

Managed Migration of Nurses



- ❖ Current Situation
- ❖ Policy Development
- ❖ The Way Forward

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Current Situation

- ◆ Increased Global Shortage of Nurses
- ◆ Movement of Nurses
 - “Push” Factors
 - “Pull” Factors
- ◆ Implications of unmanaged movement of nurses



Increased Global Shortage of Nurses

Factors supporting the increasing shortage:

- ◆ Reduction in the number of nurses trained
- ◆ Shorter length of stay in hospital through improved medical and surgical procedures
- ◆ Shift of focus in health care from curative (hospital) care to preventative care
- ◆ The aging population in many developed countries e.g average age for a registered nurses in Canada and the USA is 45 years of age. In Canada 33% of the nursing population is over the age of 50 years.



Increased Global Shortage of Nurses

- ◆ Population growth in many developed countries is more than the number entering the nursing profession
- ◆ Competing professions have reduced the number of entrants to the nursing profession
- ◆ Decline in status as compared to previous times. No longer the dream profession from the Florence Nightingale era also impacts on the inflow in this profession
- ◆ Shortage of Nursing Tutors because of the low remuneration as compared to clinical or administrative nursing positions



Movement of Nurses

Factors supporting movement (migration) of nurses:

- ◆ Developing countries with their low economic status are not able to provide on a comparable level the considerations desirable and supportive of retention of workers.
- ◆ Developed countries, on the other hand, have the economic viability and strength to adequately and effectively fund these same considerations making them the ideal or benchmark for other countries.



Movement of Nurses

These considerations which are coined “pull” and “push” factors reflecting the economic strength of the developing and developed countries respectively, include:

- remuneration
- professional development
- promotional opportunities
- working conditions
- resources (medical supplies etc.)
- standard of living
- remittances



Implications of Unmanaged External Migration of Nurses

- ◆ Shortage of nurses in source countries
- ◆ Decline in health indicators, thus affecting targets for the MDG e.g.
 - increase in infant mortality rate
 - increase in maternal mortality rate
- ◆ Increase in post surgery mortality rate
- ◆ Increased accident rates and by extension more litigation also increasing the cost of health care delivery.
- ◆ Brain drain and economic loss
- ◆ Social decay
- ◆ Remittances
- ◆ Technological transfers

Summary of the Cost of Unmanaged External Migration



Summary of Cost of out-migration as they are experienced

Investment or Benefits Side	Where	Cost or Benefit	Indicators
Investment Cost	Government	Budgetary cost of training	Training cost by category of staff for reference year
	Trainee/Family	Fees and support cost	Reported payments by families
Benefits lost/current costs	Remaining staff	Overloaded and exhaustion	Reported probability of leaving
		Frustration and loss of morale	Sickness rates, decline in productivity
	Health care system	Loss of output	Lower service levels: e.g. routine surgery, supervised deliveries
		Loss of quality	Higher levels of complications, higher fatality rates, loss of preventive activity e.g. immunization
	Patients and Community	Loss of Access	Rising exclusion when ill
		Loss of Time	Higher waiting times
		Higher mortality	Higher death rates from lack of service delivery or delay
		Higher morbidity	Higher morbidity from untreated complaints and loss of prevention

Summary of the Cost of External Migration

Summary of Cost of out-migration as they are experienced Cont'd

Investment or Benefits Side	Where	Cost or Benefit	Indicators
Benefits gained	Doctor or nurse/family	Remittances	Level of remittances
		Skills and Networking	Reported skills of returnees
	Health care system	Professional upgrading	Reported skills of returnees compared to leavers

Source: Biritwum, R., Mackintosh, M.; (2003), Project Proposal: Measuring the costs of out-migration of health care personnel, Geneva, p.5.

Vacancy Levels for Registered Nurses in the Caribbean

Country	Population in 2002	# of Registered Nurses posts	# of Vacancies
Antigua	n.a.	320	56
Barbados	271,000	930	192
Dominica	71,000	177	11
Jamaica	2,619,000	2457	568
St. Kitts	47,000	192	50
St. Lucia	159,000	409	18
St. Vincent	n.a	216	34
Trinidad	1,276,000	2125	1132
Grenada	103,000	432	16
Guyana	775,000	667	245
Total	7,321,000	7724	3021



Training Institutions for Nurses in the Caribbean



Country	Institutions	Certification
Barbados	Barbados Community College	Associate Degree
Dominica	Dominica State College	Associate Degree
Grenada	St. Georges University	Associate Degree
Guyana	Georgetown School of Nursing	Certificate
Jamaica	Kingston, Cornwall Northern Caribbean Univ. University of the West Indies, Excelsior & Brown's Town Community College	Certificate B Sc Nursing B Sc Nursing B Sc Nursing
St. Kitts-Nevis	Clarence Bryant College	Associate Degree
St. Lucia	St. Arthur Lewis Comm. Coll.	Associate Degree
Trinidad & Tobago	Ministry of Health College of Science Art & Technology	Certificate Associate Degree



Policy Development

The implications for both source and destination countries cannot be ignored hence there is the need to develop policy to manage the process thus, ensuring that all the stakeholders are satisfied.



Stakeholders involved in the process

- ◆ Destination Country (mostly developed)
- ◆ Source Country (mainly developing)
- ◆ WHO-GATS
- ◆ Nurses



Interest of Stakeholders

Destination Countries:

- ◆ Demands for nurses met with minimal resistance from source country
- ◆ Nurses are qualified, experienced and competent
- ◆ Employment of nurses are within immigration laws and regulations
- ◆ Security is not compromised in light of global uncertainty
- ◆ Budgetary support and bureaucracy are minimal
- ◆ Codes of conduct are internationally recognized
- ◆ The system is accommodating

Interest of Stakeholders

Source Countries:

- ◆ An adequate domestic supply of nurses
- ◆ Social returns on investment in terms of education and training for nurses are realized
- ◆ Remittance inflows are optimal
- ◆ Transfer of technology through re-migration
- ◆ External Recruitment facilitates trading opportunities
- ◆ A designated body in the source country be integrated in the external recruitment process
- ◆ The opportunity to obtain resource that will improve health care delivery
- ◆ The opportunity to operate through a regional arrangement e.g. CARICOM
- ◆ There is equity and fairness without discrimination in the recruitment process





Interest of Stakeholder

Nurses:

- ◆ There is no violation of their civil/human rights i.e. source country dictating the terms of recruitment and infringing on the right to seek employment anywhere.
- ◆ Codes of conduct to ensure satisfactory working conditions, proper certification and opportunities for training and development
- ◆ Mechanisms to address prior commitments with source country are not punitive but reasonable

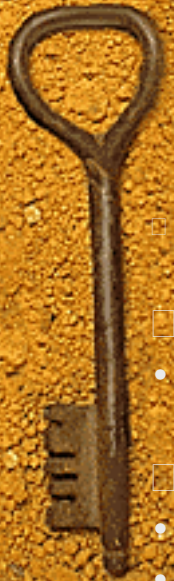


Interest of Stakeholders

WHO-GATS:

- ◆ That the rights of member states are respected in the process
- ◆ Preferential/ bilateral agreements between members states on the temporary movements of workers are reported
- ◆ Wants to know that there is transparency, predictability and certainty
- ◆ To know that there is sufficient data and information to facilitate monitoring

Possible Benefits of Managed Migration to Source Countries



- • Greater benefits, that are direct returns to source country from remittances
- • A regulated and structured external recruitment process that ensures the labour supply of scarce skills is not depleted in the source country.
- • Meaningful dialogue that facilitates planning between source and destination countries for the movement of health workers between countries in an ethical and beneficial manner.
- • Transfer of training cost through the development of a student loan fund that provides training opportunities for increased numbers of persons thus ensuring adequate supply for both countries
- • The development of incentive and enforcement policies and programmes that will support the return migration of these health workers within a reasonable timeframe facilitating substantial contribution to the health workforce.
- • The sustainability of the student loan-funding programme through the establishment of mechanisms that facilitate and encourage the recipients to meet their debt obligations across national borders.



Possible Benefits to Destination Countries

These include:

- ◆ Constant supply of nurses to meet demand
- ◆ Training programmes designed to meet the health care needs
- ◆ Qualified and competent nurses who will meet the requirements to be licensed by the professional regulatory bodies



Considerations for policy Development

- ◆ The need to develop some kind of regulatory mechanism that reduces the ad hoc and wanton recruitment of nurses from source countries
- ◆ Examine the interests of all the relevant parties in the process to find common ground
- ◆ Examine other managed migration experiences to determine applicability and the possibility of tailoring if necessary (e.g. Cuba, Philippines etc.)



The Way Forward

In the circumstance where the factors driving the shortage of nurses will persist, countries will always be looking to other labour markets to satisfy their demands. Consequently, it is prudent to formalize the external migration process thus, ensuring that all the stakeholders benefit.

The Way Forward

Some Interventions to explore:

- ◆ Regulation of external recruitment in source country that would ensure that adequate supply is maintained
- ◆ Expanding the capacity of nursing education by improving existing training institutions and increasing the number of institutions
- ◆ Transfer of training costs to recruiting countries through the development of student loan funding schemes
- ◆ Development and implementation of mechanism to accommodate the employment of the increased outflow of graduates from the training institutions. Ensure that the welfare of the migrants are taken into account.
- ◆ Establishment of mechanisms to ensure that loans are serviced.
- ◆ Creation of incentives that will encourage re-migration to home country within a reasonable time frame.





The Way Forward

Establishment of groups at the national, regional and international levels to manage the migration process and build relationships that will produce mutual benefits. These groups should include an appropriate mix of:

- ◆ Representatives from MOH
- ◆ Regulatory Councils
- ◆ Professional Associations
- ◆ Regional Organizations (e.g. PAHO)
- ◆ Representatives from training Institutions
- ◆ Recruiters or Overseas Health Institutions



The Way Forward

- ◆ An examination of the challenges emanating from the migration of the nurses to inform the policy and programme development for managing migration
- ◆ Creation of a body that will coordinate and implement the managed migration programme;
- ◆ Monitor the programme to ensure adherence and to improve the programme as necessary to the benefit of all stakeholders



Outcome

The outcome should be one of a win win situation and not a win lose as is currently the case.



THANK YOU