

Source Country Perspectives on the Migration of Highly Trained Health Personnel: *Causes, Consequences, and Responses*

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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 workers¹. 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

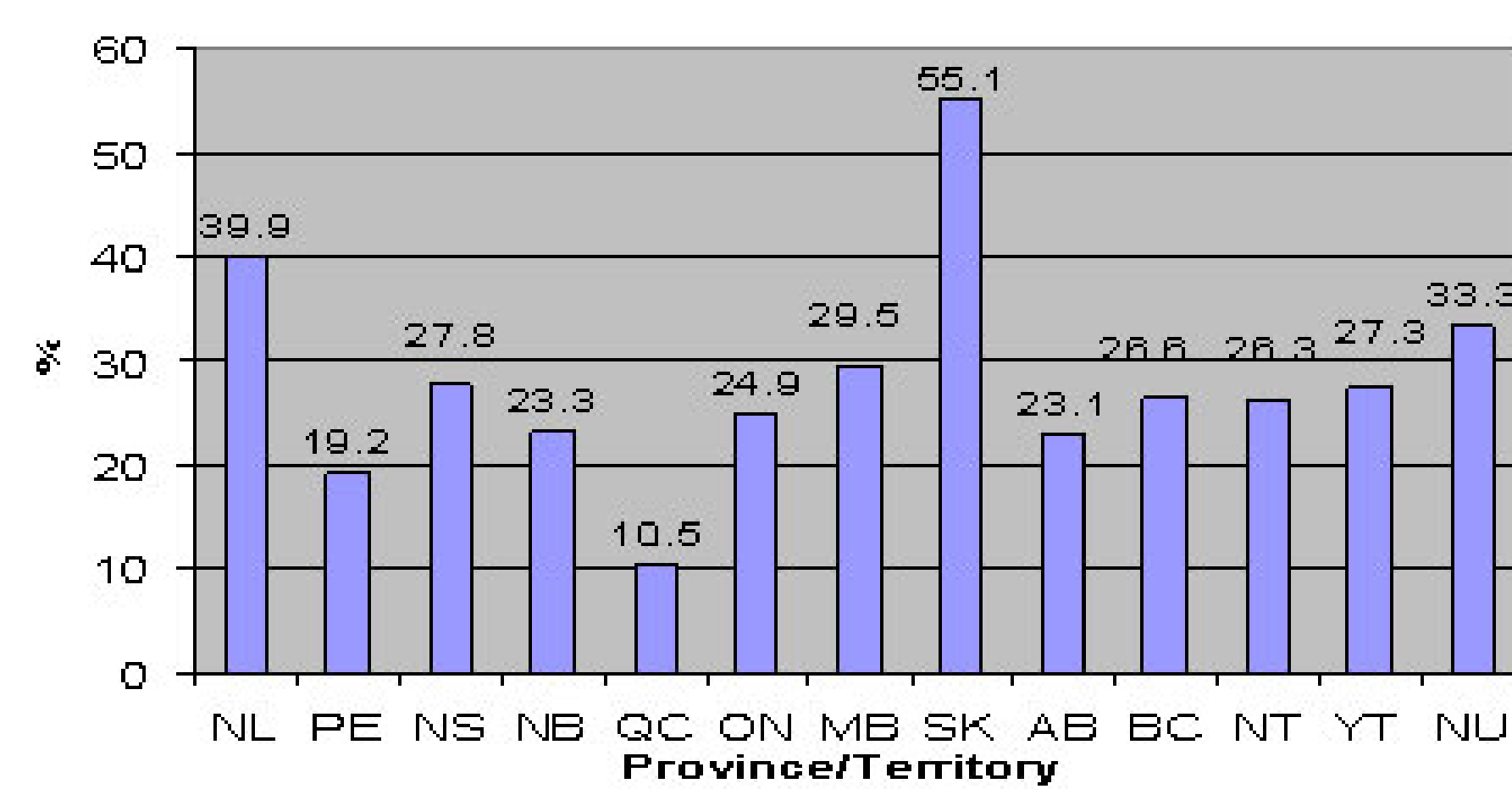


Figure 1. Percentage of international medical graduates practiced in different provinces of Canada in 2008

(Source: CMA Masterfile, January 2008. Accessed at: http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Statistics/09GradCountry.pdf)³

While there have been reasonable amount of researches 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 studied are India, South Africa, Phillipine, and Caribbean relating countries. 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:

Countries	Push Factors	Pull Factors
Caribbean Countries	<ul style="list-style-type: none"> - Lack of Professional development - Insufficient training opportunities in public health system - Adverse Working Conditions 	
India	<ul style="list-style-type: none"> - Believe that education abroad is better - Less opportunities for specialization - corruption and restriction in education system - Greater opportunities for advancement 	<ul style="list-style-type: none"> - Recruitment by public health agency (e.g. British National Health service)
Philippines	<ul style="list-style-type: none"> - The country trains more doctors and nurses than it is able to employ - Inadequate working conditions - Low income level - Not able to utilize their potentials 	<ul style="list-style-type: none"> - Recruitment by private health agency in destination countries
South Africa	<ul style="list-style-type: none"> - Low income levels - Heavy workloads - Barriers to professional and career development - Disorganization within healthcare institutions - Risk of injuries and risk of infectious disease - Escalation of the HIV/AIDS rate 	<ul style="list-style-type: none"> - Salaries differentials

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 countries 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 agency 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.

Student involvement in the project

As a research assistant, the UROP candidate was assigned to the following tasks:

1. Construction of a literature extraction tool that helps reviewers to analyze the methodology section of the empirical studies found in scoping review.
2. Review the methodology sections of all the empirical studies identified in phase one.
3. Analyze the findings from the methodology reviews quantitatively, examine how empirical data are gathered through different research approaches.
4. Write up a short report that about the results from the quantitative analysis of the methodology sections, which may be used as for the literature review report published in May.

Title of the Article	
Ref ID	
Author	
Publication Date	
Country	
Reviewer	
Methodology	
- Interview	
- Survey	
- Quantitative study	
- Systematic Review	
- Others (Please specify)	
Sample Description	
Sampling Method	
Sampling Frame	
Additional comment:	

A total of 137 empirical studies were given to the student to analyze the methodology section of each study. The first approach that the student took was to create his own literature extraction tool to ensure that all the studies were analyzed under the same criteria (figure 2)

Figure 2:

Extraction tool created by Jason Chan

What types of health profession were most studied among the empirical studies?

As stated in the introduction, most empirical studies focus on physicians (39%) and nurses (30%), very little attention are given to other health care professionals who are also critical to the development and sustainability of the health care system (e.g. Allied health care professionals such as optometrist, medical assistants and pharmacist.)

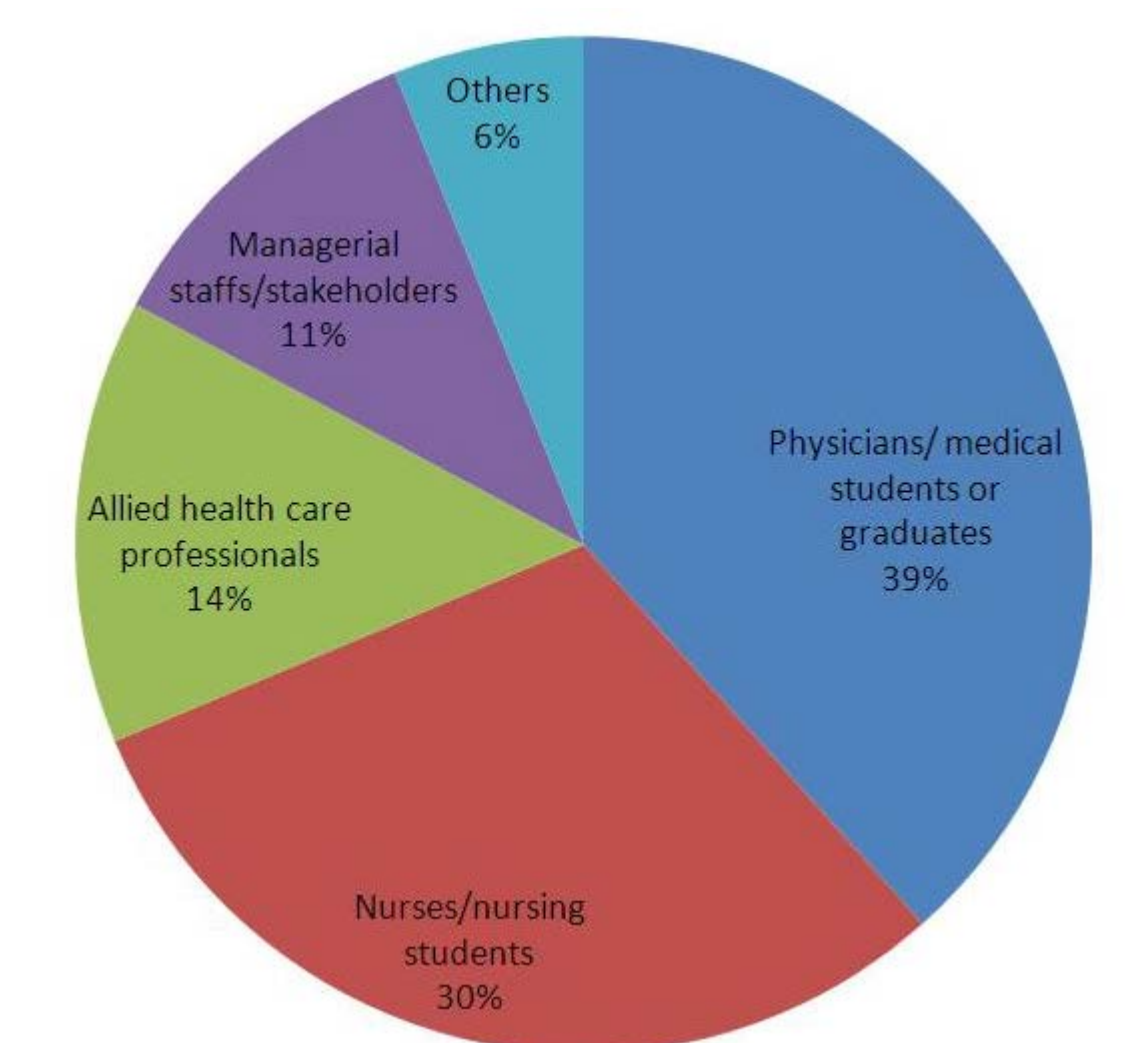


Figure 3: The types of health care professionals being studied.

What are the most popular research methodologies among the empirical studies?

Types of research methodology	Number of empirical studies
Interviews (E.g. Key informants, focus group, qualitative, semi-formal)	52
Survey	31
Quantitative studies (use of database)	26
Review of published literatures/history	22
Policy/program evaluation	7
Field observation (ethnography)	5

The most common research method employed is interview, which was used 52 times; among all the interview studies 42% are key informant interviews, and 29% are focus group discussion. Another popular research method is survey (23%), as it can be easily distributed to a large sample size at a relatively low cost. Other forms of research methodology used among the empirical studies are presented in table 2

Table 2: Types of methodology employed by the empirical studies.

The UROP candidate is currently working on a short descriptive report with regard to the methodologies, samples, and sampling methods used in the empirical studies, which will be finished by the beginning of April

References

1. Chen, L.C., Boufford, J.I. (2005). Fatal flows: doctors on the move. *New England Journal of Medicine*.
2. Kingma, M. (2007). "Nurses on the move: a global overview." *Health Services Research* 42(3 Pt 2): 1281-98.
3. CMA Masterfile. (2008). Percentage of IMGs by province/territory, Canada, 2008. *Canadian Medical Association*. Accessed at: http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Statistics/09GradCountry.pdf