

Issues on Health Manpower of Digos City: Health Workers' Migration as Primary Cause of Lack of Manpower

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ABSTRACT

The lack of health manpower has become the major problem of Digos city, Davao del Sur (Region XI), Philippines, as highlighted in the focused group discussion (FGD) and interview with some informants during the community immersion last March 2010. Digos city, which is still relatively a rural area, has fewer number of nurses and midwives compared to the ideal standard for the entire Philippines, which is reflected in the nurse- and midwife-to-population ratio, i.e. 1:29,428 with a standard of 1:20,000, and 1:5,255 with a standard of 1:5,000, respectively. One reason for this is the increasing trend of the international and the internal migration of health workers across and within countries. This is mainly due to financial constraints, lack of government support, limited trainings, insufficient health facilities and resources. The paper relates the insights of a focus group discussion with the Digos City Health workers regarding their work status to the national problem of migration of health workers.

Key Words: Digos, health workers, migration

Introduction

Health workers, as defined by the World Health Organization (WHO), are people engaged in actions whose primary intent is to enhance health. These are doctors, nurses, midwives, pharmacists, laboratory technicians, and support workers.¹ In the Philippines, which adopts the health sector reform known as 'decentralisation', the city health workers (CHWs) and barangay health workers (BHWs) play important roles as they are the frontliners of health work, and are mostly responsible for public health care.²

Digos city, which is tagged as the seat of the provincial government of Davao del Sur (Region XI), Philippines, is a rural area. Digos has an estimated population of 147,144 as of year 2008, with two city health officers, five public health

nurses, 28 rural midwives, one public health dentist, three sanitary inspectors, one nutrition-dietitian, one microscopist, and 611 BHWs. There was no available record on the practicing physicians in the city. Accordingly, the number of nurses and midwives of the area is low compared to the ideal standard for the entire Philippines, at nurse- and midwife-to-population ratio of 1:29,428 with a standard of 1:20,000, and 1:5,255 with a standard of 1:5,000, respectively.^{3,4}

The insufficiency of health manpower observed in Digos holds true across the whole country, despite the Philippines being pinpointed by the WHO as one of the middle-income countries with good health education system.¹ This paper determines the current working status of the health workers of Digos through an FGD, and other informant interviews, and relates this to the national problem of migration of the health workers.

Methods

A community immersion was conducted last April 2010 at Digos City, with prior approval from the University of the Philippines Regionalization Program Committee and the City Health Office (CHO) of Digos. During this weeklong activity, a one-hour focused group discussion (FGD) was conducted in the CHO of Digos city, focusing on the working status of the health workers. This was participated in by two BHWs, six nurses, two midwives, four staff (two pharmacy aides, one laboratory aide, and one utility worker), and new graduates of the nursing schools in Digos, who all gave their informed consent.

A literature review on the Philippine data on health manpower, searched from the worldwide web, taking into account only peer-reviewed articles and government websites, is given in relation to the FGD.

Results & Discussion

Here is an excerpt of the FGD done in the CHO of Digos city:

Question: How is your work in the city health office so far?

CHW1: I am happy. It is the happiness I get from my work, which drive me to stay in the country

and continue to serve my community, even if the salaries are usually not given on time.

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CHW2: *I think I am destined to stay and work here. I applied for work abroad, but due to health conditions I did not pursue it.*

CHW3: *I am happy with my work as a city health nurse. But years ago, I went abroad and worked not on the medical field but as a sales person in a company. I came back because my heart belongs here.*

The health workers, who included the CHWs (city health workers) and BHWs (barangay health workers) of Digos, though in the midst of trials, were still very much devoted and involved in improving the health situation of the area. They were loyal to the vision of 'healthy and empowered people by quality health care for a productive and meaningful life'.

However, they voiced out their aspirations to work in other institutions to get higher rates, but they would still have to stay in the CHO because they have 'no choice'. They explained that they would have to experience a lot of trials before they could get another job, or worse, they might become jobless. In terms of their workload, they rated it to be 'just right' but compared to other health practitioners, they have more paperwork to accomplish. The training they receive is mostly by mandate of the DOH, and often times, the slots for the activity are limited.

The interview with the new graduates of the nursing schools in Digos revealed their desire to work in their professions but not in Digos. They prefer Manila due to higher compensation and more opportunity for high technology training. Moreover, others want to work in other countries as nurses, where they can save money and then come back to the Philippines and invest in a business not related to health.

When asked, "what would be your reasons for leaving the country?" their common answer was financial constraints. They receive only minimum wage, which were often not given on time. They have resorted to other forms of business, and even loaned from various institutions, just to meet the needs of their families.

A great bulk of the sixty million health workers across the globe consists of Filipinos. Majority are nurses, doctors, and midwives who leave for Saudi Arabia, United States, and United Kingdom, which have become their top three favourite destinations. Particularly, nurses from the Philippines are the biggest contributors of the migrant health manpower in countries involved in the Organisation for Economic Co-operation and Development (OECD), which do not have enough workers due to their aging population.¹ The migration of health workers does not only occur across countries (international migration), but also across regions within the country (internal migration).^{5,6}

Health workers from Digos are no exception to this rising trend. From the FGD and interviews conducted,

Digoseños mirror the globally recognized 'push factors', which drive them towards working outside their places of origin, and 'pull factors' which on the other hand, are reasons for them to stay in their areas. Most of the time, the push factors outweigh the pull factors. And so, their hometowns are left with less stable health system and financial loss.⁵

The labour allocated for other things, aside from health, is inversely proportional to the effort for enhancing skills needed in the provision of primary health care. The lack of government support, in addition to socio-political crisis in the country, adds more burdens. Also, the training for the health workers are very selective, that is, only very few are able to attend seminars due to lack of funds. This limited opportunity for learning may make them reluctant to work in rural areas because of higher probability for technological advancement and progress in urban places. This aggravates the inequity of health services across the country. Health facilities and resources are mostly not enough to cater the community. There is little chance for promotion. This further stresses the health workers, which makes them reconsider and disregard the main pull factor for the Filipinos, and that is, to be physically and emotionally close with the family.^{5,7}

With the issues mentioned, going outside one's home generally poses beneficial effects to an individual, as well as to the country. One may receive much higher earnings, for example up to \$48,090 in America, in contrast to \$2,400 maximum payment in the Philippines for one year in 2002.⁸ Moreover, the skills they mastered from their training abroad may be passed on to the health workers in the local setting.¹ But frequently, this does not happen. For the time being, since most who leave the country are the highly skilled workers, Filipinos are left with decreasing national productivity because of the diseases which might have been prevented if only these health practitioners served their respective places. The allocation of the government funding is also diverted to further trainings of those workers left in the country. Overall, the country loses, and does not gain, with the migration phenomenon.⁵

Due to this dilemma, the government strives to motivate the health workers to stay in the country by passing certain laws/reform/acts. These include: Migrant Workers and Overseas Filipino Act (Republic act (RA) No. 8042) which ensures safety and welfare of the migrant and his/her family⁵; Magna Carta of the Public Health Workers (PHW) (RA No. 7305) which promotes social and economic development skill of PHWs through career and personnel development plans⁹; *Barangay* Health Workers' Benefits and Incentives Act of 1995 (RA No. 7883) which states the right to health and health empowerment, and grants the BHWs training, education, and career enrichment programs¹⁰; and National Health Insurance Act of 1995 (RA No. 7875), which endows health workers with employment and deployment advantages through national insurance system, among

others.⁵ Also, the study by Lorenzo and colleagues⁶ suggested strategies on how to attract fresh graduates to work in their institutions. These include systematized staff training, career tracks, workplace improvement, 'family friendly' work schedules, and annual bonuses. A review paper on 'motivational and retention of health workers in developing countries', pointed out the need for motivational factors, and decent and suitable workplace and facilities, in addition to financial incentives, career development, and management issues in order to sustain and retain health providers in the country.¹¹

Specifically in Digos City, there is a need for the CHWs and BHWs to participate in non-selective lectures/seminars to upgrade their skills. After all, it will be the people of Digos who will be benefited by their service. If funding is inadequate, then a DOH representative or someone who is knowledgeable on public health and basic clinical skills may be invited in Digos to teach the health practitioners, instead of them going to other areas for training. Giving their compensations on time, in addition to some incentives for outstanding accomplishments, will motivate them to do better in their work. And possibly, since physicians in the government hospitals are insufficient, more doctors, especially the new graduates and board passers of the medical schools in Davao, will be invited to practice their profession in the provincial hospital for at least three years. And of course, as a part of the UPCM Regionalization Program, the RP students pledge to serve the people of Region XI, by being their doctor in one of the public hospitals after graduation.

To be a health worker is to be a worker for life. And so, to the vision/mission of UPCM, that is, towards leadership and excellence directed to the underserved, the RP student remains faithful.

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