

# Open and free migration for nurses in sub-Saharan Africa: a remedy for quality health care

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## Abstract

The migration of nurses from countries in sub-Saharan Africa to developed countries is a process of globalisation that cannot be avoided. It has caused a lot of challenges in the provision of quality health care at all levels. The majority of the members of the healthcare team are nurses who leave their home country for developed countries in search of greener pastures. This leads to shortages and challenges in the home country negatively affecting that country. Hence, open and free migration for nurses in sub-Saharan Africa is not a remedy for quality health care.

In conclusion, open and free migration of nurses in sub-Saharan Africa is a classic global health issue that can be remedied. I therefore recommend that sub-Saharan African countries should put more effort into the provision of multinational, bilateral and domestic strategies to lessen the loss of nurses to developed countries, thereby improving the quality of health of its populace.

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## Introduction

The migration of nurses from sub-Saharan African nations to industrialised nations is an unavoidable part of the process of globalisation. It has become a serious issue of concern for health provision and development at national and global levels.<sup>1</sup> The International Organization of Migration defines migration as “the movement of persons or a group of persons, either across an international border, or within a state. It is a population movement, encompassing any kind of movement of people, whatever its length, composition and causes.”<sup>2</sup> Forty-five to sixty percent of the entire health workforce are nurses.<sup>3</sup> It is estimated that 30 000 nurses and midwives educated in sub-Saharan Africa are now employed in seven countries within the Organization of Economic Cooperation and Development (OECD) countries.<sup>4</sup> These countries have an increased demand for healthcare workers as a result of new medical technologies, increasing income, ageing population and increased specialisation of health services.<sup>4</sup> The flow of health professionals, especially nurses, from sub-Saharan Africa to the high-income countries is a significant contributor to the further weakening of the already fragile health systems in sub-Saharan Africa as the home countries experience a lot of shortages and challenges.<sup>4</sup> For this reason, open and free migration for nurses in sub-Saharan Africa is not a remedy for quality health care.

The major countries that nurses in sub-Saharan Africa, like Zimbabwe, South Africa, Ghana, Malawi, Kenya and Nigeria, migrate to are countries that belong to the OECD, such as New Zealand, Canada, Ireland, Australia, the United Kingdom and the United States of America.<sup>4,5</sup> In the past, nurses in sub-Saharan Africa migrated within Africa, but more recently, the sub-Saharan African countries have experienced a large outflow of health workers, especially nurses, while North America, Europe and the Middle East get a large inflow of health service labour in order to sustain their healthcare systems and solve the problem of shortages.<sup>6</sup>

There are many different reasons why nurses from sub-Saharan African countries will leave their countries to work in developed countries. Factors that influence the migration of nurses can be classified as push and pull factors. Push factors are those factors in the country of origin that drive a health worker away from the health system in which they are trained.<sup>7</sup> These factors include bad working conditions, poor remuneration, low job satisfaction, lack of opportunity for advanced education or promotion, threat of violence, oppressive political climate, the need to ensure the education and future of one's children, persecution of intellectuals, the HIV/AIDS epidemic and so on.<sup>7,8</sup> Some countries, despite their own domestic healthcare needs, cannot create enough jobs for the health professionals

they train, thus motivating them to emigrate. The high pay difference between the sub-Saharan Africa source countries and the high income recipient countries is also an important factor in the migration of nurses from sub-Saharan Africa. For instance, salaries of nurses in Australia and Canada were 25 times those of a Zambian nurse, 14 times those of a Ghanaian nurse, and twice that of a South African nurse.<sup>9</sup>

Pull factors on the other hand are those external factors in the destination countries that provide incentives for health workers to immigrate. The most important pull factor is the existing and projected shortage of healthcare professionals, particularly nurses in high income countries.<sup>10</sup> Others include better remuneration in other countries, opportunity for professional advancement, better career opportunities, safer and better working environment and a better quality of life.<sup>11</sup>

According to the World Health Organization (WHO), the sub-Saharan African region has 10% of the world's population, carries 25% of the world's disease burden and yet possesses only 1.3% of the healthcare professionals in the world, including nurses.<sup>12</sup> The sub-Saharan African countries already have shortages of health workforce, and migration will worsen the situation. Thirty-six sub-Saharan African countries have critical shortages out of the 57 countries recognised by the WHO to have critical shortages.<sup>4</sup> In Malawi for instance, it was reported that in 2006, 65% of nursing positions were unfilled and one hospital had only 10 midwives left with the responsibility of delivering 10 000 babies per year, resulting in many unattended births.<sup>13</sup>

The open and free migration for nurses in sub-Saharan Africa has negative consequences on the availability and quality of health services and on individual and sending countries. When health workers, including nurses, emigrate, the home country loses the return on investment in their education, they lose social and human capital, they encounter knowledge spillover, and financial loss on consumption and tax receipts.<sup>11</sup> This causes shortage in the health workforce leading to an understaffing and overburdening of the healthcare system which contributes to low morale, decreased quality of patient care and reduced work satisfaction.<sup>11</sup>

Shortage of healthcare workers, including nurses, also impairs the provision of essential life-saving interventions such as safe pregnancy, childhood immunisation, and access to human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) treatment, malaria and tuberculosis.<sup>12</sup>

In the receiving countries, migrant nurses experience impediments and barriers to their advancement. They are rarely seen in senior or managerial positions but are made to work predominantly in direct care. Migrants are expected to do basic work that nobody else wants to do. Language problems, lack of migrant-sensitive staff development and cultural maladjustment constitute challenges to the safety of patients and to the quality of care.<sup>14</sup>

However, despite the challenges posed by open and free migration for nurses in sub-Saharan Africa, migration improves quality health care in the receiving countries. Clark and Clark suggest that there are two categories of people that benefit from health workforce migration: the migrants themselves and the residents of the recipient countries.<sup>15</sup> In the sending countries, health workers that migrate help to increase incentives for higher education in their home country.<sup>11</sup> Migration helps in the generation of remittance for the sending countries. According to the World Bank, total remittance flowing to developing countries was estimated at \$351 billion in 2011, which is three times the official development assistance supplied to developing countries.<sup>16</sup> International migration of health workers from sub-Saharan Africa, including nurses, helps to boost the income of the world on an aggregate level and supplies resources to those living in poverty, improvement in skills of returnees and collaborative partnership between diaspora and local professionals.<sup>11,16</sup>

In an attempt to manage this crisis, Ghana introduced an additional duty hour's allowance (ADHA), deprived location allowance and transport and housing loan scheme especially for the nurses and doctors which were aimed at increasing the income of healthcare workers.<sup>17</sup> In South Africa, salaries and conditions of services were improved, workers were given incentives to work in rural areas, overseas training opportunities linked to contractual binding was introduced, and midlevel workers were trained.<sup>18</sup> Also, exchange and work opportunity programmes, government to government bilateral agreements were done, measures to stop recruitment and strategies to attract returning migrants were put in place.<sup>18</sup> The WHO developed the voluntary Global Code of Practice on the International Recruitment of Health Personnel in 2010, which is a voluntary protocol that sets principles and recommendations for health workers and their stakeholders regarding migration.<sup>19</sup>

In conclusion, open and free migration of nurses in sub-Saharan Africa is a classic global health issue that has caused a lot of challenges for the provision of quality health care at all levels. This includes financial burden, increased workload for health workers who remain in the source sub-Saharan countries, increased death rate and disease rate, loss of skilled manpower and resources, poor quality of health and poor outcomes. I therefore recommend that sub-Saharan African countries should employ multinational, bilateral and domestic strategies to lessen the loss of nurses to developed countries in order to improve the quality of health care for their populace.

## References

1. Crisp N, Chen L. Global supply of health professionals. *N Engl J Med*. 2014;370:950-7.
2. International Organization of Migration. *Key Migration Terms – International Migration*, 2011. Law Series No. 25.
3. Dovlo D. Migration of nurses from sub-Saharan Africa: a review of issues and challenges. *Health Serv Res* 2007;42:1373-88.

4. Organization of Economic Cooperation and Development, 2010. Policy Brief: International Migration of Health Workers; improving international co-operation to address the global health workforce crisis.
5. Siyam A, Dal Poz MR. Migration of health workers: WHO code of practice and the global economic crisis. Geneva. 2014.
6. Clemens MA, Pettersson G. New data on African Health Professionals abroad, *Hum Res Health*, 2008;(6)1.
7. Moosa S, Wojczewski S, Hoffmann K, et al. The inverse primary care law in sub-Saharan Africa: a qualitative study of the views of migrant health workers, *Br J Gen Pract*. 2014;64:321-8.
8. Kirby KE, Siplon P. Push, pull, and reverse: self-interest, responsibility, and the global health care worker shortage. *Health Care Anal*. 2012;20:152-76.
9. Vujcic MP, Zurn K, Diallo O, et al. The role of wages in the migration of health care professionals from developing countries. *Hum Res Health*, 2004;(2)3.
10. Ogilvie L, Mill JE, Astle B, et al. The exodus of health professionals from sub Saharan Africa: balancing human rights and societal needs in the twenty-first century. *Nursing inquiry*. 2007;14:114-24.
11. Aluttis C, Bishaw T, Martina W. The workforce for health in a globalized context, global shortages and international migration. *Global Health Action*, Netherlands. 2014;23:611.
12. World Health Organization. Working together for health; the world health report. Geneva. 2006.
13. Connell JP, Zurn B, Stilwell M, et al. Sub-Saharan Africa: beyond the health worker migration crisis? *Social Science and Medicine* 2007;64:1876-91.
14. Habermann M, Stagge M. Nurse migration: a challenge for the profession and healthcare systems. *J Public Health*, 2010;18:43-51.
15. Clark D, Clark P. Migration and recruitment of healthcare professionals: causes, consequences and policy responses, *Policy Brief Focus Migration*, 2007(7).
16. World Bank. Migration and remittances; fact book. Second edition, Washington Dc. 2011.
17. Kumar P. Providing the providers – remedying africa’s shortage of health care workers. *N Engl J Med*. 2007;356(24):2564-2567.
18. Labonté R, Sanders D, Mathole T, et al. Health worker migration from South Africa: causes, consequences and policy responses. *Hum Res Health*. 2015;13:92.
19. World Health Organization. The WHO global code of practice on the international recruitment of health personnel, 63rd World Health Assembly. 2010.