



The health workforce: Managing the crisis ethical international recruitment of health professionals: will codes of practice protect developing country health systems?

Tim Martineau*, Annie Willetts

Liverpool School of Tropical Medicine, International Health Research Group, Liverpool L3 5QA, UK

Abstract

Many countries are using the strategy of international recruitment to make up for shortages of health professionals to the detriment of health systems in the poorest parts of the world. This study reviewed the potential impact of eight national level and international codes of practice or similar instruments that are being introduced to encourage ethical recruitment in order to protect these countries. Whilst effective dissemination of the instruments is generally in place, support systems, incentives and sanctions and monitoring systems necessary for effective implementation and sustainability are currently weak or have not been planned. If such codes or instruments are to be used to protect developing country health systems, lessons should be learnt from the early adopters; the focus of protecting developing country health systems needs to be emphasised in instruments with multiple objectives; the process of implementing the instruments strengthened; and internal and external pressure needs to be increased to ensure the codes and instruments lead to ethical recruitment and help to protect developing country health systems.

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1. Introduction

Many health systems in developing countries are facing crisis. A major contributor to this crisis is the shortage of staff, especially in the poorest countries and remotest areas. There is also a world shortage of health professionals [1] and many countries are using international recruitment as a strategy to make up their

shortfalls. Although international recruitment may be of benefit to the individual migrant and to some extent the family and home country from remittances, international recruitment exacerbates the problems already being faced by health systems of some of the world's poorest countries [2,3]. The problem of the impact of migration on developing country health systems was raised in the 1970s [4], but the pressure to take action quickly faded away.

So what is being done now to protect the health systems of these countries? Over the years a number

* Corresponding author.

E-mail address: T.Martineau@liverpool.ac.uk (T. Martineau).

of different strategies have been developed to enable countries to protect their skilled human capital that have been used with varying degrees of success [5,6]. One such strategy that has emerged since 1999 is the use of the voluntary code of practice, or similar instrument, on ethical international recruitment. These instruments may cover a number of different ‘ethical’ objectives: protecting individuals in the process of recruitment and from unscrupulous employers; and ensuring individuals are properly prepared for and supported for the job (for nurses this usually means some kind of supervised practice). Whilst these are both considered to be important, the ethical concern of this study relates specifically to the protection of source countries from aggressive recruitment of their health professionals.

Voluntary codes of practice have been used in many other areas to influence behaviour. However the experiences of environmental lobbyists such as Friends of the Earth [7] and those concerned with working conditions in sweatshops in poor countries [8] raise questions about the effectiveness of these instruments, and indeed the advisability of using them at all. Establishing and implementing such instruments on a national scale is a major undertaking and requires substantial systems development. A number of countries that are currently dependent on overseas sources of labour are also undergoing major structural reforms. Given the scepticism about the use of codes of practice in other areas and the turbulence caused by structural change, it is legitimate to ask how effective such voluntary instruments are likely to be in influencing the out-migration from source countries, especially low income countries, which have their own staffing shortages.

We assumed that most of the voluntary instruments would only recently have been introduced, so this study was designed as a *prospective* review rather than an evaluation. In order to explore the impact on out-migration from low income countries we wanted to find out what instruments were in existence, how they were developed and by whom, how they are now implemented, and how this voluntary strategy would be sustained. Therefore the aim of this study was to explore the *potential* for using voluntary codes of practice or similar instruments as a means of protecting developing country health systems.

2. Methods

2.1. Search strategy

A few national and international codes of practice or instruments covering the protection of source countries from aggressive recruitment of their health professionals had already been identified through earlier research [6]. The strategy for identifying more instruments used by individual countries or international bodies included web searches and contacting key informants of national and international health networks and experts in international recruitment.

2.2. Conceptual framework

We found no specific framework for examining the potential effectiveness of codes of practice, or similar instruments. We, therefore, drew on diffusion of innovation and implementation theories, stakeholder analysis and systems-based audit to develop an appropriate model to guide our inquiry.

The purpose of the ethical recruitment is to change a situation where indiscriminate international recruitment is carried out, to a situation where it is done ethically with regard to protecting health systems in developing countries (see Fig. 1). Inevitably there will be certain barriers to achieving this transformation.

An early step in implementing change or innovation is to disseminate information [9], in this case information that indiscriminate international recruitment may harm health services in developing countries. This is represented as an *input* of ‘knowledge’—one of eight elements in our systems-based model (see Fig. 2). Successful implementation usually requires some kind of ‘support’ (see Beckhard 1969 quoted in Armstrong

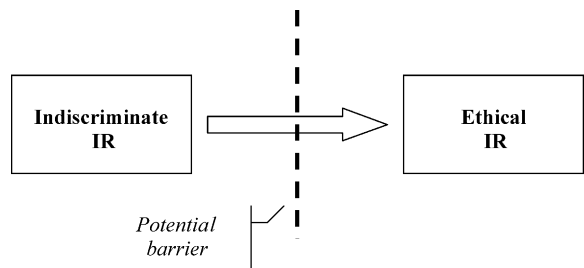


Fig. 1. Planned behaviour change resulting from codes of practice or similar instruments governing international recruitment (IR).

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