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An Exploration of the Factors Influencing Migration of Health Care Workers among Mogadishu Hospitals

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Abstract

Emigration is an attitudinal shift of people over distances and in larger groups for better employment and better living environment. The movement of people from one place to another has formed today's political, social and economic domain and continues to be a major influence in a society. The aim of the study was to determine the risk factors for emigration among healthcare workers in Mogadishu, Somalia. A structured self-administered questionnaire was used to collect the data in a sample of one hundred respondents.

The research findings highlighted that highest number of the participants in this study were young females and the majority of them were nurses by profession and most of them have considered leaving the country to work elsewhere in the world. They argued that socioeconomic, political, technical and professional issues were the main drivers of their migration.

To curb the emigration of health care workers, this study proposes the following: paying realistic wages to the health care workers; facilitating

opportunities for their development; supporting schemes to enable them acquire basic social amenities, as well as the government, should recognize that a good health sector is an essential aspect for economic growth and subsequently a justifiable national development goal.

Keywords: *Risk factor, Emigration, Somalia, Mogadishu, Hospital, Health Care Worker.*

Introduction

Migration is an umbrella term under which both "immigrate" and "emigrate" fall. First, immigration is to enter a foreign country, leaving a past home for the purpose of finding a place to establish residence and to take up employment, either temporarily or permanently; second, emigration is to leave one's home country for the purpose of looking for another to live in (National Geographic Society, 2005). Emigration can be understood from many perspectives. Emigration of healthcare staffs is the voluntary leaving of workers from one location to another in search of different working conditions (Martineau, Decker, and Bundred, 2004). Lowell and Findlay (2001) also defined it as the permanent leaving of skilled human capital from one country to the other in search of better incomes of one's knowledge, skills, and qualifications.

The World Bank (2000) described the migration from developing to developed countries as one of the main factors influencing the view of the 21st century due to the looseness of the best and brightest professionals as migration provides the only means to escape poverty or other forms of hardships at home. Despite the international movement of skilled professionals is still relatively small, its social and economic consequence exceeds its numerical significance. Therefore, human resources are important for the economic development of any country and past experiences have shown that a country has to retain the highest number of skilled staff if development is to succeed. Wadda (2000) addressed that human capital makes the most important asset and resource in determining a sustainable economic development in all its areas. Furthermore, in developmental aspects, there is an understanding

that sustainable economic development cannot happen without good human capital.

In 2006, the World Health Organization reported that approximately more than 4.3 million healthcare workers are migrating from their home countries; therefore there was a scarcity of health personnel facing the entire world. Low-income countries were particularly affected by these shortages; 57 countries were in a serious shortage and 36 of those were sub-Saharan African countries. The movement of people from one place to another has formed today's political, social and economic domain and continues to be a major influence on a society (OECD, 2010). Chikanda (2004) noted that there are two reasons why this condition is not good for most developing countries. Firstly, those who move to the other places are the main resources that a country has because the human is the scarcest resources in these developing countries. Secondly, the education of these persons has been taking a prolonged time, high costly and greatly subsidized by the country they were living in before they emigrate. Edokat (2000) argued that such movement to foreign countries is high-priced to developing countries as they deliver postsecondary education by paying high funded rates. Furthermore, the migration of skilled labor to developed countries is also causing skilled labor shortages in developing countries.

Like most other developing countries, Somalia is facing a human resource crisis in the health sector; many of its health professionals, such as doctors and nurses, are migrating to developed countries to seek a better standard of living and quality of life (OECD, 2010). The emigration of health care personnel is an ongoing phenomenon that has an effect on the quality and quantity of the healthcare workforce while supporting the domestic economy through remittances. However, no

study has attempted to establish the extent of health care worker migration from the country. Given this, it is necessary to develop a study that attempts to focus on the key risk factors for emigration among health care workers to develop brain drain-responsive policies to prevent them to migrate.

Theoretical Framework

African governments are concerned about the mass departure of skilled workers in various occupations to other regions of the developed world (Campbell, 2000). The current study is hinged on Lee's Theory and the Relative Deprivation Theory.

Lee's Theory of Migration.

According to Mariam and Sheth (2011), this theory identifies two factors determining migration, i.e. Push and pull factors. Push factors are conditions that can drive people to leave their domicile; they are forceful and relate to the country from which a person migrates. A few examples of push factors are unemployment or underemployment in the home state; fewer opportunities locally; "primitive" living conditions; desertification; famine or drought; persecution - political or religious; poor medical care; loss of wealth; and natural disasters. Pull factors are exactly the opposite of push factors; they are factors that attract people to a certain location. Examples of these pull factors are job opportunities; better-living conditions; freedom - political and religious; enjoyment; education; better medical care; and security. To migrate, people need to perceive the destination place to be attractive that they feel pulled towards it.

Relative Deprivation Theory.

According to Jennissen (2007), relative deprivation theory states that awareness of the income difference between neighbors or other households in the migrant-sending community is an important factor in migration. The propensity to migrate is higher in areas that have a high level of economic inequality. There are two phases of migration for a worker: during the first, they invest in human capital formation, and then next, they try to capitalize on their investments. In this way, successful migrants may use their new capital to provide for better schooling for their children and better homes for their families. The relative deprivation theory of migration can determine the sphere of influence of Diasporas by identifying that the local healthcare workers see Diasporas who may be in the same profession earn a better income, better jobs, better privilege and better prestige. Therefore, the inequitable distribution of health care workers' vacancies contributes to the malfunction and a shortage of health services by increasing the magnitude of migration of skilled health care workers from the country.

Methods

Study Design and Study Population.

A descriptive cross-sectional study was conducted in Mogadishu, Somali, from December 2016 to April 2017. A sample of participants was selected from the target population and the questionnaire administered was obtained from them at that particular time (Kothari, 2008).

Mogadishu has about twenty-five (25) hospitals and the population data suffers from a lack of any recent census on staffing numbers in those

hospitals, and existing estimates are inconsistent, but according to investigations, for my reference from expert information on the likely staffing figures in the hospitals; it estimated that a twenty (20) health care workers are working in each hospital.

Sampling Procedure and Sample Size.

It is not easy to obtain a sampling frame because the target population is distributed over a large geographical area. The selection of the study unit was a cluster sampling method as the study target to the group of the population. The sampling units were included all the main hospitals in Mogadishu. At first, five (5) hospitals were selected for the study using a simple random sampling. Than, the convenience sampling of participants from each hospital was included in this study. A total of a one hundred (100) healthcare workers were selected for the present study.

Data Collection Method and Data Collection Instrument.

The study used a quantitative method to achieve the study objectives. The quantitative research method is a formal, objective and systematic process in which numerical data is used to obtain information about the world, usually under conditions of considerable control (Burns and Grove 2007). It is used when data analysis relies heavily on statistical analysis tools (Stommel and Wills 2004). The data was collected by a structured self-administered questionnaire.

Data Analysis.

The collected data was analyzed using SPSS 16 computer software package appropriately; the percentage was used as a statistical test. Data cleaning was performed to check for accuracy, consistencies, missed values and variables. Any error was identified and corrected. The

regression model was applied to determine relationships between the variables.

Limitations of the Study.

Sampling selection, for instance, was affected by lack of data on human resources or employee in the selected hospitals. Hence the research had relied on expert information from key personnel on the likely staffing figures in the hospitals that were investigated. This compromises the quality of the sample as it opens the process to human error.

Data were collected using a self-administered questionnaire. One limitation of this technique is that participants may overestimate or underestimate their responses. The best explanation was given to the respondents to secure that they have understood the questions.

Since a descriptive cross-sectional study design was used, which expresses the occurrence of a certain character in the sampled population at one point in time; longitudinal studies would provide the best assessment. For a limited time, longitudinal study was not feasible.

Therefore, it can be observed that a number of limitations were experienced during the study. Whilst it has been admitted that some of these problems were affecting the quality of data, due care was taken to minimize their impact on the final results.

Ethical Considerations.

The benefit of the study was explained to all of the participants. Then a written consent was obtained from them before recruitment. Participation of the respondents in the study was completely voluntary as they were not being convinced to participate through an offer of material

items or money. The opinions and other private information of respondents were protected. The anonymity of the respondents was ensured and the researcher's management of private information shared by the respondents was confidential.

Results

Overview of the Study Participants

One hundred questionnaires were distributed to health care personnel working in five hospitals. Only 93 complete questionnaires were obtained and were used in the data analysis. In Table 1, fifty-eight of the participants were aged between 20 and 32 years representing (62.4%), formed the majority, and most of them (67.7%) were females. Furthermore, (47.3%) were singles, According to their occupation, nurses encompass the largest group revealed in the study almost (60.2%) of the respondents. In terms of educational level, the participants showed high levels of education with about (62.4%) having attained a minimum academic qualification of a bachelor's degree. The study also discovered that most of the respondents (81.7%) have considered leaving the country to work elsewhere in the world. The most likely destination of the respondents was the United Kingdom (27.6%).

Table 1: ***Overview of the Study Participants***

Age Group	**Frequency**	**Percent**
20 – 32 years	58	62.4
33 – 45 years	26	28.0
>45 years	9	9.7
Total	93	100.0

Gender	**Frequency**	**Percent**
Female	63	67.7
Male	30	32.3
Total	93	100.0
Marital Status	**Frequency**	**Percent**
Single	44	47.3
Married	31	33.3
Divorced	12	12.9
Widowed	6	6.5
Total	93	100.0
Occupation	**Frequency**	**Percent**
Nurse	56	60.2
Doctor	15	16.1
Midwife	8	8.6
Pharmacist	4	4.3
Lab Technician	10	10.8
Total	93	100.0
Academic Level	**Frequency**	**Percent**
Undergraduate Diploma	18	19.4
Bachelor Degree	58	62.4
Master Degree	14	15.1
Doctorate	3	3.2
Total	93	100.0

Migration Intention	Frequency	Percent
Yes	76	81.7
No	17	18.3
Total	93	100.0
Destination Country	**Frequency**	**Percent**
Canada	4	5.3
Norway	5	6.6
Sweden	14	18.4
UK	21	27.6
USA	13	17.1
Turkey	19	25.0
Total	76	100.0

Risk factors for Health Care Worker Emigration

There were twelve (12) questions asked of the respondents to identify the most important reasons for wanting to migrate from Somalia (Table 2).

Table 2: Risk factors for Health Care Worker Emigration

Variable	1	2	3	4	5	Total
1	0 (0%)	12 (12.9%)	14 (15.1%)	29 (31.2%)	38 (40.9%)	93 (100%)
Poor Social Profession Value	0 (0%)	6 (6.5%)	15 (16.1%)	23 (24.7%)	49 (52.7%)	93 (100%)
Low Wages and Salaries	0 (0%)	6 (6.5%)	12 (12.9%)	21 (22.6%)	45 (58.1%)	93 (100%)

Variable	1	2	3	4	5	Total
High Unemployment	0 (0%)	5 (5.4%)	13 (14%)	31 (33.3%)	44 (47.3%)	93 (100%)
Violence and Crime	0 (0%)	9 (9.7%)	14 (15.1%)	23 (24.7%)	47 (50.5%)	93 (100%)
Political Unrest	0 (0%)	0 (0%)	18 (19.4%)	19 (20.4%)	56 (60.2%)	93 (100%)
Professional Devaluation	0 (0%)	2 (2.2%)	18 (19.4%)	33 (35.5%)	40 (43%)	93 (100%)
Lack of Technical Support	0 (0%)	0 (0%)	23 (24.7)	31 (33.3%)	39 (41.9%)	93 (100%)
Unacceptable Environment	0 (0%)	4 (4.3%)	22 (23.7)	24 (25.8%)	43 (46.2)	93 (100%)
Low Morale of Professionals	0 (0%)	3 (3.2%)	17 (18.3)	15 (16.1%)	58 (62.4)	93 (100%)
Lack of Promotion	0 (0%)	0 (0%)	18 (19.4%)	27 (29%)	48 (51.6%)	93 (100%)
High Workload	0 (0%)	0 (0%)	18 (19.4%)	25 (26.9%)	50 (53.8%)	93 (100%)

Key: (1– Very Low Extent; 2– Low Extent; 3 – Neutral; 4 – Large Extent; and 5 – Very Large

Analysis and Discussion

To my knowledge, this study is the first to explore the factors contributing to the migration of health care workers from Mogadishu, Somalia. The number of healthcare workers in Mogadishu hospitals was perceived to be inadequate, a perception that is confirmed by existing evidence. Migration is a universal phenomenon and individuals have the

right to choose their place of work. Zurn, Poz, and Stilwell (2004) stated that migration is an individual, spontaneous and voluntary act that is motivated by the perceived net gain of migrating. The 2006 World Health Report highlighted the critical issue of global health worker crises and the WHO formed the Global Health Workforce Alliance (Tung, 2008). In January 2009, a 'Global Code of Practice' was adopted by the executive board of the WHO to address the migration of health care workers (Agwu and Llewelyn, 2009). The intention of migration will lead to the shortage of skilled healthcare workers, which in turn will considerably increase the workloads of those who chose not to emigrate.

The study established that young aged healthcare staffs are the largest group of individuals intending to emigrate because labor policies should ensure that the migration of a young worker becomes an opportunity for the economic and social development (ILO, 2013). It is also highlighted that the nurses are more health care workers who intend to emigrate, constituting the most of the entire health workforce. Habermann and Stagge (2009) discussed that nurse migration is a phenomenon that has a long tradition. Florence Nightingale, known as one of the founding mothers of vocational nursing, spent time in Germany to train at the then famous nursing institution in Kaiserswerth. With the expansion of modern medical services, migration of medical staff became a more permanent phenomenon. However, it needs to be pointed out that, the nursing profession gets poor value in our country and this is why they are mostly emigrating from the country as well as there are high nurse vacancy rates in all regions of the industrialized world and constitute a priority concern (ICN 2004). The nurses are more vulnerable than doctors did, but all worry about the lack of legal protection of employees against the assaults.

Economically developed nations have recruited large numbers of overseas healthcare workers to fill domestic shortages. The United Kingdom has the greatest density of the health professionals because the UK has continued to actively recruit health care workers from overseas to work in locations or clinical specialties unfilled by domestic employees and to fill training posts (Pond and McPake, 2006). A better technology and information systems stimulated them to intend moving to the UK as well as living standards (including the welfare system) are better in the UK compared to other destination countries (Sapkota, van Edwin and Simkhada, 2014).

In this study, there was significant correlation between family needs, low wages, high unemployment, crime and violence, political unrest, poor social profession value, professional devaluation, lack of professional/technical support, unacceptable working environment, low morale of skilled professionals, lack of promotion, lack of self-improvement and high workload and migration intention (Table 3). The established regression equation was: $Y= 3.531 + 0.046X_1 + 0.035X_2 + 0.053X_3 + 0.044X_4 + 0.043X_5 + 0.067X_6 + 0.044X_7 + 0.053X_8 + 0.035X_9 + 0.032X_{10} + 0.044X_{11} + 0.057X_{12}$. It was revealed that holding family needs, low wages, high unemployment, crime and violence, political unrest, poor social profession value, professional devaluation, lack of professional/technical support, unacceptable working environment, low morale of skilled professionals, lack of promotion, lack of self-improvement and high workload, to a constant zero, the migration intention would be at 3.531. All the variables were significant as their significant value was less than ($p<0.05$).

Table 3: Analytical Presentation

Model	B	T	Sig.
(Constant)	3.531	56.047	0.001
Family Needs	0.046	3.538	0.001
Poor Social Profession Value	0.035	2.500	0.017
Low Wages and Salaries	0.053	3.313	0.001
High Unemployment	0.044	2.588	0.012
Violence and Crime	0.043	3.071	0.004
Political Unrest	0.067	3.350	0.001
Professional Devaluation	0.044	2.933	0.005
Lack of Professional/Technical Support	0.053	3.313	0.001
Unacceptable Working Environment	0.035	2.692	0.010
Low Morale of Skilled Professionals	0.032	2.462	0.016
Lack of Promotion and Self-improvement	0.044	2.316	0.023
High Workload	0.057	3.000	0.003

This has painted a clear picture of the risk factors for migration of health professionals from Mogadishu, Somalia. Without question, socioeconomic factors have exerted the greatest influence on the migration decisions of the health professionals. Lack of resources to maintain their family and social status were an important factor for Somali health care workers as they believe that there is an enormous difference in pay and living standards between the destination country and the origin country. Many healthcare workers from developing countries emigrate to improve living conditions (ILO, 2006). This is in line with the general decline in the country's economic conditions since

the civil war took place in the 1990s. Political factors have also gained greater prominence. Health care workers found themselves vulnerable in the workplace, due to a lack of law and order (Sapkota *et al*., 2014). This saw many professionals fleeing the country for their safety and that of their family. Still, other health professionals are migrating because of professional and technical factors. They found themselves helpless to accomplish their jobs effectively due to lack of incentives, deteriorating health care institutions and logistic problems (ibid). Most of these factors are related to the poor economic conditions prevailing in the country (e.g. General decline of health care services in the country).

These results are in agreement with the results of Chikanda (2011) who cited that healthcare workers want to emigrate due to the desire to receive better remuneration in the intended country of destination, the high levels of crime and violence in their home country, heavy workload, insufficient opportunities for promotion and self-improvement, the desire to find better living conditions, general decline in the health services of the country, poor management of health services in home country, the need to gain experience abroad and family-related reasons.

These results also agreed with the study conducted by Bleeker (2006) in Guyana, who showed that health care workers intend to migrate from their country due to finding a better career and earning opportunities, professional development opportunities and educational certifications, political instability and crime, economic stagnation, poor remuneration, job insecurity, poor working conditions and family related matters.

These results are in agreement with the results of Sapkota *et al*., (2014) who clarified that the major risk factors for migration of health workers from their country included: low pay and conditions, political

instability, poor workplace security, lack of recognition, unemployment, corruption, and lack of skill development opportunities. Moreover, 'peer-group influence' and psychosocial factors were important issues for health workers migrating to the developed countries such as the UK.

Conclusion and Recommendations

The study looked into the major risk factors for emigration of health care workers from Mogadishu-Somalia and it has shown that most of the health professionals in this study have considered leaving the country to work in other parts of the world. The emigration of skilled professionals from the country is likely to significantly reduce the population of skilled labor in the country. Thus, the loss of the economically active skilled professionals to other countries represents a serious loss to Somalia. This negatively impacts on health service delivery, because it can lead the country's health institutions to become understaffed and operate with skeleton staffs, which are reeling under their heavy workloads. In fact, the emigration of health professionals can be viewed as a major issue which is responsible for the decline in the quantity and quality of health care services offered by the health sector. Socioeconomic and political factors, as well as technical and professional drivers, were cited as the major reasons for the migration of health care workers from the country.

Based on the findings of the study the following recommendations are made:

- Paying realistic wages to the health care workers to retain skilled health care workers in the country for the benefit of the main users of health systems.

- Facilitating opportunities for staff development, e.g., Supporting the establishment and operation of post-graduate medical college (for all health professionals).
- Improving service schemes; including supporting schemes to enable professionals to acquire basic social amenities like subsidizing housing.
- Addressing the brain drain from health institutions should be one of the government's major goals. It needs to be recognized that a good health sector is an essential aspect of economic growth and subsequently a sustainable development because it certifies the availability of a healthy workforce.

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