Trends, Magnitude, and Reasons of Nurse Migration out of Lebanon

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Outline

- Human Resources for Health (HRH) in the Eastern Mediterranean Region (EMR)
- Trends in international nurse migration
- Lebanese context
- Study Objectives
- Design and Methods
- Results
- Concluding Remarks
### Regional Context

<table>
<thead>
<tr>
<th>Region</th>
<th>Total health workforce</th>
<th>Number</th>
<th>Density*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td></td>
<td>1 640 000</td>
<td>2.3</td>
</tr>
<tr>
<td><strong>Eastern Mediterranean</strong></td>
<td></td>
<td>2 100 000</td>
<td>4.0</td>
</tr>
<tr>
<td>South-East Asia</td>
<td></td>
<td>7 040 000</td>
<td>4.3</td>
</tr>
<tr>
<td>Western Pacific</td>
<td></td>
<td>10 070 000</td>
<td>5.8</td>
</tr>
<tr>
<td>Europe</td>
<td></td>
<td>16 630 000</td>
<td>18.9</td>
</tr>
<tr>
<td>Americas</td>
<td></td>
<td>21 740 000</td>
<td>24.8</td>
</tr>
<tr>
<td>World</td>
<td></td>
<td>59 220 000</td>
<td>9.3</td>
</tr>
</tbody>
</table>

*Density is per 1000 population

** 61% of the 22 EMR countries are Low or Low-Middle Income Countries


(El-Jardali et al. 2007)
EMR has second lowest HRH density (per 1000 population), right after Africa, among the six administrative regions of the WHO.

Significant disparities in physician and nurse densities within the EMR, particularly between LMICs and MHICs.

Significant differences exist in health status indicators within the EMR.

Analysis of data comparing both LMICs and MHICs revealed that:
- Physician density is significantly associated with lower mortality rates.
- Nurse density is significantly associated with lower MMR.

(El-Jardali et al. 2007)
Nurse Migration
We Know...

- Migration of health professionals is affecting national supply
- Nurse migration is caused by many factors
- LMICs are in a poor position to lose their scarce human resources due to poor health outcomes and the need for qualified health professionals
- Very few studies focusing on the nursing workforce in the EMR but no studies in Lebanon
Lebanese context

- Migration of professionals is not uncommon

- The status of nurses in Lebanon is not very clear and no official reporting mechanism exists to date.

- Although nurse migration is perceived to be significant, little is known about it.
Nurse Density in the EMR

Density per 1000 population

- Somalia
- Afghanistan
- Djibouti
- Pakistan
- Yemen
- Morocco
- Sudan
- Lebanon
- Iraq
- Iran
- Syria
- Egypt
- Tunisia
- Saudi Arabia
- Jordan
- Oman
- Libya
- Cyprus
- Kuwait
- UAE
- Bahrain
- Qatar
- EMR Average
- Global Average
Reality of Nurses in Lebanon

- 8th lowest nurse density in the EMR.
- One of the main exporters of nurses to countries in the Gulf, North America and Europe.
Study Objectives

- Provide an evidence base for understanding the incidence of nurse migration out of Lebanon, its magnitude and correlates.

- The results of this study will help answer several questions, namely

  1. How many and what types of nurses exist in Lebanon?
  2. What is the rate and intensity of nurse migration?
  3. What are the reasons for nurse migration out of Lebanon?
  4. What are the enablers and incentives that would help Lebanon retain its nurses and reduce migration?
Design and Methods

- A cross-sectional research design comprising both quantitative and qualitative methods

- Data sources included:
  - The Order of Nurses in Lebanon
  - Nursing Schools in Lebanon
  - Nurse Recruitment Agencies
  - Web survey on Reasons for Leaving
Data Analysis

- Uni-variate data analysis on all the information obtained from the Order of Nurses and Nursing Schools.

- Statistical analysis for the Reasons for Leaving survey was done using SPSS 15.0.

- Thematic analysis of the four open-ended questions in the reasons for leaving survey was conducted using Atlas.ti
Lebanese Order of Nurses

- A total of 6,026 nurses are registered in the Order

- An estimated 3,000 have yet to register

- 10% of nurses are currently unemployed and 61.6% of them are under the age of 30
Nursing Schools

- 2,024 received a BSN between 2000 and 2006

- Out of every 5 nurses that graduate, at least 1 nurse is leaving to work abroad within 2 years of graduation

⇒ We can infer from the trends in the data from the schools that some nurses might be working in Lebanese hospitals simply to gain experience to make them eligible for a position abroad
Recruiting Agencies

- Desk review of applications from 2000 to 2006
- Most common reasons for leaving were:
  - Financial reasons (57.3%)
  - Professional development (42.0%)
Migrant Nurses’ Profile

- 61.3% females
- 53.8% aged between 30 and 45 years
- 62.3% married
- 65.1% held a BSN

Sample = 106 Nurses
# Reasons for Leaving Survey

## Quantitative Survey Component

<table>
<thead>
<tr>
<th>Reason</th>
<th>Mean</th>
<th>Alpha Cronbach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary/ Prestige</td>
<td>3.09</td>
<td>0.89</td>
</tr>
<tr>
<td>Team Support</td>
<td>2.96</td>
<td>0.95</td>
</tr>
<tr>
<td>Professional Effectiveness</td>
<td>2.96</td>
<td>0.92</td>
</tr>
<tr>
<td>Employer Care</td>
<td>2.86</td>
<td>0.94</td>
</tr>
<tr>
<td>Work Aspects</td>
<td>2.43</td>
<td>0.87</td>
</tr>
<tr>
<td>Structural Aspects</td>
<td>2.27</td>
<td>0.81</td>
</tr>
</tbody>
</table>
# Reasons for Leaving Survey

## Quantitative Survey Component

<table>
<thead>
<tr>
<th>Reason</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career development/promotion</td>
<td>3.79</td>
</tr>
<tr>
<td>Salary levels</td>
<td>3.72</td>
</tr>
<tr>
<td>Equality with other professional careers</td>
<td>3.43</td>
</tr>
<tr>
<td>Being treated as a valued health professional</td>
<td>3.36</td>
</tr>
<tr>
<td>Commitment to excellent nursing care</td>
<td>3.21</td>
</tr>
<tr>
<td>Working in a supportive environment</td>
<td>3.19</td>
</tr>
<tr>
<td>Employer educational support</td>
<td>3.19</td>
</tr>
<tr>
<td>Safe working environment</td>
<td>3.16</td>
</tr>
<tr>
<td>Recognition of excellent program</td>
<td>3.16</td>
</tr>
<tr>
<td>A permanent position</td>
<td>3.13</td>
</tr>
<tr>
<td>High patient/nurse ratios</td>
<td>3.11</td>
</tr>
<tr>
<td>Autonomy in decision-making</td>
<td>3.11</td>
</tr>
<tr>
<td>Being valued by other health professionals</td>
<td>3.05</td>
</tr>
</tbody>
</table>
Reasons for Leaving Survey

Qualitative Survey Component

Main trigger for leaving:

- Financial reasons - nurses working in the Gulf
- Educational reasons - nurses in North America and Europe
- Lack of managerial support “My commitment and hard work was not recognized by my senior nursing management”
- Lack of supportive work environment “Mistakes should be considered a system failure as opposed to individual errors.”
- Additional reasons for leaving: stress and exhaustion, lack of appreciation, few opportunities for advancement, lack of involvement in managerial decision making, lack of opportunity for continuing education and nepotism.
Plans for Returning to Lebanon

Qualitative Survey Component

- Most nurses expressed a preference for not returning to Lebanon

- Incentives needed to encourage return:
  - Increase in salary and improved benefits
  - Managerial support and appreciation
  - Improved work environment (from blaming to learning)
  - Improved social image of nurses
  - Increasing the effectiveness of the Lebanese Order of Nurses
Concluding Remarks

- Nurse migration and retention have become major health workforce issues confronting many health systems in the EMR.
- Nurse migration in Lebanon underscores the importance of developing a monitoring system that would identify implications and help implement innovative retention strategies.
- Nurse migration out of Lebanon is likely to persist and even increase if underlying factors are not properly resolved.
Thank You!

Questions?

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