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The two cultures of health worker migration: A Pacific perspective

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ABSTRACT

Migration of health workers from relatively poor countries has been sustained for more than half a century. The rationale for migration has been linked to numerous factors relating to the economies and health systems of source and destination countries. The contemporary migration of health workers is also embedded in a longstanding and intensifying culture of migration, centred on the livelihoods of extended households, and a medical culture that is oriented to superior technology and advanced skills. This dual culture is particularly evident in small island states in the Pacific, but is apparent in other significant migrant source countries in the Caribbean, Sub-Saharan Africa and Asia. Family expectations of the benefits of migration indicate that regulating the migration and attrition of health workers necessitates more complex policies beyond those evident within health care systems alone.

1. Introduction

For the past 50 years there has been growing interest in the migration of skilled health workers (SHWs) from relatively poor countries to the more developed countries of the north. That migration has gone through several phases, increasingly involving more complex global health care chains, reflecting the growth in numbers, and active recruitment (Connell, 2010; Prescott and Nichter, 2014). Numerous studies have assessed the significance of particular flows, from the earliest studies in the 1960s and 1970s, where the term 'brain drain' was first introduced into literature (e.g. Gish, 1971; Mejia et al., 1979), to more detailed studies of particular flows, usually of nurses (the most numerically significant group) from Asian countries, such as the Philippines, India and Nepal (e.g. Choy, 2003; George, 2005; Nair, 2012; Adhikari, 2013). There has been a growing consensus that the migration of SHWs from many relatively poor countries has often been excessive, with a detrimental impact on health care, in terms of unmet needs (e.g. WHO, 2006; Connell, 2010; Mackey and Liang, 2012). In turn that has resulted in national and international attempts to slow migration, encourage return migration, regulate international recruitment (through a voluntary Global Code) and engage in 'managed migration' with bilateral agreements between countries.

Much of the literature on the rationale for the international migration of SHWs (mainly registered nurses, physicians, dentists and some allied health workers, such as lab technicians) has focused on a range of factors related to global uneven development (and especially income differentials) and to a more particular series of factors specific to the health systems of source countries, notably low wages and poor working conditions. Such conditions include inflexible hours and overtime, lack of continuing education and training opportunities, limited prospects for career development and promotion, and overly bureaucratic management producing a poor working environment with high patient to SHW ratios and inadequate supplies and technology, especially in remote and regional areas.

This paper argues that while all these immediate factors are of considerable importance, migration of SHWs is also embedded in a longstanding culture of migration, centred on extended households. Moreover this occurs within a medical culture that is oriented to superior technology and advanced skills, with the aspirations of many of those who wish to become SHWs being linked to perceptions that superior medical practices exist overseas, and that to become an effective SHW access to and familiarity with such practices is necessary. This dual culture is particularly evident in small Pacific island states, but is becoming apparent in numerous other global contexts. It is further argued that this presents additional problems for countries concerned about the impact of skilled migration, since remedies and policies to slow or discourage migration must occur in a wider context than is usually assumed.

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The paper is based on surveys undertaken in nine Pacific island states during the 2000s but is primarily focused on the four central Pacific states of Fiji, Tonga, Niue and Samoa, where migration has been particularly substantial. Some 180 SHWs were interviewed in the four states between 2003 and 2006, with proportionately more in the largest state, Fiji, and fewest in Niue. A detailed questionnaire was administered to a stratified sample, in both capital cities and regional centres, developed from staff lists provided by relevant Ministries of Health. This allowed follow-up questions where relevant. Non-response was almost non-existent and the sample was representative of the skill base. If not otherwise indicated all quotations come from health workers interviewed in the Pacific region.

Fiji, Tonga and Samoa are fragmented island states with national populations between 850,000 and 105,000; Niue remains a dependency of New Zealand and has a population of about 1400. More ethnic Tongans, Samoans and Niueans live overseas than at home. While the largest state, Fiji, has a more complex economy, where both tourism and mining are significant, the other states are primarily dependent on agricultural production. In the past decade particular economic challenges to already frail economies have contributed to all four states becoming more dependent on overseas aid and remittances.

2. A culture of migration

The small islands and more recently small island states of the Pacific have been characterised by migration in search of sustainable or improved livelihoods for over a century. Thus in islands like Tokelau "the idea of permanent migration, involving a severance of many ties with the home island and of seeking one's fortune elsewhere, is well established … For the past 70 years or so it appears to have been accepted that some of nearly every group of siblings must *tahe* ('emigrate') simply because the local resources are seen as insufficient" (Hooper and Huntsman, 1973, p. 403–4). By the 1960s migration characterised rather larger islands. It was evident, for example, that there were "few opportunities for socioeconomic advancement in Tonga and migration is perceived as the only solution" (Lee, 2004, p. 135). Yet that was embedded in society: "the most overt reason for leaving is the impoverished labor market in the [Tongan] islands … the rising cost of living and the importance of money as a claim to dignity in an otherwise rigidly ranked social order" (Besnier, 2012, p. 495). In Tonga, islanders "developed a migratory disposition, that is, a logic of life strategies and organized action in which migration is desirable, possible and inevitable and which colors everyday life" (Besnier, 2011, p. 40, 2012, p. 494). By the 1970s in Samoa "migration was a far more lucrative investment than anything available in the village" (Shankman, 1976, p. 71). Migration was and is directed at improving both the living standards of those who remain at home and the lifestyle and income of the migrants.

Migration decisions are usually shaped within a family context, as migrants leave to meet both family and personal expectations, the key one usually being material support for kin. Consequently "families deliberate carefully about which members would be most likely to do well overseas and be reliable in sending remittances" (Gailey, 1992, p. 465). Through such processes, extended households, as in Tonga, have effectively become "transnational corporations of kin" that strategically allocate family members, or human resources, to local and overseas destinations, to maximise income opportunities for the good of the wider group, minimize risk, and benefit from resultant remittance flows (Marcus, 1981). This may involve the dispersion of extended households across several continents.

Cultures of migration have become established where local development opportunities are few, migration generates a new source of income and most individuals contemplate migration at some time in their lives. Cultures and economies of migration are shaped by the stories, advice, experiences, support and incomes of those who have previously migrated. Migration is neither rupture nor discontinuity in personal and household experiences, but a natural, integral, pervasive and inescapable part of everyday life, in more diversified and extended household and national concepts of livelihood and development. It has become normative, positive, acceptable and even almost inevitable (Kandel and Massey, 2002; Cohen, 2004; Connell, 2008) where people consider living and working overseas, at least temporarily, though they also expect never to "abandon" home or kin, and retain aspirations to return long after it is plausible.

Migration thus becomes viewed at different scales as a "safety-valve", reducing pressures on national governments to provide employment opportunities and welfare services, and on households to be locally self-reliant, and as an appropriate and legitimate means to economic and social well-being in weak economies. An ensuing paradox is evident in the observations of Kuini Lutua, the General Secretary of the Fiji Nursing Association

> Global economic changes and the law of supply and demand for skilled health professions is [sic] affecting the retention of skilled health workers in countries that can ill afford losing such category of health personnel. For Fiji and other small Pacific island countries in the region sending off a relative for a job overseas is considered a great privilege because of the returns that relatives back home would get from such moves (2002, p. 1)

Where a high proportion of people – citizens and their dependants – are overseas, the balance of life has tilted towards metropolitan states, with migrants becoming key influences on subsequent migration patterns as, in a transnational world, contact between migrants and those at home is easier than ever before.

Migrant extended households can be characterised "by remittance transfers among various component parts of the 'transnational corporations of kin' which direct the allocation of each island's family labour around the regional economy" (Bertram, 1986, p. 820). For households in Samoa,

> having young wage earners abroad diversified families' earnings streams and reduced their dependence on high-risk activities. Having family members in several locations abroad diversified earning sources and reduced risk levels still further. Families, using intelligence from migrants abroad, periodically surveyed risks and returns in various enclaves and encouraged others abroad to relocate in places in which returns were found to be higher and risks lower (Macpherson, 2004 p. 168).

Remittances play an increasingly important role for small states and households, especially in smaller islands. Early success in generating overseas incomes and stimulating remittances resulted in Tongan migrants being described as 'worth their weight in gold' (de Bres and Campbell, 1975). Samoa and Tonga, with 22% and 20% respectively of their GDP coming from remittances, are surpassed only by Tajikistan on a global scale. The majority of households in each of the four countries receive at least some remittances; in Tonga 90% of households receive remittances (Brown et al., 2014). Where data can be disaggregated women are more frequent and more generous remitters and, consequently, in some cases women were preferentially selected by households as migrants (Muliaina, 2001; Connell and Brown, 2005). Both unskilled and skilled migrants, notably nurses, sustain remittance levels at high levels, over