

ABSTRACTS FOR WORKSHOP NO. 3:

CONFRONTING THE HEALTHCARE WORKER CRISIS

(in random order)

Title: Brain drain-strategies and the question of motivation for nursing - the case of Malawi

Author: Associate Professor Bodil Tveit, Diakonhjemmet College, Oslo

The health sector in Malawi is faced with a human resource crisis. In 2003 around 78 % of all health care work positions remained vacant, and in 2004 50 % of health care facilities had less than 1,5 nurses per facility (MoH 2004). Even if the situation has slightly improved during the recent years, the shortage of qualified staff is still undermining Malawis progress towards achieving key health targets, such as the MDG. During the last 5-6 years new steps have been taken and efforts have been made to address the shortage of health care workers in Malawi. One of the main strategies has been to double the number of students in the CHAM-colleges (Christian Health Association of Malawi), which are offering a 3-year Nursing and Midwifery Technician diploma (NMT).

A very crucial question when it comes to recruiting students and retaining qualified nurses is the question of motivation. A number of studies have explored the brain-drain problem and focused on health workers motivation for both staying and going (Blaauw et al 2010, Willis-Shattuck et al 2008, Gray & Johnson 2008, Lehmann et al 2008, Aboderin 2007, Buchan et al 2006, Chikanda 2005). This paper reviews recent existing empirical research in the field of nurse (and student nurse) motivation in developing countries. Based on the findings in the review, this paper will critically assess the strategy of increasing the number of students to address the health care worker crisis in Malawi. Is this a promising strategy? What are the possible consequences? What are the potential pitfalls? The paper will also assess the need for further knowledge. What do we know about nurses/student nurses motivation in developing

countries today? What do we know about the nurses/student nurses motivation in Malawi? Is the available knowledge sufficient or are further studies required?

References:

- Aboderin, I (2007) Context, motives and experiences of Nigerian overseas nurses: Understanding links to globalisation. *Journal of Clinical Nursing* **16** (2) 2237 – 2245
- Blaauw D (2010) Policy interventions that attract nurses to rural areas: a multicountry discrete choice experiment. *Bull World Health Organ* (88) 350 – 356
- Buchan J, Jobanputra R, Gough P & Hutt R (2006) Internationally recruited nurses in London: a survey of career paths and plans. *Human Resources for Health* **4** (14)
- Chikanda A (2005) Nurse Migration from Zimbabwe: analysis of recent trends and impacts. *Nursing inquiry* **12** (3) 162 - 174
- Gray J & Johnson L (2008) Intentions and Motivations of Nurses to Migrate. A Review of Empirical Studies. *International Journal of Migration, Health and Social Care* **4** (4)
- Lehman U, Dieleman M, Martineau T (2008) Staffing remote rural areas in middle- and low income countries: A literature review of attraction and retention. *BioMed Central Nursing* **8**(19)
- Ministry of Health (MoH) Government of Malawi. (2005) *Human resources in the Health Sector: Towards a solution*. Lilongwe, Malawi: MoH
- Muula A, Panulo, B & Maseko F (2005) The financial losses from the migration of nurses from Malawi. *BioMed Central Nursing* **5**(9)
- Willis-Shattuck M et al (2008) Motivation and retention of health workers in developing countries: a systematic review. *BioMed Central Nursing* **8**(247)

Title: From ‘Brain Drain’ to ‘Brain Gain’ – The ‘Diaspora Option’: Realizing the Potential of African Professional Networks in Developed Countries to meet Health Sector Needs in Sub-Saharan Africa

Author: Prof. Franklyn Lisk, Centre for the Study of Globalisation and Regionalisation (CSGR), University of Warwick, UK

Nationality: Sierra Leonean and Swiss; Gender: Male

The loss of health professionals (doctors, nurses, pharmacists and medical technicians) by low-income African countries to the rich developed countries is seriously affecting the functioning and delivery capacity of health systems in Africa to fight epidemics and killer diseases such as HIV/AIDS, malaria and tuberculosis. Not surprisingly, considerable attention is now focused on the problem of the ‘*brain drain*’ of health workers by policy-makers in both developed and developing countries and also by international organisations such as the World Health Organisation (WHO), the International Labour Office (ILO) and the International Organisation for Migration (IOM). The effects of the brain drain on Africa’s development have also been researched and documented in a number of studies (e.g. Oyowe, 1996; Lowell and Findlay, 2001; Adams, 2003; Dovlo, 2004; Atieno, 2004; Clemens and Pettersson 2008; Hooper, 2008; Eyal and Hurst, 2008). Evidence from these studies point to an urgent need to find effective ways and means to deal with the escalating problem of the migration of health professionals from sub-Saharan African (SSA) countries. This brings into focus the ‘*Diaspora Option*’, which involves harnessing the potential of qualified health and allied sciences professionals of African origin living and working in Europe (and North America), and channelling this contribution towards sustaining and strengthening health systems and services in SSA. Transfer of knowledge, skills and resources in this manner from the diaspora in countries of destination to source countries could trigger a reversal of the brain drain and effectively turn it into ‘brain gain’ for the source countries (Mutume, 2003; Dodani and La Porte, 2005).

The paper will critically examine and assess the reality and potential of the ‘diaspora option’ – i.e. the contribution of diaspora professional organisations and networks in Europe for meeting human resources for health (HRH) development needs, within the wider conceptual context of the link between diaspora and socio-economic development (African Union, 2003; Cohen, 2006; Bakewell, 2009) and against the background of the reality of the globalisation of the healthcare labour market (Buchan and O’May, 1999). This goes beyond the sending of remittances and material aid to critically include the transfer of knowledge, skills and technologies. Illustrative examples will be drawn from case studies of a number of African Diaspora Professional Networks (ADPN) in Europe with which the author has interacted through participatory research methods to provide supporting evidence. From the standpoint of the host countries, the paper will also analyse and assess the policy implications of the ‘practicality’ and cost-effectiveness of the diaspora option as an alternative or complement to conventional modalities for the delivery of health sector development assistance to SSA countries by bilateral and multilateral donor agencies in the host countries of Europe and North America (ECE/EUROSTAT, 2005)

References

- Adams, Richard (2003) *International migration, remittances and the brain drain* (World Bank)
- African Union (2003) *The role of the African diaspora in the development of their countries of origin*. Labour and Social Commission, Conference Paper (XXVL, LSC/9), 10-15 April, Port Louis, Mauritius
- Atieno Odhiambo, E.S.(2004) "Africa's brain gain? Whose Shibboleth?" (<http://quod.lib.umich.edu/cgi>. Viewed 5/7/09
- Bakewell, Oliver (2009) *Which diaspora for development? Some critical questions about the roles of African diaspora organizations* Danish Institute for International Studies (DIIS) Brief, May 2009
- Buchan, James and Fiona O'May (1999) "Globalization of healthcare labor markets: a case study from the UK" *Human Resources for Health Development* 3(30):109-209
- Clemens, Michael and G. Pettersson (2008). "New data on African health professional abroad" *Human Resources for Health Journal* January
- Cohen, Robin (2006) "Diaspora and migration" in John Scott (ed.) *Sociology: the key concepts* (Routledge)
- Dodani, S and R. E. La Porte (2005) "Brain drain from developing countries: how can brain drain be converted into wisdom gain?", *JRSM* 98:487-91
- Dovlo Dejanjo (2004) "The brain drain in Africa; an emerging challenge to health professionals' education" *JHEA* 2(3):7-8
- Economic Commission for Europe/ECE and Statistical Office of the European Communities/EUROSTAT (2005) "*Policy needs on diaspora data collection*" *Paper prepared for Conference of European Statisticians*, Luxembourg, 2005
- Eyal, N. and S.A. Hurst (2008) "Physicians brain drain: can nothing be done" *Public Health Ethics* 1:180-192
- Hooper, C.R. (2008) "Adding insult to injury: the healthcare brain drain" *Journal of Medical Ethics* 34:684-87
- Lowell, B. L. and A. M. Findlay (2001) *Migration of highly skilled persons from developing countries* (ILO/DFID, London)
- Meyer, J.B. (2001) "Network approach versus brain drain: lessons from the diaspora" *International Migration* 39(5):91-110
- Mutume, G (2003) "Reversing Africa's 'brain drain': new initiatives to tap skills of African expatriate" *African Recovery* UN, New York
- WHO (2006) *Working together for health*. 2006 Annual World Health Report (Geneva)