

# Health Workers Perception and Migration in the Caribbean Region

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# Working Document

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## Executive Summary

- Countries in the Caribbean region are known to have high rates of overall emigration. In relative terms, most migrants are from Guyana and Saint Vincent and the Grenadines with a emigrant population of 58.2 percent and 55.5 percent, respectively, compared to the size of the population living at home. In the United States, the largest number of immigrants from the English Caribbean countries are from Jamaica, Guyana, and Trinidad and Tobago.
- Many of the emigrants from the Caribbean region are health workers, especially nurses. In addition to intra-regional mobility, Europe and North America are important destinations for emigrant health professionals from Caribbean countries.
- The long and persistent migration trend stands alongside substantial health workforce shortfalls and impacts the delivery of quality care in some countries of the region. At the same time, while emigration of health professionals is a concern for many of the English Caribbean countries, a number of countries with a surplus of health professionals have been supportive of emigration.
- Europe and North America are the major destinations for most of the health professionals emigrating from the Caribbean, though internal migration within the region also exists. While emigration of health professionals is a concern in most of the English Caribbean countries, there are exceptions as countries with a surplus of health professionals have been supportive of migration.
- The density ratio of nurses and physicians in the region vary tremendously, and although a few countries have ratios above the average, most are below the average for the Americas. This study presents important information that illustrates some of the factors that contribute to the disparate density ratios and provides the basis for policy recommendations related to the emigration of health professionals in the Caribbean region.

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- Our findings are similar to those of other reports that sought to identify the causes and effects of migration of health professions from the Caribbean region. It shows that the overall motivation for health professionals to migrate can be summarized as poor working conditions, low wages, poor treatment and lack of respect for health workers, and inadequate facilities, equipment, and medical supplies to perform their work. In summary, weak health systems is a root cause for population emigration.
- Noteworthy is the fact that almost 60% of the health professionals who are still residing in their home countries and who participated in our survey stated that they would migrate if given the opportunity in the future. Some of our results also point to opportunities for local governments to retain and attract some of their health professionals back to their health systems. Approximately 92% of health professionals surveyed and who are currently residing in the Caribbean, stated that they would migrate less if promotional opportunities and career advancements would be available to them.

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## Acknowledgements

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## Introduction

Evidence suggests that at least 5 million people have emigrated from the Caribbean during the past 50 years, a region known to have very high emigration rates. In relative terms, most emigrants are from Guyana and Saint Vincent and the Grenadines with a migrant population of 58.2 percent and 55.5 percent, respectively, compared to the size of the population living at home. More than 64% percent of the total diaspora community of Antigua and Barbuda, Bahamas, Belize, Cuba, Dominican Republic, Guyana, Haiti, Jamaica, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago are said to be living in the United States, representing about 9.3 percent of the total US immigrant community. (International Organization for Migration (IOM), 2017)

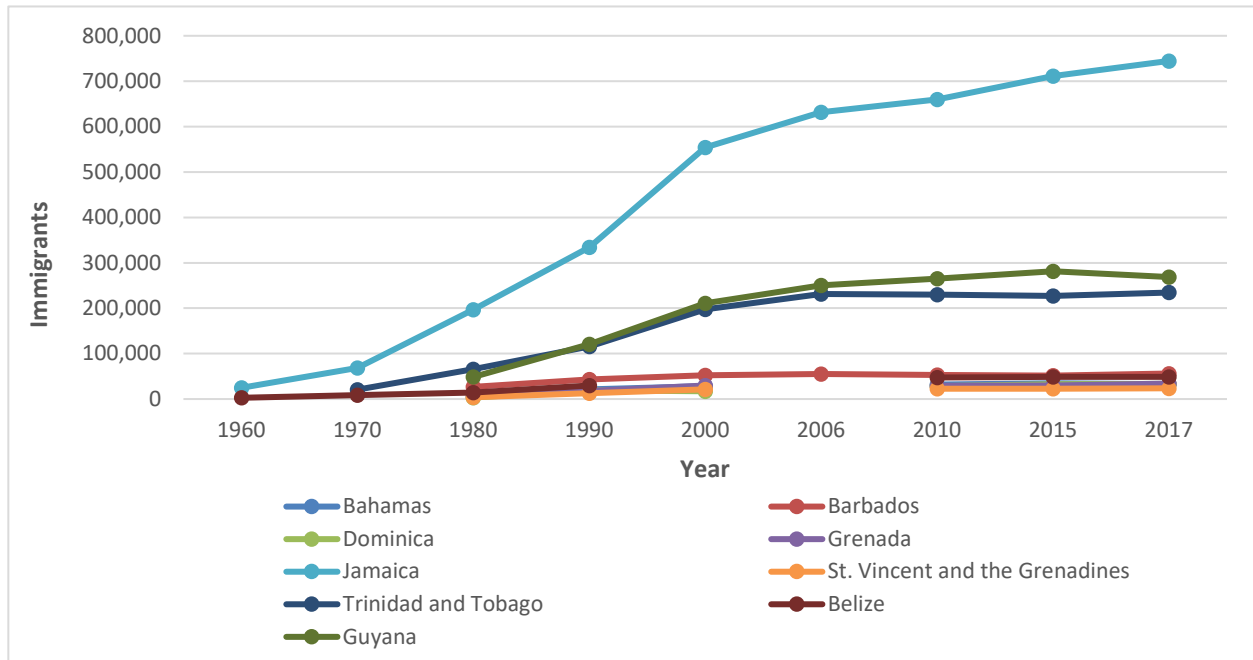
Data from the Migration Policy Institute show the number of immigrants in the United States from English Caribbean countries over time (Figure 1). Jamaican immigrants in the U.S. were about 25,000 in 1960 compared to 745,000 in 2017 – a 30-fold increase in nearly six decades; Guyanese immigrants were 49,000 in 1980 and 269,000 in 2017 or a 488% increase in about 40 years; Immigrants from Trinidad and Tobago represented 21,000 in 1970 and 235,000 in 2017 or a 1,019% increase in 5 decades. Immigrants from Barbados and Belize have also increased, from 27,000 in 1980 to 56,000 in 2017 and 3,000 in 1960 to 49,000 in 2017, respectively.

Migration historians explain this trend suggesting that during the early 1960's, there was a large-scale emigration from the English Caribbean to the United Kingdom to supply workers during the World War I. From the mid-1960's forward there was a shift in the Caribbean migration, especially from United Kingdom to the United States, due to two important legislations in these countries: the exclusionary legislation in the UK which in 1962 removed open entry regulations for Caribbean Commonwealth citizens and adjustments in the U.S. legislations allowing Caribbean immigrants. (Thomas-Hope , 2000) (Thomas-Hope, 2002)



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Figure 1. US Immigrant Population by Country of Birth (selected English Caribbean Countries), 1960-2017



Source: Migration Policy Institute (MPI) Data Hub. Available at <https://www.migrationpolicy.org/programs/migration-data-hub>

According to the Institute of Migration, in Antigua and Barbuda, Barbados, Belize, Grenada, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago, females represent more than 50 percent of migrants. In Barbados, females represent more than 60 percent of the migrant population. Many of the migrants from the Caribbean region are health workers, especially nurses. This long and persistent migration trend and the brain-drain it creates have significantly impacted some of the countries. (International Organization for Migration (IOM), 2017)

The emigration of health professionals from developing countries to more developed or relatively more affluent countries is not new. Some studies describe the migration of health workers from the English Caribbean to the UK during World War II (Chaney, *The Context of Caribbean Migration*, 1989) and to the United States since the early 1960s. In the United States, during 1962-1972, the largest group of migrants were professional, technical and kindred

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workers. The largest single group of professionals within the medical and related fields were nurses, accounting for approximately 70% of migrants in that category. (Palmer, 1974) A 2014 WHO report indicates that while the majority of foreign-born health-care workers migrating from developing to developed countries is from Asia, those working in nursing and psychiatric and home health aides are predominantly from the Caribbean region. (World Health Organization, 2014)

The migration of health professionals continued from the 1980s through the present day, mostly due to market forces, which influence social and economic conditions in both receiving and source countries. These push and pull factors<sup>1</sup>, conditions at home that influence health workers decision to leave their country for another or attractive offers from another country that influence health workers decision to leave (Awases M, 2005), led to the exodus of health workers from the Caribbean creating a brain-drain in some of the countries of the region, affecting the capacity of local health systems to respond to the population health needs.

Previous analysis suggested that most nurses chose to emigrate from the Caribbean to the United States, Canada, and the United Kingdom for higher wages and better working conditions. A 2009 World Bank report estimated the annual attrition rate of Caribbean nurses to be approximately 8% due to migration to more developed countries. The same report estimated that 30% of all vacant nursing positions could not be filled as the demand exceeded the supply of nurses. Migration from the English Caribbean seem to be primarily driven by unsatisfactory working conditions and low wages at home. (The World Bank, 2009)

There are 41 nursing schools in the English Caribbean with approximately 5,000 students enrolled every year. The number of nursing graduates would be more than enough for the needs of the Caribbean region, if not for a training attrition rate of 55% and an exodus of 73%

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<sup>1</sup> Push factors are the conditions that contribute to the worker's decision to leave their country such as lack of proper equipment and facilities, poor working conditions, lack of career opportunities, economic and political instability, etc. Pull factors are the conditions that contribute to the worker's decision to migrate, usually because of better or more favorable conditions in another location, such as opportunities for professional growth, that a work environment, higher wages, improve personal and family safety, better working conditions, etc.

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of graduating nurses to more developed countries. (The World Bank, 2009) The emigration rates of doctors from the Caribbean region is also high. This level of international migration is impacting health systems and their capacity to provide affordable, quality, and needed health services to their population. According to a 2013 report from the International Organization for Migration (IOM), the health sector has been the most affected by the emigration of skilled health workers, leaving a wide gap between supply and demand. (International Organization for Migration (IOM), 2013)

Two important facts are noteworthy regarding migration of health professionals in the Caribbean region. First, although Europe and North America are major destinations for most of health professionals emigrating from the Caribbean, there is an important internal migration that should be recognized as some countries such as Antigua and Barbuda, Barbados, Turks and Caicos, and Trinidad and Tobago, for example, have been hiring health professionals from within the region to meet their needs. The movement of health professionals within the region has been facilitated by the Caribbean Single Market and Economy (CSME), which enables agreements and employment of skilled workers within the CARICOM system. (CARICOM, 2019). Second, although emigration of health professionals is a concern in most of the English Caribbean countries, there are exceptions. An evaluation report on the Caribbean Cooperation in Health indicates that emigration of nurses and doctors in countries where there is a surplus of these professionals are encouraged. With the local labor market unable to accommodate these professionals, facilitating migration and avoiding high unemployment rates for these professionals becomes the preferred option. Trinidad and Tobago, for example, has made arrangements with and hired nurses from Grenada, St. Vincent and the Grenadines, and St. Lucia. (Caribbean Cooperation in Health III, 2016)

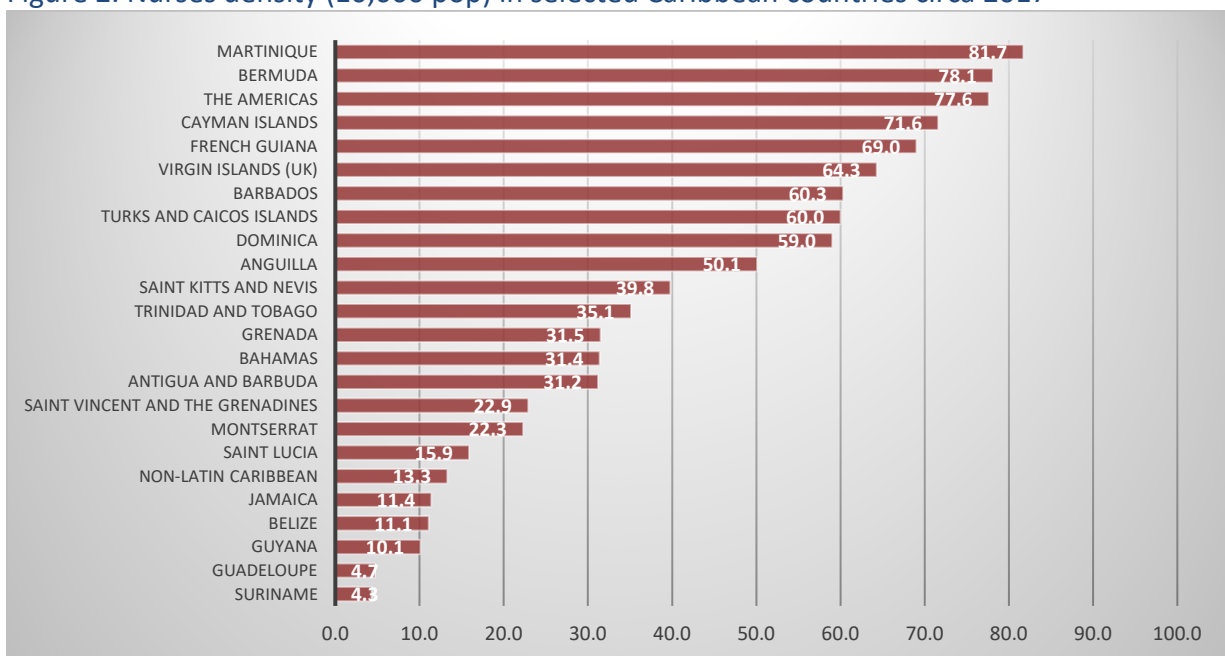
Given the internal migration mentioned above and the different levels of surplus or shortage of health professionals within the Caribbean region, it is not surprising that the density ratio of nurses and physicians per 10,000 population vary tremendously. Nurses per 10,000 population

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range from 4.3 in Suriname to 81.7 in Martinique (Figure 1). Physicians per 10,000 population range from 0.8 in Suriname to 36.6 in the Cayman Islands (Figure 2).

Density rates for both nurses and physicians in the non-Latin Caribbean are well below the average for the Americas, 77.6 and 22.0 respectively, although a few countries have ratios above the average. These differential ratios suggest that countries with low density and high emigration rates deserve special focus.

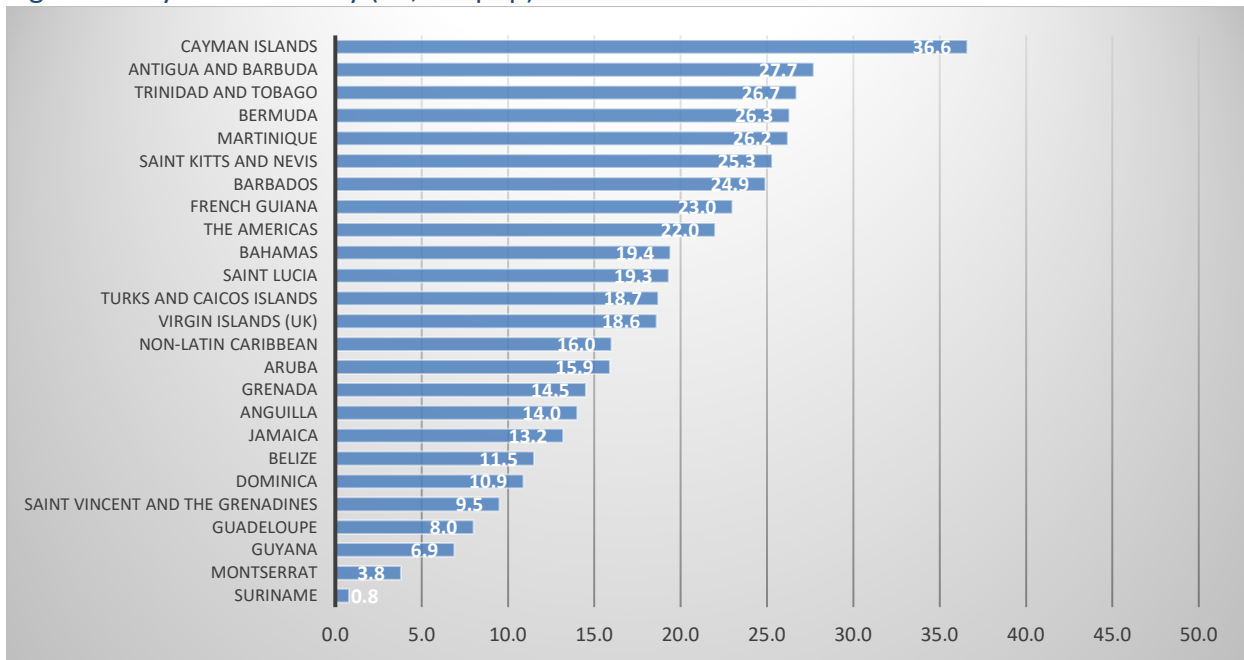
Figure 2. Nurses density (10,000 pop) in selected Caribbean countries circa 2017



Source: PLISA. Pan American Health Organization.

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Figure 3. Physicians density (10,000 pop) in selected Caribbean countries circa 2017



Source: PLISA. Pan American Health Organization.

## Purpose of the study

PAHO has been working with member states to address the pressing issues related to the brain drain and shortage of health workers in the Caribbean. In 2017, PAHO and 17 English-speaking Caribbean countries and territories came together to define seven priority areas for action within the context of a Caribbean Roadmap on Human Resources for Universal Health, 2018-2022. The Roadmap identifies inequities in the availability, distribution and quality of the health workforce in the region, poor retention rates in underserved areas, high mobility and migration, precarious working conditions and low productivity as some of the challenges that hinder progress toward improving quality and delivery of care. The report also proposes actions to overcome these problems, including the development of differentiated strategies to address shortages of health professionals in underserved areas and for the retention of staff, and staff rotation to ensure continuity in care. (Pan American Health Organization (PAHO), 2017) As part

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of the technical cooperation activities, with the Caribbean Community (CARICOM), PAHO is exploring ways to address these challenges.

To better understand the situation in the region, it is essential to give meaning to the current density ratios and other quantitative measures of health workers with their perceptions regarding the migration patterns discussed earlier. The combined quantitative and qualitative evidence can better inform decision-makers in the countries where the shortage of health workers is affecting access to and quality of health services, and lead to the design of targeted policies and strategies to optimize planning, production, employment, and retention of the health workforce.

Consequently, member states concerned with the migration patterns of health professionals have requested PAHO's support to conduct opinion surveys seeking to understand the dynamics and the push and pull factors contributing to emigration from the region to more developed countries. PAHO has commissioned a survey study composed of three opinion questionnaires, which surveyed more than 11,000 people from the Caribbean region regarding their perceptions on migration of health workers. This document presents the results of the survey study.

### Survey Methodology

#### Scope of the Study, Sampling, and Data Collection

The survey study was conducted over nine months from December 2017 until August 2018 and was composed of three opinion questionnaires. The first opinion questionnaire was administered by telephone to 11,200 persons randomly selected from the general population in 26 countries and territories (Table 1). This survey sought the opinion of CARICOM residents as to why people from the Caribbean migrate. The question specifically asked individuals to

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provide the two most important reasons why people migrate from the region to more developed countries. It was an open-ended question without pre-established answers.

The second opinion questionnaire was administered to 602 health workers selected from 14 countries (Table 2). Of those, 573 were considered in our analysis, while 29 were rejected due to incomplete information. Convenience sampling was used for the health workers questionnaire, in which the sample was drawn from a pool of health workers from the Ministry of Health and private institutions of participating countries. Health workers surveyed included physicians (19%), nurses (32%), allied health professionals (18%), leadership and administration personnel (16%), and auxiliary workers (15%).

One of the questions in the health workers questionnaire was very similar to the general population questionnaire, which asked for the two top reasons why healthcare workers migrate. In addition to the open-ended question, there were eight structured questions administered to healthcare workers about the quality of the health system, their opinion regarding the work environment and job opportunities, and fairness regarding their wages, which are known as important push factors. Another question asked relates to health workers desire to migrate in the future. The questions related to the health system, work environment, and wages were structured and offered five answers in the Likert scale that included strongly agree, agree, undecided, disagree, and strongly disagree. The last question regarding the possibility of future migration required a dichotomous Yes/No answer.

A third questionnaire was administered to 88 health sector workers from the Caribbean who have migrated to the United States, Canada, United Kingdom, or the Netherlands. (Table 3). Convenience sampling was also used to select the sample to respond to the diaspora questionnaire, which asked seven questions that sought to capture the reasons that have contributed to their decision to migrate and their willingness to return home if conditions are favorable. Push factors investigated in this questionnaire were the quality of healthcare in the country of origin, economic conditions back home, poor working conditions, inadequate

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facilities and supplies, respect for their profession, lack of job security, and promotional opportunities. This questionnaire also employed Likert scales with structured questions offering answers that included strongly agree, I agree, undecided, disagree, and strongly agreed.

Table 1. Countries/territories of telephone survey and sample size.

	<b>Country</b>	<b>Sample Size</b>
<b>1</b>	Anguilla	200
<b>2</b>	Antigua and Barbuda	400
<b>3</b>	Aruba	200
<b>4</b>	Bahamas	400
<b>5</b>	Barbados	400
<b>6</b>	Belize	800
<b>7</b>	Bermuda	200
<b>8</b>	Bonaire	200
<b>9</b>	British Virgin Islands	200
<b>10</b>	Cayman Islands	200
<b>11</b>	Curaçao	200
<b>12</b>	Dominica	800
<b>13</b>	French Guiana	200
<b>14</b>	Grenada & Carricou	1,000
<b>15</b>	Guyana	800
<b>16</b>	Haiti	400
<b>17</b>	Jamaica	800
<b>18</b>	Montserrat	400
<b>19</b>	Saint Lucia	400
<b>20</b>	St. Kitts and Nevis	400
<b>21</b>	St. Maarten	200
<b>22</b>	St. Vincent and the Grenadines	400
<b>23</b>	Suriname	800
<b>24</b>	Trinidad & Tobago	600
<b>25</b>	Turks and Caicos	400
<b>26</b>	U.S. Virgin Islands	200
	<b>TOTAL</b>	<b>11,200</b>



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Table 2. Countries/territories and sample size of health workers survey.

Countries/Territories	Health workers surveyed
Antigua	25
Barbados	22
Belize	42
Dominica	38
Grenada	49
Guyana	49
Jamaica	92
Montserrat	11
St. Kitts and Nevis	16
St. Lucia	37
St. Vincent and the Grenadines	31
Suriname	60
Trinidad and Tobago	77
Turks and Caicos	24
<b>Total</b>	<b>573</b>

Table 3. Diaspora surveyed in the United States, Canada, United Kingdom, and the Netherlands by professional category.

Profession	Number of respondents
Doctors	12
Nurses	59
Allied	9
Leadership/Management	3
Auxiliary	5
<b>Total</b>	<b>88</b>

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## Results

The findings of this study suggest that the opinion of the general population is very similar to the views of health workers regarding the reasons why people from the Caribbean migrate to more developed countries. Results from the general population survey (Figure 4) show that the top six reasons people migrate are better working/employment conditions (33%); problems with the health and medical systems (15%); countries' social, economic, political, and security issues (15%); education/training opportunities (13%); better financial/economic opportunities (13%); family reasons (6%); and others (5%). The results from the health workers survey (Figure 5) indicate that the top five reasons why these professionals migrate are better working/employment conditions (45%), better financial/economic opportunities (25%), education/training opportunities (15%), too much bureaucracy (8%), and others (7%). Even though these were open questions, it is clear that the opinion of the general population as to the reasons people migrate and the view of health workers as to the reason health workers migrate are very similar. Noteworthy is the fact that both groups surveyed indicated that the top reason for migration is better working/employment conditions, which was by far the reason reported most frequently by health workers (45%) and the general population (33%).

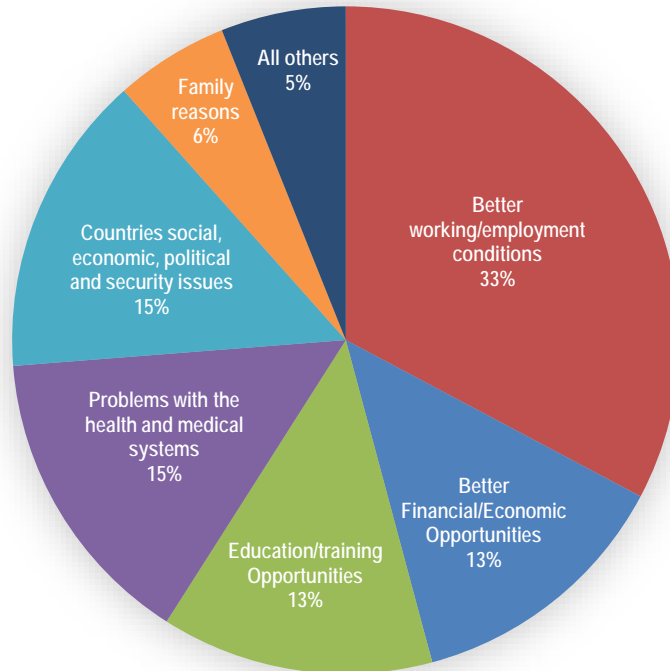
Another critical question asked to health workers who are still working in their home country is related to their desire to migrate if the opportunity arises in the future. Their response to the question "would you migrate, if you had the means and opportunity to do so?" shows that, of the 573 health workers surveyed, 341 or 59.5% indicated that they would migrate if given the opportunity, while 232 or 40.5% stated they would not. These results suggest that more than half of the current health workforce available in the Caribbean countries surveyed that are already dealing with a severe shortage of personnel may leave in the future.

The other eight structured questions asked health workers about their perception of the health system and the work environment and wages they receive for their professional work. Figure 6 shows the results of the survey regarding health workers' perception of the health system. As

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to the quality of healthcare in the country, only 38.4% of those surveyed indicate it is adequate. That percentage drops to 27.6% (those who agree) when asked if the quality of healthcare in the country is high standard.

Figure 4. General population opinion regarding reasons why people migrate. Selected Caribbean countries, 2018.



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Figure 5. Health workers opinion regarding reasons why health workers migrated. Selected Caribbean countries, 2018.

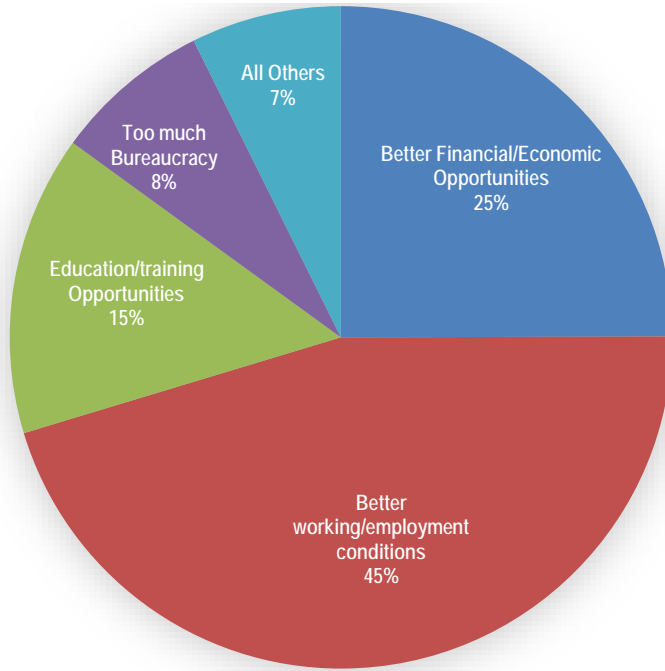
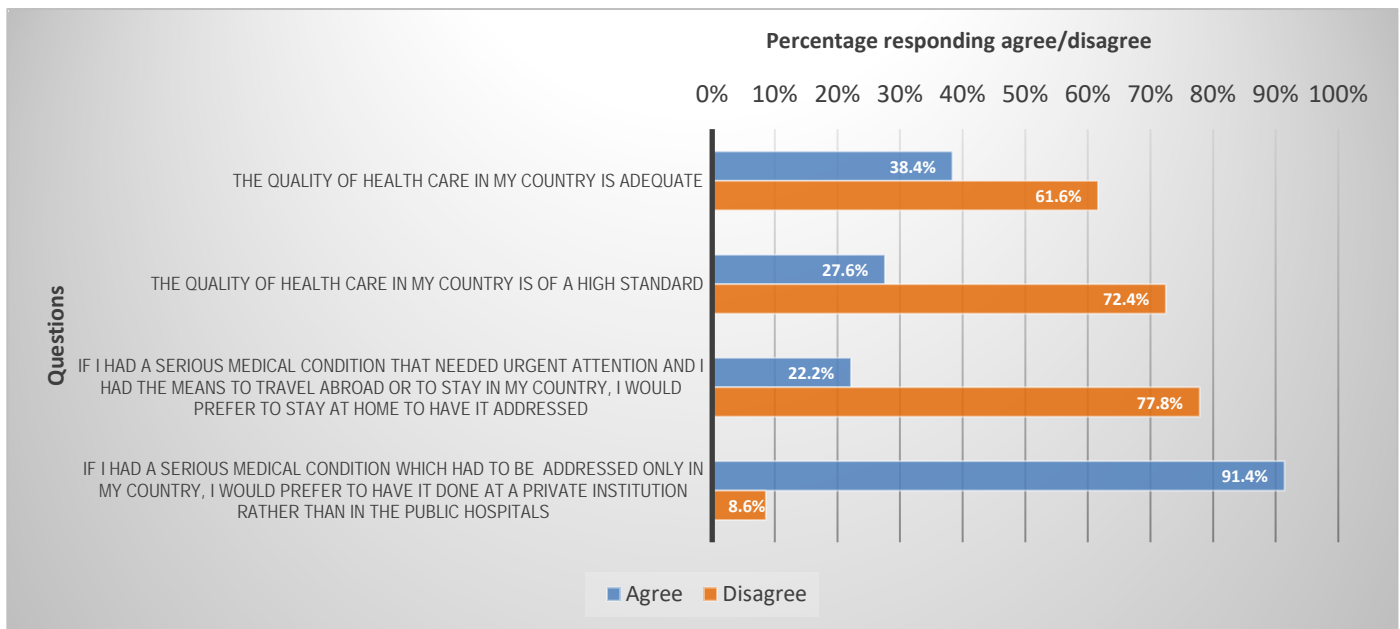


Figure 6. Health Workers Perception of the Health System. Selected Caribbean countries, 2018.



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To investigate the health worker perception of the health system at home as it compares to other health systems abroad, without mentioning any specific country, the survey asked if they agree to the statement "if I had a serious medical condition that needed urgent attention and I had the means to travel abroad or to stay in my country, I would prefer to stay at home to have it addressed." Only 22.2% of respondents said they would stay at home to resolve the health issue.

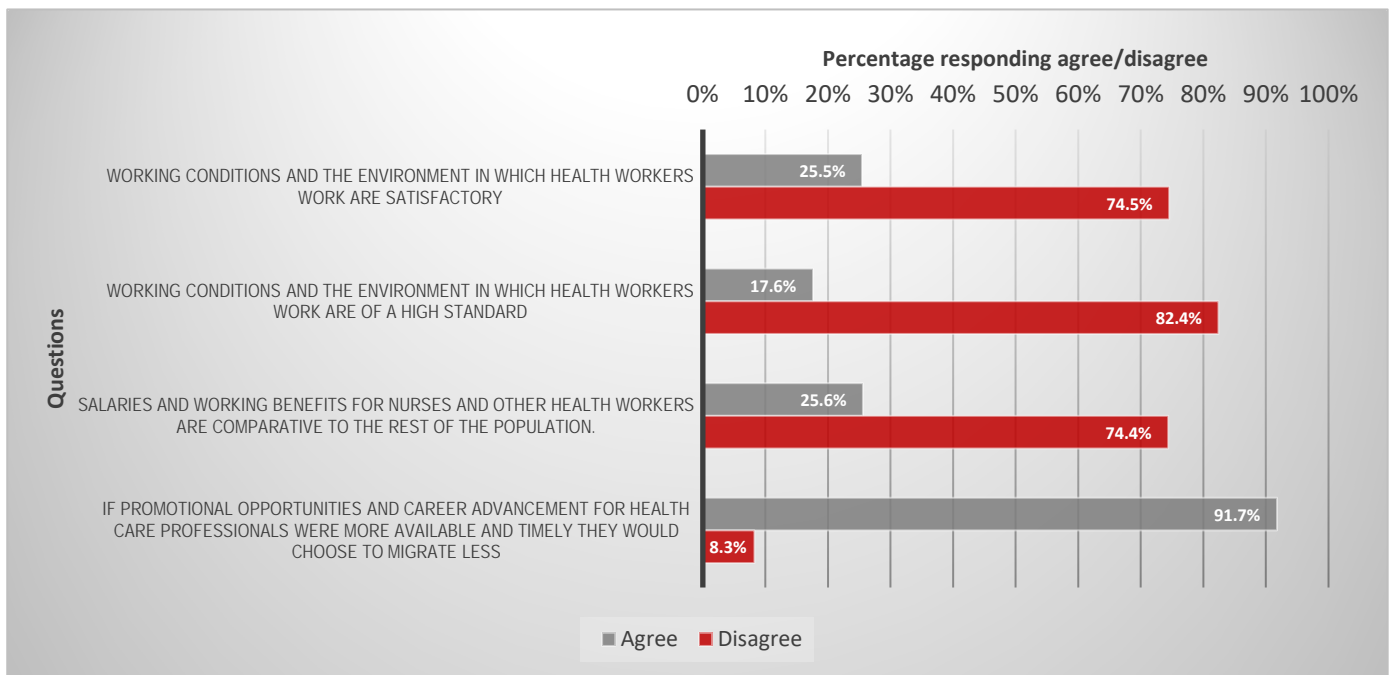
Regarding health workers' perception of public and the private healthcare services in their home country, the survey asked if they agreed to the statement "If I had a serious medical condition which had to be addressed only in my country, I would prefer to have it done at a private institution rather than in the public hospitals." About 91.4% of respondents stated they would prefer to use private institutions for their healthcare needs instead of public hospitals, suggesting a significant differential in the perceived quality of care of private versus public institutions.

Figure 7 shows health workers' perception regarding their work environment and wages, two important push factors for migration. Only 25.5% of health workers agreed that working conditions and the environment in which health workers work are satisfactory. When asked if working conditions and the environment in which health workers work are of high standard, the percentage of agreement dropped to 17.6%. Regarding the statement "salaries and working benefits for nurses and other health workers are comparative to the rest of the population", only 25.6% agreed with this statement. Lastly, they were asked "If promotional opportunities and career advancement for health care professionals were more available and timely, they would choose to migrate less". An overwhelming majority (91.7%) agreed to that statement, suggesting that promotional opportunities and career investment would potentially reduce migration. It also indicates that other factors such as the country's social, political, economic, and security issues are not the major driving force for the emigration from the Caribbean to more developed countries.

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To investigate the possible divergence of opinions among the different categories of health workers surveyed, we further analyzed some of the questions by the professional category of those responding. Figure 8 shows how the different categories of health professionals responded to the question about salaries and working benefits for nurses and other health workers. Our analysis shows that, except for those in leadership positions, all other health workers disagree with the statement that salaries and working benefits for nurses and other health workers are comparative to the rest of the population. The overwhelming majority of nurses (93.5%) and allied health professionals (92.6%) disagreed with the statement. Auxiliary health personnel (64.9%) and doctors (63.2%) also disagreed with the statement but to a lesser extent than nurses and allied health professionals. These results indicate that the majority of those in leadership and management positions have a very different opinion than that of other health workers.

Figure 7. Health Worker Perception of Work Environment and Wages. Selected Caribbean countries, 2018.



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Figure 8. Salaries and working benefits of nurses and other health workers are comparative to the rest of the population. Breakdown by respondent’s profession. Selected Caribbean countries, 2018.

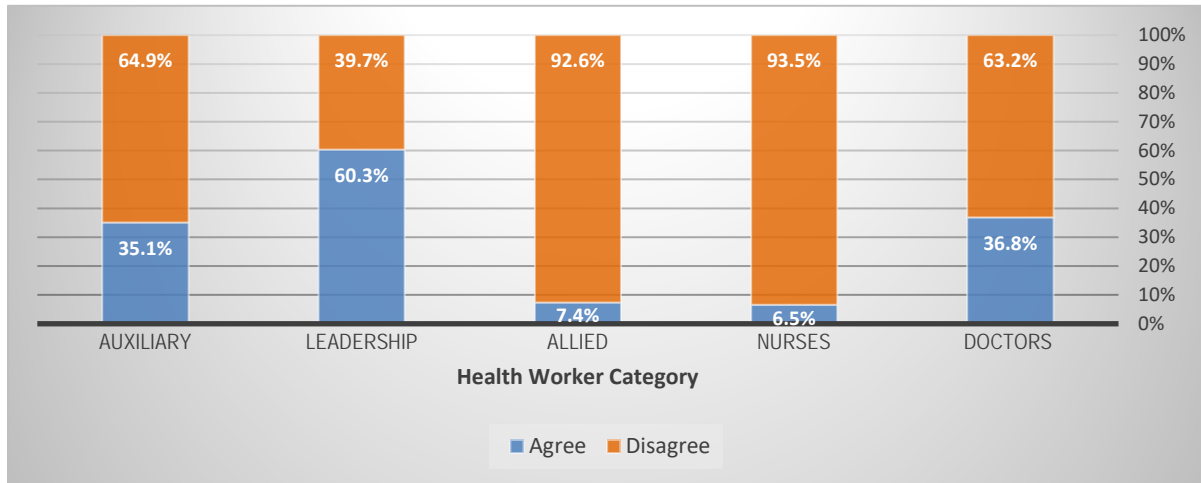
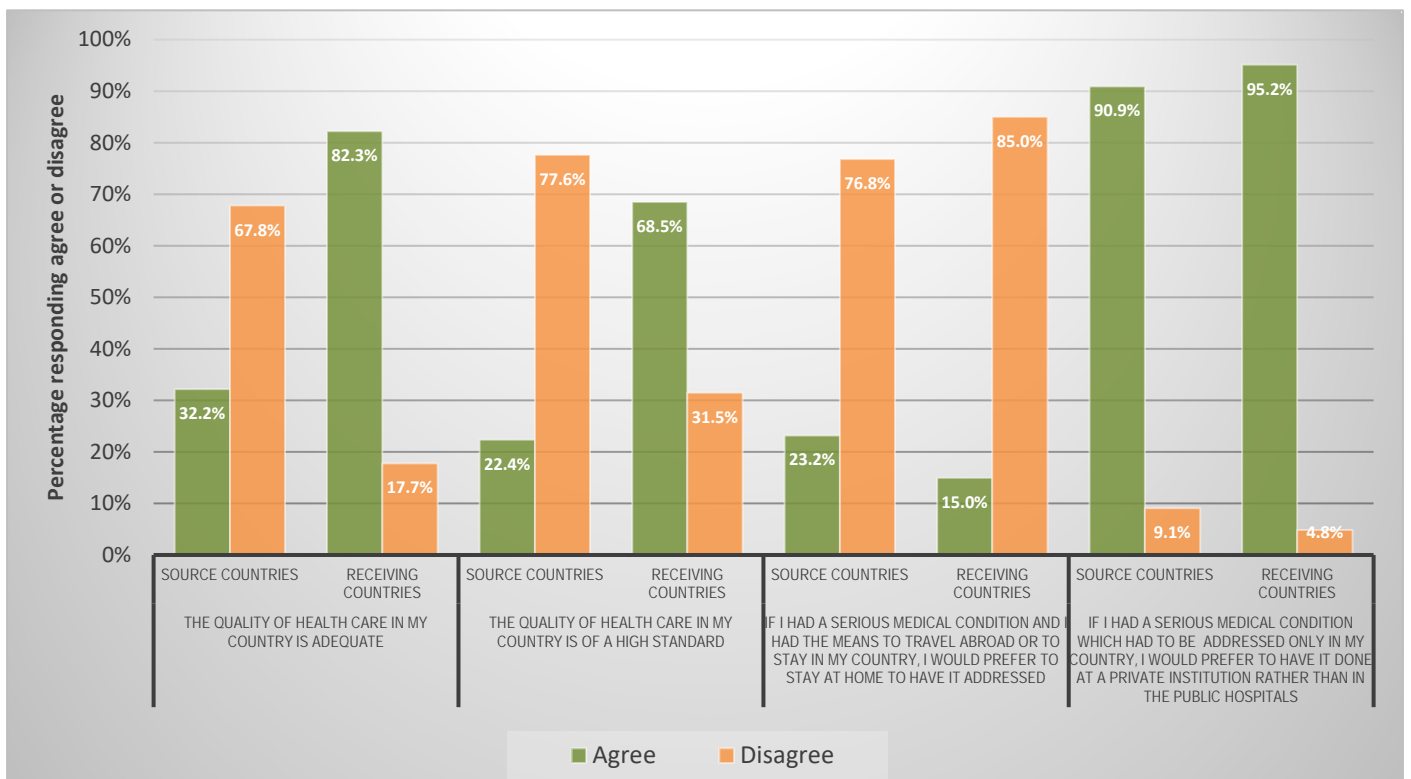


Figure 9. Health Worker Perception of the Health System, by receiving and source countries. Selected Caribbean countries, 2018.



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To further our understanding regarding the patterns seen in the responses given, we also analyzed the responses by source and receiving countries. Source countries are considered those that have seen a high level of emigration of health professionals to other countries while receiving countries are those hiring health professionals from other Caribbean countries. For our analysis, we included Belize, Dominica, Guyana, Jamaica, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago as source countries. Receiving countries were Antigua and Barbuda, Barbados, and Turks and Caicos.

These results show an interesting pattern where the opinion of health workers in source countries are very different from their counterparts in receiving countries for some of the questions but similar to others. The set of questions regarding their perception of the health system (Figure 9) showed that, in terms of quality of care, those in receiving countries overwhelmingly agreed that the quality of healthcare is either adequate (82.3%) or of high standard (68.5%), while those from source countries overwhelmingly disagreed that the quality of healthcare is either adequate (67.8%) or high standard (77.6%).

A curious response pattern observed is that, even though health workers in receiving countries considered the quality of healthcare in their country adequate or high standard, the majority would still prefer to seek medical care for a serious medical condition overseas (85%), similar to the pattern of respondents from source countries (76.8%). These response patterns suggest that the health systems in Caribbean countries may not have the resources or capacity to treat serious medical conditions. There is also agreement between health workers in receiving and source countries when asked: "If I had a serious medical condition which had to be addressed only in my country, I would prefer to have it done at a private institution." The overwhelming majority of those in receiving countries (95.2%), as well as source countries (90.9%), agreed that they would prefer to seek medical assistance in private institutions. Their responses suggest a difference in the quality of care between public and private institutions within the country, but it may also suggest that, for serious medical conditions, the private system may be better equipped to provide care. In other words, the quality of specialized versus primary care

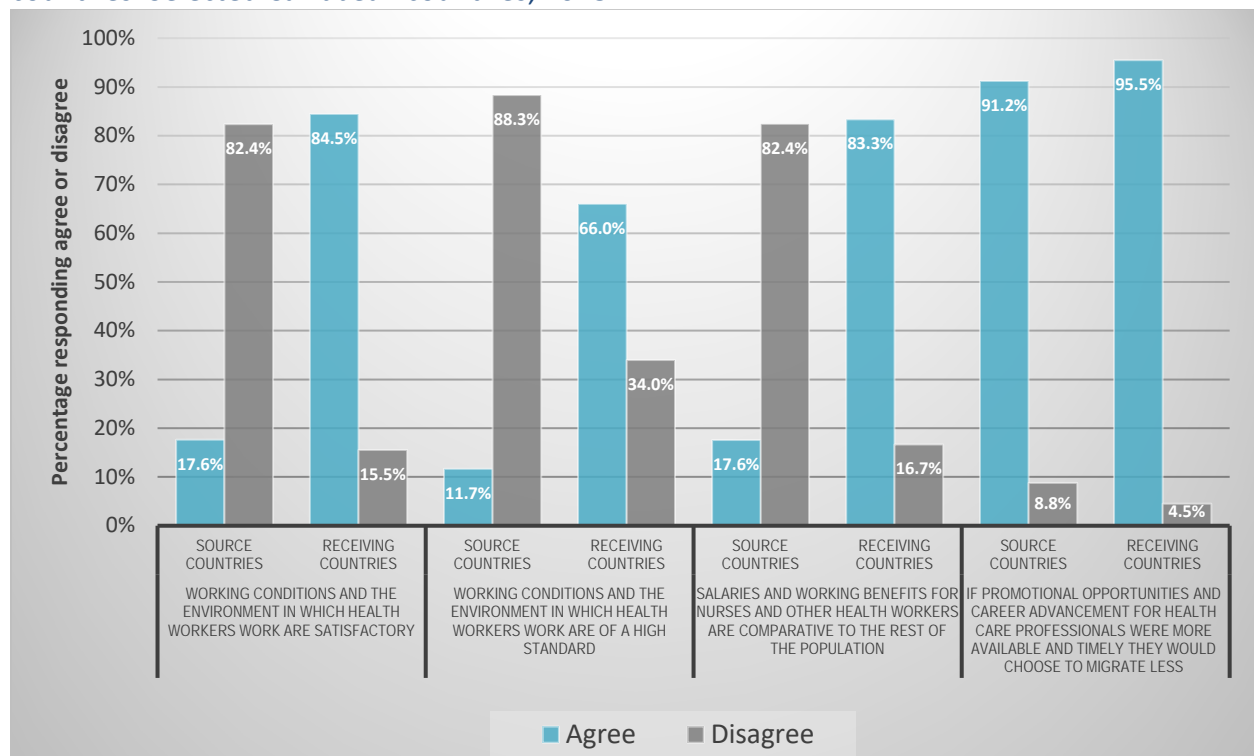


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in public and private institutions within the countries may also vary, especially in receiving countries.

Figure 10 shows health workers' perception regarding their work environment and wages. Again, we observe substantial differences between health workers in receiving and source countries. Health workers in receiving countries overwhelmingly agree that working conditions and the environment in which health workers work are satisfactory (84.5%), while the overwhelming majority in source countries disagree (82.4%). When asked if working conditions and the environment in which health workers work are of high standard, the majority of those from receiving countries agreed (66%), while those in source countries overwhelmingly disagreed (88.3%). When asked if working conditions and the environment in which health workers work are of high standard, the majority of those from receiving countries agreed (66%), while those in source countries overwhelmingly disagreed (88.3%).

Figure 10. Health Worker Perception of Work Environment and Wages, by receiving and source countries. Selected Caribbean countries, 2018.



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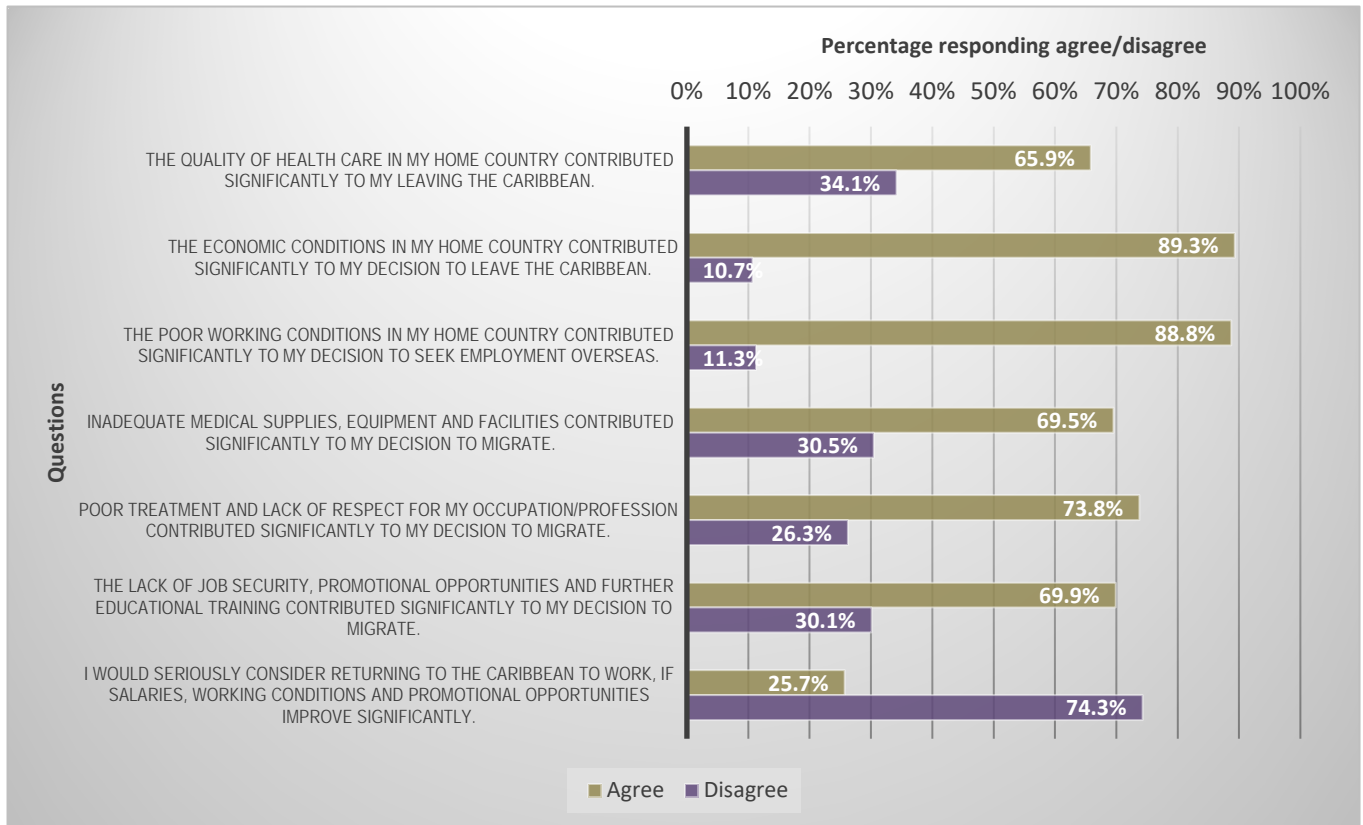
Regarding salaries and work benefits for nurses and other health workers, again we find disagreement between respondents from receiving and source countries, where the overwhelming majority from source countries disagreed (82.4%), while the clear majority from receiving countries agreed (83.3%) that health workers wages and benefits are comparable to the rest of the population. These results suggest that health workers in receiving countries are better compensated for the work and/or are more satisfied with their work benefits than those in source countries.

In addition to the opinion surveys administered to health workers in the countries and territories of the Caribbean, we also sought the opinion of health workers that have emigrated to the United States, Canada, the United Kingdom, and the Netherlands to investigate any similarities or divergence from the viewpoint of their counterparts who we did not migrate. Figure 11 shows the responses of the health workers' diaspora in North America and Europe. Only 88 health workers of the diaspora from the English Caribbean participated in this survey, representing a very low number of respondents when compared to the thousands of health workers who have emigrated from the Region. The diaspora survey sought to investigate possible push factors that contributed to their decision to migrate.

An overwhelming 89% of health workers indicated that the economic situation and the poor working conditions in their home countries influenced their decision to migrate. Poor treatment and lack of respect for their occupation/profession were cited by about 74% of respondents as a contributing factor. Approximately 70% stated that inadequate medical supplies, equipment, and facilities, as well as lack of job security, promotional opportunities and further educational training, contributed significantly to their decision to migrate. About 66% of the respondents acknowledged that the quality of healthcare in their country of origin was a factor in their decision to migrate.

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Figure 11. Perception of the Health Workers Diaspora, 2018.



While the Diaspora survey may be under representative and did not request individuals to specify the two most important reasons for their decision to migrate, like the open-question provided in the survey applied to the general population and health workers in participating Caribbean countries, their response is very similar to that of their counterparts who have not migrated. Therefore, according to those surveyed in the general population and healthcare workers in selected Caribbean countries as well as the diaspora in the United States, Canada, United Kingdom and the Netherlands, poor working conditions; inadequate medical supplies, equipment and facilities; poor treatment and lack of respect for or occupation; the quality of healthcare; and lack of job security, promotional opportunities, and further educational training were all significant contributors to the migration movement observed in the region.

Regarding the possibility of returning home if salaries, working conditions, and promotional opportunities improved significantly, a surprising 74% of health workers from the diaspora

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responded they would not. This response may indicate that Caribbean immigrants have put down deep roots in their host societies. On the other hand, these responses also indicate that about 26% of those respondents from the diaspora would return home, possibly contributing to knowledge and skills transfer to other health workers and transformation of the health system.

### Study Limitations

This study presents important information that elucidates the current situation and provides the basis for policy recommendations related to the emigration of health professionals in the Caribbean region. The use of convenience sampling allowed us to quickly find subjects and gather data, saving precious time and resources, but it is not without limitations. While the study included participants from the public and private sectors, surveyed health workers were mostly employed by the public sector in participating countries. In addition, the small sample size from the diaspora does not allow for generalization of the results from this group of respondents to all health workers that have migrated.

Opinion surveys can also introduce bias if respondents feel uncomfortable providing answers that may put them in an unfavorable light. Since health workers were aware that they were participating in a study authorized by their employer, and supervisors were aware of who was participating in the survey, some respondents may have been reluctant to give truthful answers to the questions posed, skewing the results. Lastly, the questionnaires were not field-tested, although consultants were available to guide respondents and to clarify any doubts regarding the questions and the purpose of the study.

Despite the possible bias introduced by the sample and study design, we believe that the opinions and perceptions of health workers of participating countries and diaspora are well represented here. As for push factors, the overall motivation for health professionals to emigrate can be summarized as poor working conditions, low wages, poor treatment and lack

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of respect for health workers, and inadequate facilities, equipment, and medical supplies to perform their work.

### Discussion

Our findings are very similar to those of other reports that identified cause and effect of migration of health professions from the Caribbean region. A report conducted by the World Bank, concluded that emigration of nurses from the English Caribbean to more developed countries were driven by wages, work dissatisfaction, and network effects. (The World Bank, 2009) . The latter facilitates migration patterns, as globalization allows for easy access to information regarding job opportunities, recruitment, better salary and benefits, and application processes, among others. A report by the Economic Commission for Latin America and the Caribbean (ECLAC) suggests that nurses are leaving the Caribbean due to poor remuneration, lack of opportunities in education and training, violence and stressful working conditions. The report further indicated that, in Jamaica, about 75% of nurses chose to migrate due to these conditions. Recruitment networks also enabled immigration of skilled professionals from the Caribbean to developed countries in North America and Europe. (Platonova & Gény, 2017)

A report from the International Organization for Migration (IOM) indicates that economic stagnation, limited job opportunities, and the existence of established diaspora communities and networks contribute to the brain-drain of professionals from Caribbean countries. (International Organization for Migration (IOM), 2017) Therefore, discontent with the working conditions and professional opportunities back home (push factors) and the open-door policies to skilled personnel and better wages offered by developed countries (pull factors) have contributed significantly to the brain-drain of Caribbean professionals.

The migration of health professionals from the English Caribbean seems to have no end in sight. Noteworthy is the fact that almost 60% of the health professionals who are still residing in their

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home countries and who participated in our survey stated that they would migrate if given the opportunity in the future. These results are worrisome since the shortage of health professionals that are necessary for a health system to function correctly and provide needed healthcare to the population is already a pressing problem.

However, some of our results are encouraging and offer opportunities for local governments to retain and attract some of their health professionals back to their health systems. About 92% of health professionals surveyed, who are currently residing in the Caribbean, stated that they would migrate less if promotional opportunities and career advancements would be available to them. And although only 26% of those interviewed from the diaspora responded that they would seriously consider returning home if salaries, working conditions, and employment opportunities improved significantly, given the number of health workers that have emigrated, the voluntary return migration of even a smaller percentage of highly skilled health workers may contribute to the transfer of knowledge and skills, as well as health systems strengthening in their home countries. Therefore, encouraging the return of these professionals to the region and retaining those already there looks to be a promising and worthwhile effort, but one that will require strengthening of their health systems and public institutions as well as human resources policies that are fair and transparent.

### Conclusion

The chronic shortage of health professionals in the Caribbean region is likely to continue, hampering efforts to achieve universal access to health and universal health coverage. (Pan American Health Organization (PAHO), 2014) In addition, population aging and the increase of chronic conditions will contribute to the healthcare demands and impose more pressure on health systems that are already facing an undersupply of health workers.

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Health worker migration and the undersupply of health professionals need to be examined in the broader context of the health system, the rights of health workers to migrate, and the dynamics of healthcare labor markets. Policy decisions with the potential to resolve this crisis will have a better chance of successfully addressing the problem by taking into consideration the historical migration patterns of health professionals, examining current hiring practices, and implementing visible solutions that are in line with the evidence available.

While this report elucidates on the reasons of why health workers migrate, it does not inform on other important aspects related to migration of health professionals. One aspect that needs further understanding is the type and magnitude of the brain-drain in the region. Are more specialized and experienced workers migrating or the newly trained? Are retention strategies in place and are they working? Are countries able to identify their specific needs for human resources according to the population health profile and health systems' needs? Do countries know the number and categories of health workers that are currently available, vacancies, graduation rates for the core professions, and attrition rates, including attrition due to migration? Is there a monitoring and evaluation scheme in place for the migration of health professionals? Is there a human resources plan in place that takes these issues (migration, graduation rates, attrition, health needs of the population, etc.) into consideration? Is the health sector coordinating and planning with the education and labor sectors for their human resources for health? Investing time and resources on information and knowledge will increase the chances of attaining the desired outcomes, implementing policies that will address specific issues such as migration of health workers, and improve governance of the health system.

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## Bibliography

- Awases M, G. A. (2005). *Migration of Health Professionals in Six Countries: A Synthesis Report*. Brazzaville: World Health Organization WHO-AFRO.
- Caribbean Cooperation in Health III. (2016, March). *Evaluation Results and Recommendations for the Way Forward*. Retrieved April 17, 2019, from PAHO/WHO: [https://www.paho.org/spc-crb/index.php?option=com\\_docman&view=document&layout=default&alias=158-caribbean-cooperation-in-health-iii-cch-iii-evaluation-results-and-recommendations-for-the-way-forward-with-cch-iv&category\\_slug=cch-iii-caribbean-cooperation-](https://www.paho.org/spc-crb/index.php?option=com_docman&view=document&layout=default&alias=158-caribbean-cooperation-in-health-iii-cch-iii-evaluation-results-and-recommendations-for-the-way-forward-with-cch-iv&category_slug=cch-iii-caribbean-cooperation-)
- CARICOM. (2019, April). *CARICOM Single Market and Economy*. Retrieved from CARICOM: <https://caricom.org/caricom-single-market-and-economy>
- Chaney, E. M. (1985). *Migration from the Caribbean Region: Determinants and Effects of Current Movements*. Washington, DC: Georgetown University, Center for Immigration Policy and Refugee Assistance.
- Chaney, E. M. (1989). *The Context of Caribbean Migration*. Washington, DC: Georgetown University, Center for Migration Studies (special issues) 7/1: 1–14.
- International Organization for Migration (IOM). (2013). *Human mobility in the Caribbean: Circulation of skills and immigration from the South*. San José, Costa Rica: International Organization for Migration (IOM).
- International Organization for Migration (IOM). (2017). *Migration In The Caribbean: Current Trends, Opportunities And Challenges. Working Paper 1*. San José, Costa Rica: International Organization for Migration (IOM).
- Palmer, R. W. (1974). A DECADE OF WEST INDIAN MIGRATION TO THE UNITED STATES, 1962-1972: AN ECONOMIC ANALYSIS. *Social and Economic Studies*, vol.23, no. 4, 571-587.
- Pan American Health Organization (PAHO). (2014, October 2). *Pan American Health Organization*. Retrieved April 17, 2019, from Strategy for Universal Access to Health: <https://www.paho.org/uhexchange/index.php/en/uhexchange-documents/technical-information/26-strategy-for-universal-access-to-health-and-universal-health-coverage/file>
- Pan American Health Organization (PAHO). (2017). *Caribbean Roadmap on Human Resources for Universal Health, 2018-2022*.
- Platonova, A., & Gény, L. (2017). *Women's empowerment*. United Nations, Santiago, Chile: Economic Commission for Latin America and the Caribbean (ECLAC).
- The World Bank. (2009). *The Nurse Labor and Education Markets in the English-Speaking CARICOM*. Washington, DC: The World Bank.
- Thomas-Hope , E. (2000). *Trends and Patterns of migration to and from Caribbean countries*. Kingston, Jamaica: University of West Indies.



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Thomas-Hope, E. (2002). *Skilled Labour Migration from Developing Countries: Study on the Caribbean Region*. Geneva, Switzerland: International Migration Programme, International Labour.

World Health Organization (WHO). (2014). *A Universal Truth: No Health Without a Workforce*. Geneva, Switzerland: World Health Organization (WHO).