs. For instance, their curricula and textbooks are frequently imported directly from the US. Many of the instructors were trained in the US with American work experience, which has been a notable advantage in facilitating the training of Filipino nurses and their transition into the US health care environment.

Lack of Name Brand Effect. Filipino nurses as a group have earned a reputation as compassionate nurses with a good work ethic and superb clinical skills. This established, favorable reputation has benefited new Filipino nurses over time. However, Chinese nurses do not have this advantage, since their presence in foreign health care is a recent phenomenon. At this point in time, Chinese nurses are still in the formative stage of building a collective reputation and image.

Implementation of the New Policy and Related Issues

English Language Nursing Programs

It is relevant to examine English language nursing programs to assess China’s efforts to integrate into the global community. English language nursing programs are specialized nursing programs in which approximately one-third of the curriculum is devoted to English language training, in addition to regular nursing courses. The goal is to produce graduates who are employable in foreign countries. This type of special nursing program emerged in the 1980s largely in response to China’s need to expand its international labor market. Over the years, these programs have experienced significant growth due to their rising popularity and the prospect of lucrative salaries in foreign countries.

However, the mechanical addition of the English language training within the pre-existing Chinese nursing curriculum was overly simplistic and failed to address the different values undergirding other, especially Western, health care systems and professional nursing practices. Thus, only a small number of graduates of these programs were able to function independently in Western health care systems. For instance, autonomy is a highly cherished value in Western nursing, but it is inconsistent with Chinese norms and so is rarely touched on in the training of Chinese nurses. Chinese nurses’ lack of understanding of this important Western value greatly affects their interactions with patients, physicians, co-workers, and other health care professionals. A case in point is that, in the Western health care setting, a nurse cannot force a patient to take medication if he or she refuses. Another system difference relates to staffing patterns. In China nurses can remain dependent on physicians with less pressing need for critical thinking since physicians and nurses always work in a team on a work unit. In Western nations, Chinese nurses are frequently shocked to learn that they must function independently and be accountable for their actions and inactions.
Assessing the New Policy

Socioeconomic Development or Political Correctness? As a crucial part of achieving the overarching goal of “integrating into the global community,” the Chinese government adopted a new policy in 2002 that specifically encouraged training of nurses for the global nursing market. Although these policies did not explicitly support the export of nurses, insiders were keenly aware that such policies represented a major policy shift. The only reason for the implicitness was to avoid being perceived as being “political incorrect.” In essence, the Chinese government did not want its people and the world to perceive that the government was advocating for the export of Chinese nurses simply to bring in foreign exchange, while many rural areas remain in desperate need of health care professionals like nurses. Therefore, in official government documents, exporting nurses as a national development strategy was instead described as “international labor cooperation” designed to integrate China into the global community. However, the permission granted to the Commission on Graduates of Foreign Nursing Schools (CGFNS) to set up a testing center in Beijing was the ultimate litmus test for the government. The testing center was established in 2003 and was regarded as a blessing by Chinese nurses; however, the official euphoria was subdued to avoid being perceived as politically incorrect.

In contrast, the Chinese Nursing Association (CNA) openly supported the CGFNS “deal,” but for a different reason. For decades after the Communist government took over the country in 1949, the socioeconomic status of nurses remained low, despite continual government propaganda. In fact, low socioeconomic status has been one of the primary reasons for the “brain drain” of nurses into other professions, constituting a significant waste of human capital investment both at the individual and national levels. In fact, CNA regarded the new policy shift as a golden opportunity to leverage to improve the socioeconomic welfare of Chinese nurses because CNA believed that nurses’ work would continue to be under-valued until the nurse shortage threatened the operation of health care facilities. In essence, CNA intended to use any possible backlash against exporting nurses as an effective agent and mechanism for change. On a positive spin, Professor Renjian Huang, president of the CNA, pointed out that Chinese nurses working in other countries represented a favorable development for the profession because “returning nurses will bring back advanced knowledge and skills and can improve China’s nursing services as a whole to a new level.”

Public Good or Profit-Making? Independent entrepreneurs were the first to respond to the market force. Many were convinced that nurse training for the global market had enormous profit-making potential and flocked to the opportunity. From 2002 to 2004, for-profit training companies mushroomed across the country. However, without adequate curricula, training experiences, and qualified instructors, over 95% of these for-profit companies have gone bankrupt.

Nursing programs were the next group of training entities to meet the market demand. Like private entrepreneurs, many programs also regarded nurse training as a market with great profit potential. However, these entities were limited by several factors:

- Their first and foremost priority to train students already in their programs
- The tension between training nurses for profit and educating them for the profession while contributing to the discipline
• Lack of qualified faculty to design and implement a customized curriculum
• Lack of incentive to run a profit-making nurse training program because nursing programs have little say in how profits are distributed and negotiated in parent institutions
• “Red tape” preventing nursing programs from being optimally responsive to the market

For these reasons, only a handful nursing programs were involved in training nurses for the global market. Of note, leading Chinese nursing programs expressed minimal interest in this initiative, perhaps because they perceived scholarship and disciplinary development as central to their mission.

Semi-governmental training agencies were the latest to enter the market. They were essentially profit-making companies that had profit-sharing agreements with the government at various levels and could, in turn, conduct business activities in its name. Frequently, the CEOs of these companies were retired former government officials, who exploited their social networks to set up these training programs for profit-making. These companies had enormous comparative advantages because they could access and leverage effective and efficient administrative channels for their business operations in a centralized country like China. Moreover, because of these individuals’ seemingly official affiliation with the government from their business names or close ties, other training entities without affiliation with the government were pressured by market forces to be associated with these semi-government training agencies. To be formally franchised, each training entity had to pay a sizable fee under a profit-sharing arrangement. In essence, this is a pyramid-shaped, hierarchical, profit-making network with each level exploiting the next level below it.

Discussion

Departing from its earlier policy of sending nurses abroad as a tool for international diplomacy, China sought to model itself after the Philippines by adopting the training of nurses for the global market as a national development policy. To a large extent, the successful implementation of this policy depends on whether China is able to produce quality nurses meeting international standards. Based on the author’s research and the available literature, China needs to address the following issues in order to achieve the designed objectives of this policy.

Curriculum Transformation. Curricula are at the crux of education and training. The relevant content, skills, and values expected of Chinese nurses to meet international standards need to be operationalized at the curriculum level. “Transformation” means that the “soul” (i.e. values, beliefs, ethics, laws, and regulations, etc.) of Western health care systems, including nursing, needs to be addressed and understood in context so that Chinese nurses can not only answer the “what” but also the “why.” Without such curriculum transformation, the aim of producing qualified Chinese nurses who meet international standards remains merely an empty objective.

However, a number of logistic and policy issues need to be addressed before the curriculum transformation can occur. What are the international standards for entry level nurses? Are there any agreed upon global competencies and standards? Can Chinese nursing schools run on two curricula – one for the domestic market and one for the global market, assum-
ing not all nursing students will be interested in working abroad or able to do so? If there are two curricula for different career paths, does this create hierarchy and stratification within the existing nursing educational system?

To many Chinese nurse educators, reforming the existing English nursing programs is a logical and plausible starting point. Many English nursing programs believe that the easiest way to achieve international standards is to simply increase the number of English language training hours, assuming that English language proficiency will automatically qualify their graduates to work in foreign health care systems. Unfortunately, the reality is much more complex and this simplistic additive approach to curriculum transformation remains merely an illusion.

Teacher Training. Lack of qualified nurse educators is the biggest challenge for the new training initiative for the following reasons: (a) There is a generation gap of nurse educators due to the abolition of post-secondary nursing education in China between 1952 and 1983; (b) A significant proportion of nurse educators are physicians – some of whom still have not adopted nursing’s patterns of thinking; and (c) few Chinese nurse educators have worked or taught in foreign countries. How can nurse educators teach something that they have never experienced?

The ideal solution to the last issue is to hire native Chinese nurses currently working in foreign countries to capitalize on their language advantage and knowledge of foreign health care systems. However, because of their commitment to their full-time positions in foreign countries, these nurses cannot afford to devote a significant amount of time to such training unless they intend to return to China permanently. Another practical solution is to hire foreign nurses or nurse educators to train Chinese nurses. However, their lack of knowledge about China and its culture, and more importantly, their lack of working knowledge about China’s nursing education system and curriculum pose daunting challenges to achieving the optimal teaching effectiveness.

Conclusions

Over the last three decades, China’s policy of sending nurses abroad evolved from a small-scale, foreign aid oriented diplomacy to a full-fledged, engaged national development strategy. This new policy acknowledges the essential human right of individual nurses to move freely and is consistent with the position of the International Council of Nurses. This significant policy shift signified a fundamental departure from sending nurses as a tool for international diplomacy and was the direct outcome of the interplay between the national determinants shaping the priorities of national interests and the changed international environment in the post-Mao era. This new policy has generated unprecedented excitement as well as spirited debates in the Chinese nursing community and society at large, along with some chaos on the nurse training market.

Although it is still too early to evaluate the effects of this new policy, the author is cautiously optimistic about its long-term positive impact on nursing as a profession in China and on Chinese socioeconomic development. This cautious optimism is not groundless; rather it is anchored in an understanding of the Chinese culture and confidence in those Chinese nurses who are determined to control their own destiny. The motivation, diligence, creativity, and perseverance derived from such determination will eventually overcome barriers during their transnational migration. For instance,
although lack of proficiency in the English language is most frequently cited in the literature as the greatest challenge preventing Chinese nurses from international migration, it is not an insurmountable obstacle. The following Chinese experience provides the evidence for the author’s optimism. English was not a popular language in China until the 1980s when China opened its doors to the world. With the possibility to pursue higher education abroad, thousands of Chinese college students as a group progressively achieved impressive English language proficiency as demonstrated by their scores on the Test of English as a Foreign Language (TOEFL) and Graduate Record Examination (GRE) exams, some even obtaining perfect scores.

Since becoming a member of the WTO in 2001, China has been increasingly perceived as an emerging economic and political power. Joining the WTO has presented both opportunities and challenges for China. For the first time, China has the opportunity to freely exchange goods and services with other countries and integrate into the global community on an unprecedented scale. Meanwhile, foreign investment in permitted sectors such as health care has sped up the transition towards a market economy, exerting pressure on existing government-subsidized health care facilities. The combination of these domestic and international forces have served as a powerful impetus for the transnational migration of Chinese nurses, which is believed by many to serve three objectives well—individual nurses, the nursing profession, and China’s national interests.

Will China change its current policy of training and exporting nurses for the global market for national development? Very unlikely. Numerous signs indicate that China will continue to pursue economic development as a priority among its national interests. Such indication could not be clearer from Hu Jintao’s recent visit to the United States. The Chinese president made Seattle his first stop to visit Boeing and Microsoft, two of the largest business partners with China. This itinerary was by no means an accident; rather it was a deliberate effort to show Washington that mutually beneficial trade between the two countries were of paramount importance, despite major differences in other issues such as ideology, human rights, and free press.

China is perhaps the last frontier for international nurse recruitment. With 1.3 million nurses, China has the world second largest nurse workforce. In context of the widening gap between the global demand for and supply of nurses, it is not a question of “if” but “when” Chinese nurses will become a major player on the global nurse market. Therefore, this author will not be surprised if China replaces the Philippines as the world’s largest supplier of nurses in the foreseeable future.

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