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MRI and MRV in cerebral venous thrombosis

Zafar Sajjad

Aga Khan University, zafar.sajjad@aku.edu

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Migration of Health Workers: A Challenge for Health Care System

Shaista Afzal, Imrana Masroor and Gulnaz Shafqat

ABSTRACT

The migration of health workers has resulted in a growing apprehension universally because of its impact on health system of the developing countries. Although the choice to migrate is basically a personal one, however, the overall social and economic circumstances have important impact on the decision to migrate. The "push and pull" factors for migration are disparity in working conditions, pay, lack of promotion opportunities, poor living conditions, desire to gain experience, professional development, family background and family wealth. A strategic approach by the government and other agencies is mandatory for regulating the flow of health workers between countries. A range of policies and interventions are needed to deal with the broader health system issue and problems of health workers that influence their recruitment, retention, deployment and progress.

Key words: *Migration. Health workers. Health care system.*

INTRODUCTION

Brain drain is the migration of skilled intellectual and technical labour in search of the improved standards of living, quality of life, higher salaries, access to advanced technology and knowledge, or even a stable socio-political and professional environment. The migration of health professionals has resulted in growing apprehension universally because of its impact on health system of the developing countries.¹

In the year 2000, approximately 2.9% of the world's population was living outside their country of birth and of these 37% are economically active.² The reserve of migrant population has more than doubled since 1965.

Worldwide immigration of highly trained professional first became known as a major public health issue in the 1940's, when many European health professionals moved to UK and US and since then has become an important and contentious aspect of health sector planning.³ For Pakistan, it was corroborated by a study carried out by Talati and Pappas.⁴ According to the statistics provided by the Bureau of Emigration and Overseas Employment, about 1000 to 1500 physicians leave the country every year of which 10-15% returns for a net migration of 900 - 1275 physicians.⁵

Why are Health Care Providers Migrating?

Although the choice to migrate is basically a personal one, however, the overall social and economic circumstances have important impact on the decision to migrate e.g. wars, law and order situation, deprivation and social unrest may all aggravate this process of

migration. The source country is actually the first culprit as the basic reason for emigration is the accomplishment of the hierarchy of needs i.e. physiological, safety, belonging, esteem, and self actualization. State involvements also promote migration as for instance favourable conditions for visa and work permits and active recruitment of workers from countries with an oversupply of health professionals. High rate of unemployment also provides a ground for migration.

This process of migration is principally demand led with work force shortage in some countries causing active overseas recruitment and significantly affecting the decision to migrate. The "push and pull" factors for migration are disparity in working conditions and pay, lack of promotion opportunities, poor living conditions, desire to gain experience and professional development.⁶ Another important factor influencing the decision to migrate is family background and family wealth.

Professional development, higher education for post-graduate professional qualification are important reasons resulting in emigration and some of the reasons for not returning after training are lack of research culture, funding opportunities, limited career growth, underprivileged facilities, scholarly motivation and law and order situation in the country. Lack of education for children in their home country especially with high competition for university admission and unethical ways and means to acquire seats all result in dissatisfaction.

Many of the health workers who remain in public health system experience added stress, greater workloads and are ill-motivated because they are poorly paid, inadequately equipped/supervised and have limited career opportunities.

Although the plus side of migration is acquiring of expensive skills which are not available within the country of origin, the negative aspect is that these skills and knowledge never migrate back.

Department of Radiology, The Aga Khan University Hospital, Karachi.

Correspondence: *Dr. Shaista Afzal, 43/6-A, PECHS Block 6, Karachi 75400.*

E-mail: shaista.afzal@aku.edu

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Managing the Migration

A strategic approach by the government and other agencies in their own context is mandatory for regulating the flow of health workers between countries. To facilitate long-term retention, the issues such as alignment of philosophy between physician and organization, participation in policy making, professional autonomy and personal and financial factors need to be addressed.⁷

One of the steps in reducing the effect of migration is the introduction of bonding system, which requires the medical professionals to serve in their native country for a minimum number of years before they leave for further education or job.

Underinvestment in the health care system as seen in many developing countries results in low remuneration, poor working environment, a lack of leadership and few or no financial incentives for health care workers resulting in low job satisfaction.

The pivotal factor in the decision to migrate is financial incentive. It is impossible to introduce competitive wages. The realistic possibility are targeted incentives in addition to non-financial incentives; these include additional training, study leave, team work, timely promotions and feedback/support from peers and supervisors, improved pension plans, child care, educational opportunities, etc.⁸

International policies and recommendations are needed to support the compensation mechanism for the source country for reimbursement of the cost of the education of the migrating health professional, the loss of taxation, loss of work contribution and loss of health to the population. Mutual arrangements are needed to pay some compensation to the source countries in a variety of forms like the development of infrastructure, the modernization of communication and information technologies, library information system, the foundation of research grants etc.

Remittances from emigrants constitute a significant amount of foreign income and its transfer and management are potentially exploitable venues in plumbing the brain drain. The knowledge, clinical and research skills of the expatriate scientist and health care professionals can also be exploited by developing mutual training programmes, research assignments and courses for teaching their own countrymen and by judicious use of information technology.

There is a need for bilateral negotiated agreements to build opportunities for health workers to work overseas for limited period of times by granting temporary visas or on a rotational basis. The destination country invest in institutions in the source country which then acts as a provider of health care personnels by training surplus of health workers.

An important question that needs to be answered is whether this migration bestows happiness and satisfaction to the health care providers. Literature reports high occurrence of depression and other mental disorders among health care migrants.⁹

CONCLUSION

The immigration of health care providers is a feature of globalization and is unavoidable. The database about the migrating health care workers is incomplete. Migration is affected by many factors, some of which are amenable to strategic interventions and thus may assist policy makers in planning strategies to recruit and retain health workers in the source and destination countries.

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