“We Shall Travel On”: Quality of Care, Economic Development, and the International Migration of Long-Term Care Workers

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The Issue

• OECD LTC survey found “staff shortages and staff qualifications” were by far the most frequently mentioned concerns

• Nurse shortages are predicted worldwide in almost all developed countries

• Many African countries have <20 nurses per 100,000 (>1,000 in Norway)

• Disproportionate numbers of migrating healthcare workers are in LTC settings
Social, Economic, and Demographic Features

- Demographic Factors
- Skill Levels and Working Conditions
- Gender and Race
- Historical and Geographic Relations
Demographic Factors in Developed Countries

- Number of very old increasing
- Number of working age decreasing
- Italy and Japan, the percentage of people age 80 and older is projected to more than triple, from 5 percent to nearly 17 percent by 2050; however, the number of working age people (age 15–64) is projected to decline by 38 percent during that period.
Skill Levels and Working Conditions

- High skill market – The UK and the US each licensed more than 15,000 foreign-trained nurses last year.
- Lower skill market – Over half of foreign-born LTC aides in US come from Latin America and the Caribbean islands.
- Gray market – Half a million international workers, mostly irregular, provide supportive services to older people in their homes in Italy.
Figure 2: Race/Ethnicity of Foreign- and Native-born Nurses in Long-Term Care Settings, 1980–2000

- **Foreign-born, 1980:**
  - Other/Mixed*: 1%
  - Hispanic: 9%
  - Asian: 29%
  - Black: 16%
  - White: 45%

- **Foreign-born, 1990:**
  - Other/Mixed*: 0.2%
  - Hispanic: 14%
  - Asian: 29%
  - Black: 24%
  - White: 33%

- **Foreign-born, 2000:**
  - Other/Mixed*: 6%
  - Hispanic: 9%
  - Asian: 38%
  - Black: 18%
  - White: 18%

- **Native-born, 1980:**
  - Other/Mixed*: 2%
  - Hispanic: 10%
  - Asian: 88%
  - Black: 0%
  - White: 0%

- **Native-born, 1990:**
  - Other/Mixed*: 3%
  - Hispanic: 13%
  - Asian: 84%
  - Black: 0%
  - White: 0%

- **Native-born, 2000:**
  - Other/Mixed*: 4%
  - Hispanic: 15%
  - Asian: 81%
  - Black: 0%
  - White: 0%
Figure 4: Initial Overseas Admissions to the UK Nurse and Midwifery Council Registry by Country, 1998–2004

- Other
- European Economic Area
- USA, Australia, New Zealand, Canada
- India
- Africa
- Philippines

Historical and Geographical Relations
Policy Decisions

- Long-Term Care Financing Policies
- Immigration Policies
- Education and Credentialing
- Worker Recruitment
Long-Term Care Financing Policies

- Higher percentage of public spending for LTC, professional services – Scandinavia
- Moderate public pay, cash benefits – Germany, Austria
- Moderate public pay, means-tested – UK, US
- Low public pay, strong family responsibility – Italy, Spain
Immigration Policies

- **Unilateral** – e.g., special visa incentives for healthcare workers, UK and US
- **Multi-lateral** – e.g., EU expansion, though labor markets remained restricted
- **Bi-lateral** – e.g., Japan/Philippines agreement
Figure 5: Years of Education, Nurse Aides in Long-Term Care Settings in the U.S., by Place of Birth, 2000

- **Philippines**
  - 37% with 4+ Years of College
  - 33% with 1-3 Years of College
  - 22% with High School
  - 8% with < High School

- **Africa**
  - 14% with 4+ Years of College
  - 36% with 1-3 Years of College
  - 46% with High School
  - 4% with < High School

- **All Foreign Born**
  - 11% with 4+ Years of College
  - 27% with 1-3 Years of College
  - 42% with High School
  - 20% with < High School

- **Native Born**
  - 3% with 4+ Years of College
  - 28% with 1-3 Years of College
  - 49% with High School
  - 20% with < High School
Worker Recruitment

• Many codes of ethics from governmental, international agreements, and NGOs, but…

• Study found “support systems, incentives and sanctions, and monitoring systems necessary for effective implementation and sustainability are currently weak or have not been planned”

• For example, one in four overseas nurses qualified in the UK in 2002–2003 was from a country on its proscribed list
Japan

- Old age dependency ratio – 30 people 65+ for every 100 15-64; will rise to 77 by 2050
- Number needing LTC – will rise from 2.8 million to 5.2 million in 2025
- Percent GDP spent on LTC – 0.83%
- Percent of country foreign – 1%, only 110 foreign “medical service” workers
- Percent opposed to allowing foreign workers – 83%
- Recent agreement with Philippines allows 100 nurses in first year, but opposed by Japanese Nurses Association
Scandinavian Countries

- Old age dependency ratio – Sweden, 26 will rise to 68 in 2050; Norway, 23 will rise to 42
- Percent of GDP spent on LTC – Sweden, 2.89%; Norway, 2.15%
- Percent of population foreign – Sweden, 12.0%; Norway, 7.3%
- Both taking steps to increase foreign workers, mostly from Eastern Europe
Italy

- Old age dependency ratio – 30 projected to rise to 75 in 2050
- Percent of population foreign – 2.5%
- Percent 65+ in institutions – 2.2%
- Percent domestic workers who are foreign – 80%
- Number of foreign domestic workers serving older persons – Roughly one half million
Austria

- Old age dependency ratio – 25 projected to rise to 55 in 2050
- Older persons receiving institutional care – 3.6%
- Percent receiving LTC allowances for home care – 15%
- Percent of population foreign-born – 12.5%
- Many short-term in-home workers from Central and Eastern Europe
United Kingdom

• Old age dependency ratio – 24 projected to rise to 38 in 2050
• Percent of GDP spent on LTC – 1.37%
• Percent of population foreign-born – 8.3%
• Percent of newly licensed nurses foreign-trained (2003/04) – 43.8%
• Percent of newly licensed nurses from developing countries – approx. 80%
United States

- Old age dependency ratio – 15 projected to rise to 32 in 2050
- Percent GDP spent on LTC – 1.29%
- Percent population foreign-born – 12.3%
- Percent of newly licensed RNs foreign-trained – 15%
- Percent of nurses in LTC settings who are foreign-born – 16% (up from 6% in 1980)
Countries of Origin: Brain Drain or Pathway to Development?

• Brain Drain
• Economic Impact
• Education
• Gender
• Integration of Workers
Brain Drain?

- Philippines lost 25,000 nurses to migration in 2003, three times the number of nursing school graduates.
- Africa bears 25% of the world’s disease burden but has only 0.6% of health professionals.
- Every year 8% of nurses leave Jamaica, 5% per year from Fiji and Samoa.
Economic Development

• Total World remittances now >$100 billion
• 60% of all remittances go to developing countries
• Remittances exceed direct development assistance to developing countries
• For Pacific Island nations, Philippines, Caribbean, and others exporting people is large part of GDP
• But expense of losing large numbers of highly educated and motivated workers
Education

- Loss of investment – $500 million annual subsidy from Africa to developed countries
- $3,500 loss per nurse from Caribbean
- Proliferation of nursing schools in the Philippines and India – what is happening with quality?
- Is migration creating de facto international nursing education standards?
Gender – Liberation or Exploitation?

- Migration of nurses part of the feminization of migration – e.g., 59% of Filipinos in US are women
- More women migrating independently or as primary earner, reflecting changing labor market demands
- Even among low wage, low skill women, migration can create opportunities
- Exploitation still too common
Integration of Workers

• Migrating nurses report both discrimination and high levels of professional gratification

• Wages of foreign-born LTC workers higher than native-born in US – partly reflecting willingness to work in central cities

• Frames of reference – compared to native-born, foreign-born workers experience discrimination

• Compared to home country – higher wages and professional gratification
Issues for Discussion

• How is the quality of care affected by the use of international workers?

• Is immigration the best way to address worker shortages?

• How can public agencies be sure that international workers are qualified?

• Do migrants depress wages and undermine working conditions?

• What responsibility do developed countries have for the impacts of migration on source countries?
Conclusions

No one solution fits all situations

• Different migration patterns
• Different labor needs in developed countries
• Different needs in the developing countries that are the source of long-term care workers
• Different skill levels
• Different policy areas and objectives

Call for different types of engagement between developed and developing countries
Finally

Policies and programs that address needs at the national level cannot ignore the individual needs and aspirations both of those who need long-term care and those who would provide that care.