

# THE BRAIN DRAIN OF HEALTH WORKERS IN GHANA

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## Introduction

Problem of professionals in developing countries leaving for greener pastures in Europe and America a well known phenomenon over the last 3 decades.

- However, this brain drain has assumed phenomenal dimensions among health care workers in Ghana in the last few years.
- Paper describes
  - Extent of the problem of brain drain in Ghana
  - Underlying factors
  - Possible contribution of occupational health and safety factors to brain drain
  - Suggestions for curbing current trend.

## Extent of the Problem of Brain Drain

- Doctors, nurses and paramedicals top list of professionals migrating from country.
- In 2002 alone, country lost 64 doctors and 206 nurses.
- 60 –70% of medical students trained with poor tax payers' money leave yearly, that is within 2 years of completing their education.
- 3 years ago, 1400 doctors and today less than 1000 in public sector despite increased intake into medical school.
- 1600 Drs at home altogether, 1,850 abroad
- Over last 10 years number of nurses has dropped from 20,000 to 9000 and from 12,000 to 9,000 within past 5 years inspite of 200 graduating every year.

## Attrition Trends – Health Workers in Ghana.

### Estimates of Attrition by year.

Category of Staff	1998	1999	2000	2001	2002
Doctors	1	2	13	39	64
Nurses	10	64	134	211	206
Total Staff	11	71	164	295	2000 +
<b>Total</b>					<b>2541 +</b>

## Causes of High Attrition

Death	-	6.1%	} 94% leave on their own volition
Leave without pay	-	28.4%	
Resignations/Vacation of post	-	65.5%	

# Results of Mass Exodus

- Most health facilities including the country's premier Teaching Hospital operating with less than 50% of required nurses and other staff
  - High staff-patient ratios eg. For Drs – 1:12,000 (Southern part of country), 1:66,000 (Northern part of country) compared to 1:500 in some western countries.
  - However WHO reports an improvement in delivery of basic health interventions in comparison to many developing countries eg. From indicators like immunization coverage.
  - At Great Cost-**STRESS**. Staff continuously overloaded, in win-lose conflict situations find work meaningless and feel helpless.
- THE RESULT- BURNOUT!**
- Situation is reflecting in lowered quality of care:

## Evidence of Lowered Quality of Care: Results of client satisfaction surveys: January 2003

- a) Perceptions of mothers of children under 5 years in 3 regions of country:
  - Staff unfriendly
  - Shout at mothers
  - Inadequate communication with clients
  - Apathetic to client needs
- b) Perceptions of public forum in 1 region (market women, teachers, carpenters, tailors and opinion leaders)
  - Long waiting time
  - Illegal collection of fees
  - Poor communication between providers and clients.
  - Staff attitudes – one of disrespect.

# Underlying causes of Exodus

Poor working conditions ie.

- Low remuneration – even relative to countries within sub-region.
- Inadequate opportunities for staff development
- Poor replacement policies for equipment.
- Inadequate consummables for work.
- Inadequate accommodation even in rural areas.
- Inability to acquire basic social amenities eg. housing, transport etc.
- Active canvassing of western countries for health professionals.



## Occupational health and Safety factors contributing to brain drain ?

2 studies by Occupational Health Unit of Ministry of Health (2000 – 2002) on

- a) Health and safety of health care practitioners -1 teaching hospital, 2 regional & district hospitals, 2 health centres
- b) Musculoskeletal problems among nurses.- Teaching hospital compared with control group of teachers

showed their perceptions as:

- Near absence of a comprehensive health and safety policy –18% (management) claimed to have it .
- Most important hazards -: infections, stress and manual handling.

# Occupational Health Factors contd.

- Causes of Morbidity : Malaria, RTI, Hypertension – 5- 6% respectively
- other infections (Hepatitis, Meningitis, HIV/AIDS, diarrhoeal diseases).

Cervical spondylosis – 2<sup>nd</sup> commonest cause of morbidity after Malaria at the Teaching hospital.- Likely to be related to problems relating to manual handling (carrying, pulling and pushing of patients).

- Odds of a nurse developing lower back pain 21.5 times that of a teacher in same age group, while it is 1.4 for upper back pain.

## Hazards associated with musculoskeletal problems among Nurses and Teachers

Hazard	No. of Subjects Affected (n=223)	
	Ns	Ts
1. Poor working postures	98(24.3%)	40 (36%)
2. Psychological stress	87(21.5%)	35(31.5%)
3. Lifting of patients/pupils	100(24.8%)	7(6.3%)
4. Slips and falls	61(15.1%)	7(6.3%)
5. Haulage and Transport	58(14.4%)	22(19.8%)
<b>Total</b>	<b>404(100%)</b>	<b>111(100%)</b>

Ns = Nurses (n = 127)

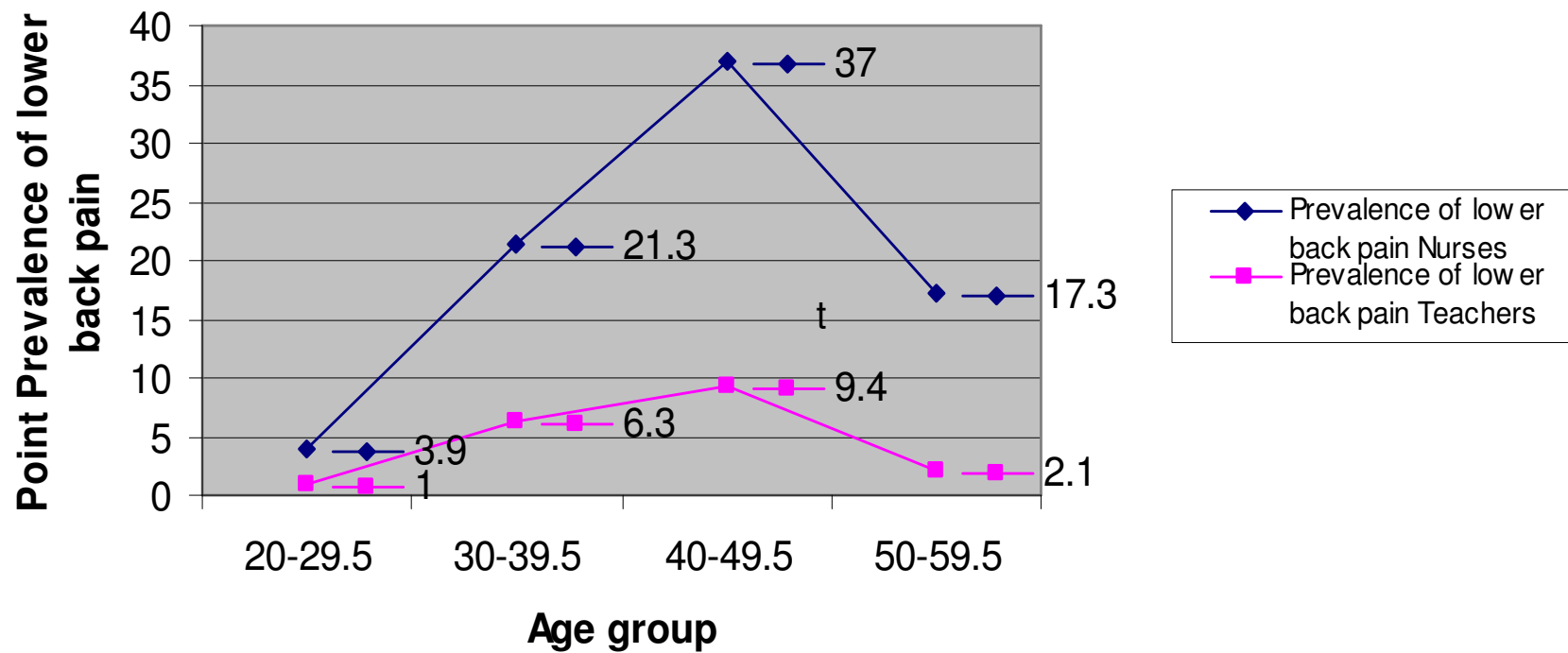
Ts = Control Group of Teachers (n =96)

\*Respondents could indicate more than one health hazard.

Age Group Prevalence of lower back pain(%)

	Nurses	Teachers
20-29.5	3.9	1
30-39.5	21.3	6.3
40-49.5	37	9.4
50-59.5	17.3	2.1

Prevalence of lower back pain



## Contribution of O. S. H. factors contd

- Regular and systematic Medical Surveillance not provided. :pre-employment examination-58%  
periodic-15%, special -2%, exit -0%.
- Though curative health services are generally available, access to it has been much less due to bureaucratic processes for refunds of monies spent, under the cash and carry policy within the health care system.
- Vaccination for vulnerable groups (Hepatitis etc) not generally available (4%)
- Education on Health and safety – only 34% claimed to be<sub>13</sub> aware of certain aspects of H & S.(Infection control)

# Contribution of O.S.H Factors contd

- Adequacy of OSH services:
  - Adequate – 6% respondents
  - Poor -48%
  - Improvement needed – 33%
- Health statistics : on health workers to influence policy is hardly available
- Compensation:
  - under 5% aware of procedure for accessing compensation for workplace injury/disease or have used it.
  - 78% aware of situations where no compensation was paid.

# Contribution of O.S.H. Factors

- Positive Aspects of OSH services:
  - Education on health and safety – 34%
  - Efforts at evolving Good Infection Control Policies – 4%

Focus Group Discussion among nurses who have resigned from public service among others mention:

- Injuries sustained on job particularly in the back
- Inadequacy of systems of care for injuries /disease
- Financial difficulties in paying for health care
- Lack/ Inadequacy of compensation

# Conclusion from Studies

OSH related problems serious enough as to cause demotivation and desertion of health service

- a) Eg Hazards: Psychosocial (stress), infections, manual handling
- b) Difficulties in paying upfront for curative care
- c) Low levels of compensation and difficulties in making claims.

All likely to influence staff and increase their chances of leaving.



## Proposed Solutions

Efforts by Government to :

- Pay realistic wages
- Elimination of wastage in the health and other sectors- free up more resources
- Facilitate opportunities for staff development eg. Support establishment and operation of post-graduate medical college (for all health professionals) – in process
- Improve service schemes, including supporting schemes to enable professionals acquire basic social amenities
- Support institution and implementation of replacement policies for working equipment and tools.
- Ensure constant supply of consumables (infection control & enhance efficiency) through improved planning, sector finance and monitoring.
- Increase intake into training schools. – In process

# Proposed Solutions contd.

- Ensure that umbrella legislation on OSH is promulgated supported by health sector specific regulations to increase safety and promote health
- Institutionalization of regular training on OSH for all staff
- Other strategies to improve vulnerability of H care workers eg training in infection control practices, immunization programmes, post-exposure prophylaxis for Hepatitis, HIV etc

Human resource policies should include a strong component of OSH.

- Monitoring compliance of health sector with legislation on occupational health and safety (when promulgated).
- Bring compensation payments more in line with present day realities and ensure workable systems for disbursement of funds.
- Hasten implementation of health insurance schemes

# Proposed solutions contd.

- 2. Assistance from Western Governments:
- -Flexibility in some of the conditionalites for granting aid/loans to developing countries eg % of sector expenditure spent on wage bill
- Pay portion of staff earnings back to developing countries from which professionals are coming.
- Provide support to institutions training health professionals to improve the quality of training – (servicing the West)!
- More efforts to assist capacity building for OSH professionals.

# Conclusion

- Underlying causes of brain drain are multifaceted, so must the interventions be
- OSH factors contributory, therefore appropriate responses to OSH challenges must be part of the solution.