Introduction

There has been a dramatic increase in the number of highly skilled health professionals migrating from developing to developed countries in the past ten years. Such drainage of health care professionals from the “source” countries can have a detrimental effect on their health care infrastructure, as most of these source countries are often developing countries that are constantly experiencing shortage in health care workers. For the destination countries, which are usually high income countries (e.g., Canada, Australia, the UK and the US), the emigrant health professionals help to solve the human resources shortage problem, and reduce the cost for health professional training. In Canada, up to 25%-50% of registered physicians in some provinces are international medical graduates (Figure 1). According to a study published in 2007, the USA has saved up to USD 26 billion in tuition costs alone from the international medical graduates practicing there².

While there have been reasonable amount of research being done to study the causes and consequences of the drainage of health care professionals from the source countries, there are two major short comings in these studies:

1. Most of these studies focus only exclusively on the migrating physicians and nurses practitioners. They paid little attention to the migrating health professionals working in management, planning, and education, who are also critical to the sustainability of the health care systems in source countries.
2. Current studies pays little attention to the responses that policy-makers or stakeholders can undertake to stem the tide of emigrating health professionals.

Objectives

The purpose of this study is to investigate the causes and impacts of health worker migration from the source countries’ perspective. The four countries under study are India, South Africa, Lebanon, and Canada. Through previous research done by Dr. Ivy Bourgeault and other researchers, some of the factors that force the health professionals to leave their home countries (push factors) and factors that attract them to the destination countries (pull factors) have been identified:

<table>
<thead>
<tr>
<th>Country</th>
<th>Push Factors</th>
<th>Pull Factors</th>
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<tbody>
<tr>
<td>India</td>
<td>- Lack of professional development in their own system</td>
<td>- High salary</td>
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<tr>
<td></td>
<td>- Problems in the health care system</td>
<td></td>
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<tr>
<td>Lebanon</td>
<td>- Lack of opportunities for advancement in education</td>
<td>- Access to advanced medical education programs</td>
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<td></td>
<td>- Low salaries</td>
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<tr>
<td>Canada</td>
<td>- Lack of opportunities for advancement in education</td>
<td>- Access to advanced medical education programs</td>
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<td></td>
<td>- Low salaries</td>
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<td></td>
<td>- Poor working conditions</td>
<td>- High salary</td>
</tr>
<tr>
<td></td>
<td>- Overcrowding</td>
<td>- Access to advanced medical education programs</td>
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Table 1: Push and pull factors in source countries under study.

The new study will investigate if there are any new “push” and “pull” factors that influence the migration of health professional. In addition, it will try to identify the factors that influence the health professionals to stay in their home countries, known as the sticky/stay factors.

In terms of sample, the study will put more focus on health care professionals who are involved in human resources, management, program planning, and educations. The study will also evaluate the effectiveness of the policies and programs planned, designed, or implemented by the source or destination countries in response to the migration flow of the health care professionals.

Research Questions

1. What is the current trend in the migration of health professional from source countries to Canada?
   - Who is migrating?
   - How are they migrating? (e.g. recruitment agency, trade agreement)
   - Why are they migrating? (Look for new reasons that are different than the documented ones)

2. What are the most critical consequences of the migration of health workers from the source countries? How could these consequences be measured?
   - What are the impacts on individuals, communities, and the nation?

3. What are the programs or policy responses that have been considered, proposed, or implemented in response to the causes and consequences of health worker migration? What have been the outcomes of these responses?

Methodology

The proposed study involves the collaboration of the local researchers from each source country along with the primer investigators of the projects in Canada. The primary investigator (PI) of the study is Dr. Ivy Lynn Bourgeault from the University of Ottawa, who also holds the Canadian Institutes of Health Research Chair in Health Human Resource Policy. The Co-PIs of the project include Dr. Ronald Labonte from the institution of population health, who has extensive expertise in globalization, migration of health workers, and ethics/human rights, and Dr. Gail Tomblin Murphy from the Dalhousie University, who has extensive experience in working on human resources projects in Caribbean countries.

To address the research questions, the study is divided into 4 phases; each phase is comprised of specific research approaches to tackle the research problems:

**Phase 1: Scoping Review**
- Scoping review of existing published literatures, grey literatures, reports and documents
- Construction of extraction tool to ensure uniform review criteria across literature reviews
- Synthesize a literature review report, which will be used to select key informants for interviews and refine the study designs that will be employed in phase 2

**Phase 2: Country based research**
- Focus group discussion. Participants selected from: government health and immigration ministries, education institutions, recruitment agencies, and front line health professionals.
- Key informant interviews: local professional educators, regulators, government agencies officials, recruitment agencies, and representatives from professional associations and councils.
- Goal is the answer research questions 1, 2 & 3

**Phase 3: Research Partnership Workshop**
- Meeting with international policies stakeholders
- Base on findings from phase 2 and 3, stakeholders will be invited to suggest policy recommendations for each source countries
- Goal is to answer research question 3

**Phase 4: International Policy Consultation**
- Key informants interviews will be carried out with international policy decision makers in the WHO, PAHO, Global Health Workforce Alliance, WTO, World Bank, regional Development Banks, IOM, and ILO.
- Discuss about any programs that are being implemented to reduce harm from health professional migration, as well as the feasibilities of these programs.

Results

- The project is currently at the end of phase 1. The researchers have reviewed over 500 articles that relates to the current pictures of health worker migration in each source countries.
- A literature review report is expected to be published at the end of April for each source countries.
- A synthesized literature review report will then be published by May. which will guide the selection criteria for key informants and refine the research design in phase 2.

References