

# **Joining the Bandwagon: Emigration Expectation Among Trainee Health Personnel in Ghana**

# Introduction

- Emigration of health professionals from Sub-Saharan African countries including Ghana is generally understood against this background.
- Rapid rise in demand for expansion in health care services in developed countries due to aging population and reduced entrants to health workforce (Dovlo, 1999)\*
- Developing countries on the other hand, lack requisite resources to motivate and retain their health workers (Sanders et al, 2003).
- Many SSA countries including Ghana appear to be caught up in a serious crisis in the health sector.

# Ghanaian Emigration in Historical Perspective

- Contrary to the assertion that ‘Ghanaians were non-migratory’ (Zachariah and Conde, 1978), there is evidence that Ghana has now become an emigration country since the mid-1970s.
- International migration among Ghanaians gathered momentum as a result of the economic hardships experienced in the mid-1960s and 1970s.
- Mid-1960-70, Ghana witnessed emigration of professionals to other African countries where their services were in high demand.
- This intensified in the 1980s and it involved unskilled, semi-skilled and highly skilled labour (Anarfi, 2000).
- Destinations included Cote d’Ivoire, Nigeria, Southern Africa and some Gulf States. Currently, however, emigration to Europe and North America has become more prominent.

- Ghanaians were among the 10 new diasporas in the last decade of 20<sup>th</sup> Century (Van Hear, 1998).
- Adepaju (2000) stresses that emigration of highly skilled professionals in WA was led by Ghanaians, followed by Nigerians.
- No agreement on the number of Ghanaians resident outside.
- Twum-Baah (2005) puts persons of Ghanaian origin resident outside Ghana at 1.5 million as against EU's estimate of 3 million. However, this estimate included only Ghanaians resident in Europe, North America and other African countries (thus it excluded Asia, South America and the Middle East).
- On the other hand, Peil (1995) estimated that 10-20% of Ghanaian nationals were living abroad in the 1980s and 1990s (cited in Black, 2003) – 1.8 – 3.6 million.
- The Global Migrant Origin Database of the Development Research Centre (DRC) suggests a lower figure of 780,000 persons (3.9% of Ghana's population in the year 2000)

# Characteristics of Ghanaian Emigrants

- Ghanaian emigrants, particularly, to developed countries, are generally well educated. For instance, about 40% of Ghanaian residents in England/Wales aged between 16 and 74 years have attained tertiary level of education (Twum-Baah, 1985).
- It is estimated that by 1990, 15% and 10% of Ghanaians with tertiary education were residing in USA and OECD countries respectively (Black et al. 2003).
- Carrington and Detragiache (1999) also estimated that over 70% of Ghanaian migrants in the USA in 1990 had tertiary education. Twum-Baah (2005) also indicates that 26% of Ghanaian graduates and 60% of trained doctors work outside.
- Another emigration phenomenon believed to be on the increase is student migration. about 1,900 and 4,238 Ghanaian students were pursuing tertiary education in EU and OECD countries respectively in 2001 (Manuh et al, 2005).

# Effects

- Perhaps, the adverse effect of emigration of the highly skilled on the health sector is unprecedented in Ghana's history.
- It is estimated that Ghana requires 43,000 health workers to meet the health needs of its population (18m in 2000). However, only 21,262 (2,211 doctors and 19,051 nurses) were available in the year 2000 (Nyonator *et al*, 2004) -shortfall of 49%
- It is believed that more Ghanaian doctors were working outside (1,850) than those at home (1,600) in the year 2001- a reduction of the 2000 figure by 611 [Ghanaian Times (March 23, 2002)].

# Proportion of Trained Health workers Leaving Ghana (1995 – 2002)

Profession	Year								
	1995	1996	1997	1998	1999	2000	2001	2002	'95-02
GP/Medical Officer	602	654	702	682	602	595	896	944	<del>694</del>
Dentists	200	321	333	333	333	222	286	250	<del>273</del>
Pharmacists	433	415	438	442	408	200	483	642	<del>433</del>
Medical Laboratory Technologists/Technician	258	243	105	133	196	348	311	0	<del>195</del>
Nurses/Midwives	200	200	200	198	200	200	182	199	<del>197</del>

Source: ISSER, 2003

# Projected Number of Health Professionals Required by Ghana in 2006

Category	Current number (01)	Expected number (06)	Desired number (06)	Supply Gap	%
Doctors	1,600	2,334	4,200	<b>1,866</b>	<b>44.4</b>
Professional Nurses	11,876	14,397	21,000	<b>6,603</b>	<b>31.4</b>
Pharmacists	1,136	661	2,100	<b>1,439</b>	<b>68.5</b>
Midwives	3,690	3,859	10,500	<b>6,641</b>	<b>63.2</b>
CHN*	2,280	3,285	10,500	<b>7,215</b>	<b>68.7</b>
Medical Lab. Technicians	62	91	210	<b>119</b>	<b>56.7</b>
Environmental Health Officers	2,172	2,716	6,300	<b>3,584</b>	<b>56.9</b>
Physiotherapists	13	59	320	<b>261</b>	<b>81.6</b>
Radiographers	96	91	420	<b>329</b>	<b>78.3</b>
<b>Total</b>	<b>22,925</b>	<b>27493</b>	<b>55,550</b>	<b>28,057</b>	<b>50.5</b>



# Research Gap

- The result of a study for WHO-AFRO in which 62% of Ghanaian health workers interviewed indicated their intentions to emigrate (Awases et al., 2003).
- Intention to emigrate is generally high among Ghanaians. For instance, 40% expressed their intentions to emigrate (NIDI/Eurostat, 2001).
- However, there was no study on the intention to emigrate among those expected to replace the aging and emigrated professionals (trainee health professionals ).

# Objectives

The main objective of the study was to assess the level Of migration expectation among trainee health workers

Specifically, the study sought to:

- Examine the causes of emigration among health professionals.
- Analyse the consequences of the emigration of health professionals on training and other labour-related issues within the health sector.
- Determine the future outlook of the emigration of Ghanaian health professionals; i.e. is the phenomenon likely to grow or decline?
- Assess mechanisms to minimise risks and maximize benefits of the emigration of health professionals.
- Efforts to arrest the situation and available policy options

# Methodology

- Leading medical and nursing training institutions in the Coastal Savanna, Middle Forest and Northern Savanna ecological zones of Ghana were selected.
- The nursing training colleges located in the main referral hospitals in Accra, Kumasi and Tamale as well as Sch of Nursing (UG) and Pantang Psychiatric were surveyed.
- 2 private nursing training colleges in Tema and Kumasi were included.
- The medical schools of the Univ. of Ghana (Accra) and KNUST (Kumasi) were selected.
- The study targeted 500 trainees (400 trainee nurses and 100 medical students)
- Sample Allocation was done proportional to the size of student population in the various institutions and simple random sampling technique was employed to select respondents.
- The actual sample was 541 (447 nursing trainees and 94 medical students).
- The main survey instrument used was questionnaire and they were self-administered by respondents.

- In-depth interviews were also conducted with some key informants

Ministry of Health (MoH), Nurses and Midwives Council for Ghana (NMCG), Medical and Dental Council (MDC), Ghana Health Service (GHS), Ghana Registered Nurses Association, GMA and the selected training institutions.

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# Findings

- Females (78.1%) relative to males (21.9%)
- Females formed 75.5% and 39.4% of nursing trainees and medical students respectively.
- Their ages ranged from 18 to 39 yrs with a mean age of 22.8yrs (medicine), 21.7 yrs (Diploma nursing) and 25.7 yrs (undergraduate nursing).
- Majority of them were never married (96.9%)
- About 60% of them were born in the GAR & Ashanti regions.
- Further analysis of the place of usual residence of the respondents followed the same pattern – GAR (49%), Ashanti Region (26%) and Northern Region (6%).
- Over 70% are from elite homes in urban areas in Ghana.
- Over 50% of the students indicated that securing admission to Health care training institutions was not difficult relative to 43% who said it was difficult.
- Majority have relations working in the health sector

# Distribution of Trainees by Motive for becoming Nurse or Doctor

<b>Motive</b>	<b>Medical Student (n=83)</b>	<b>Student Nurse (n=44)</b>	<b>Total (n=507)</b>
Assist/give care to the sick	61.4	69.6	<b>682</b>
It is an able profession and loves it	24.1	16.0	<b>17.4</b>
Financially rewarding	2.4	5.4	<b>4.9</b>
Opportunity to travel abroad	4.8	4.5	<b>4.5</b>
Help solve problem of staff shortage	4.8	3.8	<b>3.9</b>
Change the perception of society	-	0.7	<b>0.6</b>
To please parents	2.4	0.0	<b>0.4</b>
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: Field Survey, 2005

# Emigration expectation

- Over 50% of them indicated that they have ever decided to emigrate - male trainees (61.3%) than females (53.4%) have had this dream.
- It was slightly higher among medical students (60%) than their counterparts in nursing (55.5%).
- The reasons assigned for not having emigrated by the majority (88%) was waiting to complete their training.
- About 70% of the respondents do not intend to work in Ghana beyond their fourth year of graduation.
- Among the medical students, it was found that over 90% of them intend to emigrate by the third year of graduation.
- Whereas the cumulative % of medical students who intend to leave Ghana by the end of the third year was 91%, Liese et al,( 2003) found that of practicing doctors by the fifth year of their graduation to be 80
- 65.5% for medical students to about 50% among trainee nurses

## Distribution of Prospective Emigrants According to Period and Type of Training Programme (%)

Period (Years)	Medical students	Nursing Students (Degree)	Nursing Students (Diploma)		Total	
			Public	Private	(n)	%
<2	25.5	167	10.5	41.2	(45)	15.6
2-3	65.5	389	51.8	529	(155)	53.6
4-6	9.0	444	32.2	5.9	(78)	27.0
6+	-	-	5.5	-	(11)	3.8
<b>Total</b>	<b>100.0</b>	<b>1000</b>	<b>100.0</b>	<b>1000</b>		<b>1000</b>
<b>N</b>	<b>55</b>	<b>18</b>	<b>199</b>	<b>17</b>	<b>289</b>	

Source: Field Survey, 2005.



# Distribution of Trainees by Reason for Emigration

<b>Reason</b>	<b>Medical Students (n=50)</b>	<b>Nursing students (n=218)</b>	<b>Total (n=268)</b>
Further education/training	380	37.6	37.7
Conducive working Condition/ environment	280	284	284
Realistic remuneration	200	184	187
Better managed health care system	140	15.6	15.2
<b>Total</b>	<b>1000</b>	<b>1000</b>	<b>1000</b>

Source: Field Survey, 2005.

# Destination Countries

<b>Country</b>	<b>Medical students</b>	<b>Nursing students</b>	<b>All students</b>
UK	333	525	492
USA	494	359	382
Australia	80	50	55
Canada	34	50	47
Germany	34	09	14
South Africa	11	02	04
Saudi Arabia	00	05	04
India	11	00	02
<b>Total</b>	<b>1000</b>	<b>1000</b>	<b>1000</b>

Source: Field Survey, 2005

# Suggestions

- Even though skills upgrading was cited as the most important reason for the desire to emigrate , their suggestions to stem the tide rather centred on working conditions:
- Improvement in the conditions of service (38%).
- Payment of adequate remuneration (30%)
- Better management of health care system (23%)
- Rapid promotion and transport to work (9%).

# Consequences

- The shortage of human capital in key sectors like industry, health and education depresses productivity and economic growth. It leads to rise in wages of the remaining skilled labour in response to their scarcity and thereby exacerbate income inequality.
- Loss of investment in education and training as well as future productivity. For instance, it is estimated that UK government saves more than 65 million euros in terms of training by recruiting nurses from Ghana alone (Jackson, 2005).
- Attrition rate among health professionals has been estimated at 3.7% (doctors), 0.07% (pharmacists) and (4.2%) professional nurses/midwives.

# Efforts to Motivate Health Workers

- Payment of Deprived Area Incentive Allowance (20%-35% of basic gross salary) to health professionals working in deprived districts
- An Additional Duty Hours Allowance (ADHA) has been instituted to motivate health workers since 1998. ADHA formed 200 - 300% of their monthly salaries
- Distribution of saloon cars on hire purchase to eligible health workers since 1997
- Housing Loan Scheme is being developed to for health workers – (seed money \$400 million)
- Government is also collaborating with regulatory and professional bodies to prevent the collapse of the health care system

# Recommendations

- Local postgraduate training to facilitate skills upgrading (West Africa College of Surgeons is commendable).
- Enforcement of existing arrangements for bonding all professionals trained with the tax payers' money should be strengthened (collaborate with regulatory bodies like NMCG, Pharmacy Council and the Ghana Medical and Dental Council for better results – option for fee paying students (not more than 25%).
- Continue to facilitate increase in enrolment in all health care training institutions
- strengthen regulatory bodies in order to maintain high standard of training

# Recommendation (cont)

- improve the conditions of service for those who choose to stay and work in the country ie, public housing and transportation for workers should be given serious consideration in order to ease the burden on the working class including health professionals.

# Conclusion

- Emigration of health professionals is detrimental to nation's development in the short term. It is unavoidable and could be eventually beneficial to the nation.
- Nation should consider varying the funding options of the training of health professionals and such arrangements should be done in consultation with the regulatory bodies



**THANK YOU!!!**