

DOES MIGRATION “PAY OFF” FOR FOREIGN-BORN HEALTH WORKER MIGRANTS –

An exploratory analysis using the
global WageIndicator data set

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Motivation

- Rise in international migration of human resources for health due to a worldwide shortage of health workers.
- **Concerns** ⇒ brain drain for source (sending) countries, commercialization of migratory routes & ethics of international recruitment (e.g. training cost shouldered by low income countries).
- **BUT** ⇒ question if foreign-born migrant health workers are actually really 'better off' outside of their own country has never be empirically addressed (likely because benefits are often presumed to be self-evident).

What do we know?

Benefits of migration

- Increased remuneration
- Better professional development & continuing education
- Better working conditions, including flexible scheduling, safe working environments, team support, job security, more autonomy & involvement in decision making
- Enhanced quality of life and diverse cultural experiences

Penalty of migration

- Lack of skill recognition & previous experience
- Licensing problems ⇒ private sector with worse working conditions
- Tied to job by work permits
- Lack of professionalism ⇒ incidents of bullying, racism, exploitation and harassment (particularly for nurses and women)
- Discrimination compared to locals (including poor pay etc.)
- Emotional distress and depression

Research questions

1. What are migration patterns for health workers and in how far are they shaped by language, neighbors and colonizers?
2. What are the personal and occupational drivers of migration for health workers?
 - Who out-migrates and does it pay off?
3. Are foreign-born migrant health workers 'discriminated' in the destination countries?

Data challenges

- So far: findings for net benefits of international migration for health workers is based on anecdotal information, with statistics comparing only a handful of countries on a limited number of variables.
- Need of micro-level data
 - from source and destination countries (comparison of destination and source country).
 - from a large number of countries (representative multi-country survey data), but such surveys are available only to a limited extent and are restricted in terms of core variables)

Data

- Global WageIndicator, 2006-2014, health workers in paid employment, 15-64, N=44,394, 36 countries \Rightarrow 7.9% migrants
- Based on the RQs, the sample selection and the analyses differed
- Problem of selectivity \Rightarrow use of unweighted data due to lack of representative reference surveys \Rightarrow results are exploratory rather than representative.

Analytical strategy

- RQ1: 3 DVs (neighbor, same language, colonizer) + several control variables (gender, age, education, type of healthcare occupation), full sample, binary logistic regression);
- RQ2: 4 DVs (outmigration, wages, working time and life satisfaction) + several control variables, selected South American and African countries, binary logistic & OLS regression;
- RQ3: 3 DVs (occupational status, wages & life satisfaction)+ several control variables (see RQ1), full sample, multilevel analyses.

RQ1: What are the migration patterns?

- 57% of migrants in a health occupation migrate to a country with the same language, 33% to neighboring countries, and 21% to former colonizers.
- This holds when controlling for individual characteristics:
 - People from neighboring and former colonizing countries, high educated and doctors migrate more to countries with a language match (no effect of gender and age);
 - People from language matching countries, women and nurses migrate more and low educated less to neighboring countries (no effect of age);
 - People from language matching countries, older people and nurses migrate more to former colonizing countries, people from neighboring countries and high educated people migrate less.

Table 3 Likelihood of migrating out of the country for all persons born in the country, robust standard errors in brackets

	4 African countries Exp(B)	5 LATAM countries Exp(B)
Female	0.83 (0.21)	1.42** (0.24)
Age	1.02 (0.01)	1.01 (0.00)
High education	0.82 (0.23)	1.22 (0.25)
Low education	1.00 (0.72)	5.94*** (2.34)
Nurse	1.71* (0.46)	1.00 (0.23)
Med. doctor	1.52 (0.68)	2.02*** (0.43)
Constant	9.63*** (7.09)	0.01*** (0.005)
Year controlled 2006–2014	Yes	Yes
Wald Chi square	88.72, df(13)***	77.44, df(13)***
–2 Log likelihood	–280.17	–796.22
Number	890	6356

Source: WageIndicator 2006–2014, selection health workers born in four African countries (Angola, Kenya, South Africa and Zimbabwe) and in five Latin American countries (Argentina, Brazil, Chile, Colombia and Mexico). Reference categories: middle education, all other healthcare occupations, year 2006–2007

RQ2: Who migrates?

- African countries: only nurses
- Latin American women, low educated and doctors

Does out-migration pay off?

Out-migrated health workers ...

- **earn more** (51% for African and 65% for Latin American) compared to those who remained in the country, but does reduced effect for nurses and doctors
- **work fewer hours** than comparable workers in source countries (7 hrs less a week in Africa and 1,5 hrs less per week in Latin America), holds in particular for out-migrating nurses in Africa and doctors in Latin America)
- **express higher life satisfaction**, this holds in particular for out-migrating doctors in Africa

RQ3: Are migrants discriminated against?

Migrant health workers in destination countries...

- Are not discriminated with respect to wages and occupational status.
 - ⇒ small wage premium for the group of migrants in 'other healthcare occupations'.
 - ⇒ premium is significantly smaller for migrant nurses.
- Report **lower life satisfaction** (except doctors).
- **OVERALL:** Findings indicate an important difference in impact on both wage premiums and quality of life between nurses and doctors.

Conclusion

- Migration patterns are shaped by language matches, neighboring countries and former colonizing countries, but the migrants' characteristics differ by destination country, gender, age, education and occupational background
- Clear evidence that
 - language match, neighboring countries and colonizers still impact on migration patterns, but mixed findings regarding “who migrates”.
 - migration seems to 'pay off' in terms of work and labor conditions generally, although accrued benefits are not equal for all health workers and regions.
- No discrimination in terms of wage and occupational status in the destination country but lower level of life satisfaction

Limitations

- Positive findings (wages) might be related to 'positive selectivity' of international migration \Rightarrow not controlled for.
- Focus only on foreign-born migrant health workers (what about other migrants, i.e. health workers born in the country of survey yet foreign trained or with a foreign or dual nationality)
- Other relevant migration related variables (such as length of residence in the country of birth or years since migration) are not included.
- Selectivity of the data \Rightarrow exploratory study!

THANK YOU

- Comments and suggestions are welcome!

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