**Health Workers Movement: the Push-Pull Factor**

Analysis of the issues surrounding health worker migration often boils down to a question of ‘brain drain or brain gain’. Professor James Buchan reviews the main policy implications for so-called source countries and destination countries involved in active recruitment.

The issue of migration of health professionals has become a significant feature of health policy debate, featuring prominently in dialogue at the World Health Assembly. The World Health Report in 2006, like several commentators, highlighted the damaging impact of international recruitment on the health systems of some of the main ‘source’ countries, particularly in sub-Saharan Africa. For hospital employers and others in some developed countries, active international recruitment has become a ‘solution’ to health professional skill shortages. However, a solution for one country may become a problem for another.

Migration of health workers is sometimes presented as a one-way, linear ‘brain drain’, but the dynamics of international mobility, migration and recruitment of health workers are more complex than that.

**PUSH AND PULL**

There is continued debate about the various potential positive and negative effects of migration of doctors, nurses and other key staff, particularly from developing countries. There are push factors, stimulating workers to consider leaving their country of residence, and there are pull factors exerted by destination countries, making them more attractive places to live and work.

To an extent of pay, career prospects, working conditions and environments available in the source and destination countries. Where the relative gap (or perceived gap) is particularly significant, the pull of the destination country will be felt.

However, there are other push factors in some countries, such as the impact of HIV/AIDS on health system workers, concerns about personal security in areas of conflict, and economic instability.

Other pull factors, such as the opportunity to travel or to assist in aid work, will also be significant for some individual health workers.

**SOURCE COUNTRIES**

Some national governments and government agencies, such as in the Philippines, are attempting to encourage outflow of health workers from their country. This may have a financial imperative (to encourage the generation of remittance income), it may be a response to labour market over-supply, or it may be an attempt to develop a long-term improvement in the skills base of the workforce by encouraging short-term outflow to other countries where training is available.

For most source countries, however, outflow of doctors, nurses and other health workers is a problem rather than a policy initiative. The unplanned and unmanaged outflow of scarce health workers is having a negative impact on health system effectiveness and is directly affecting patient care. Hospitals and facilities are under-staffed, scarce and relatively expensive skilled staff are reduced in number, and the workload of remaining staff is increased.

Some countries have initiated policy responses to attempt to reduce outflow, including "bonding" health professionals to home-based employment for a specified period of time after completion of training. This may not be effective if compliance is not monitored or if there is scope to "buy out" of the bond.

Preventing workers from leaving through the use of monetary or regulatory barriers is one policy response, but it does nothing to address the push factors which have been the reason for stimulating the workers’ desire to leave. It also cuts across principles of free mobility of individuals.

Other policy responses to reducing outflow relate to a more direct attempt to reduce push factors, through addressing issues of poor pay and career prospects, poor working conditions, high workloads, responding to concerns about security and improving educational opportunities, and so forth. Clearly there is a financial cost involved in such initiatives, but all national governments must be confident that health workers are receiving fair and equitable treatment within their country.

Some countries in Africa are also examining the options of training health workers who do not have internationally recognized qualifications, on the basis that these staff are less likely to be internationally recruited. This will make health workers more attractive for foreign recruiters. Examples can be found among mid-level or "substitute" health workers in Ghana, Malawi, Mozambique, Tanzania and Zambia.

<http://www.hospitalmanagement.net/features/feature1024/>

1. T-Chart: List the push/pull factors that bring health care workers to foreign nations.

|  |  |
| --- | --- |
| Push Factors | Pull Factors |
|  |  |

1. What is the difference between a brain drain and a brain gain?
2. Critical Thinking: Why would countries such as the Philippines encourage outflow of health workers from their country?