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To Stay or to Go?

Outmigration of Nurses from Ghana

A GPN / UCC Project

GPN Working Papers • Paper No. 4 • Feb 2024

UNIKASSEL VERSITÄT

Publisher
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Design / Layout: Nina Sangenstedt, gestaltvoll.de

GPN Working Papers
DOI: https://doi.org/10.17170/kobra-202402229629

First published 02 / 2024 in Kassel, Germany

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Introduction

The Global Partnership Network (GPN) is a unique network of 12 universities and 18 civil society groups for research, teaching, and training in all continents around SDG 17 "Global Partnership for Sustainable Development". The GPN has been functioning since 2020, headquartered in Germany at the University of Kassel and funded by the German Federal Government. It aims to provide policy-relevant research in three areas: development cooperation, global economy, and knowledge production, keeping in mind that international partnerships have historically been shaped by colonial relations between North and South and continue to reflect them. GPN is an excellent forum to analyse transnational processes in the global economy and to organise comparative research in countries from different regions of the world, taking into account the prevailing global inequalities and neocolonial asymmetric power relations.

The project "To stay or to go? Recruitment and Outmigration of Nurses from Ghana and India" focuses on so-called Global Care Chains. Since the 1960s, transnational health care chains have been established as a labour regime in a post-colonial context to overcome crisis situations in social reproduction and a severe shortage of health care personnel in the OECD world. Health care workers, the majority of whom are women, migrate from poor to more wealthier countries, from the Global South to the Global North.

A mapping of the interests in migration of skilled nurses shows: Governments in the South become labour brokers and use the export of cheap care workers as a development strategy which earns them foreign currency through remittances, and which is supposed to reduce problems of un(der)employment and poverty in their countries. Governments and municipalities in the Global North launch recruitment programmes which use migrant health care labour to restructure their domestic regime of social reproduction and manage the crisis with the help of a spatial fix at low costs. Furthermore, private training institutions are booming and commercial agencies in sending and receiving countries make money by facilitating the recruitment and placement. The key actor, the nurse, has a right to mobility and often a desire to migrate due to push and pull factors and personal interests. Many decide for themselves to escape the low wages and often appalling working conditions in their home country, and get into debt due to the high fees they have to pay to training institutions and placement agencies. Their decision is informed by an economy of hope to earn more money, pay back debt, and to support their family back home, get more respect as professionals and to achieve a higher standard of living.

This complex scenario of migration-oriented interests is confronted with the dramatic shortage of health care staff in most of the sending countries (even if figures are sometimes contested). It is well known that each care chain implies a care drain, and each migrant care worker is missing in her / his home country and household. As a means of regulation, in 2010 the WHO published a code for the recruitment of health care workers with a list of countries which suffer from a critical shortage of health personnel and therefore should be spared from recruitment. The notion of fair and ethical recruitment was coined; however, the code is not binding but voluntary. A revised list was published by the WHO in December 2021. While Ghana is on both lists, India was on the first list, but doesn't appear in the revised list.

In particular, during the Covid-19-pandemic when in many countries of the Global South, in particular in Africa, due to the lack of health care staff, patients couldn't be treated in hospitals and lost their lives, the violation of people's right to health became apparent. However, after the pandemic OECD countries intensified their recruitment and care extraction strategies vis-à-vis the Global South, often assuming a surplus of nurses in those countries who don't find an employment. Some states facilitate easier immigration – e.g. Germany with a new Skilled Immigration Act – and thus normalise the transnationalisation of nursing. More nurses left countries in the Global South, amongst them Ghana and India. The conflict of rights between the collective right to health and the individual right to migration is obvious.

Another controversial case is the announcement by the German government at the beginning of 2023 to invest in a "migration and development centre" in Ghana which is supposed to assist Ghanaian citizens who get deported from Germany because they are not accepted as asylum seekers. During his visit to Ghana at the end of 2023, the German chancellor Scholz advertised this kind of centre without receiving much of an enthusiastic response. One initiative offered by the migration centre is to inform about the recruitment of health care personnel to Germany and mobilise possible candidates. However, they should be skilled, meaning: the sending state has to organise the training. This raises another serious question about the international division of labour and reaffirms the pattern of a spatial gap between skill training and skill usage in the transnationalisation of nursing.

In the Ghanaian part of the GPN project "To stay or to go. Outmigration of nurses from Ghana" Prof. Angela Akorsu, Prof. Kingsley Pereko and Dr. Nancy Innocentia Ebu Eyan acted as research coordinators at the University of Cape Coast, the institutional partner of GPN. Under their guidance, between August and November 2023 five papers were produced by Ghanaian scholars who map the actors, driving forces, policies and debates. These five papers are the centrepiece of this working paper.

The five authors presented their findings in a two-hours webinar on November 21, 2023, followed by a comment by Dr. Anarfi Asamoa Baah, ex-Deputy Director-General at WHO. The aim of the webinar was to inspire a critical public debate about outmigration of nurses from Ghana and fair recruitment which orients towards regulatory policies in the sending and receiving countries. The minutes of the webinar including Dr. Baah's comment with the meaningful title "Navigating the Nursing Exodus. Insights, Challenges, and Strategies for Ghana's Healthcare Future" form the final part of this working paper.

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Out-Migration of Ghanaian Nurses to Developed Settings: Implications for Health Delivery

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Abstract

Background: Migration of health professionals is not a new phenomenon for nurses. However, there has been an exponential rise in the numbers migrating from developing countries to developed economies in the recent post-COVID-19 era.

Aim: This paper describes the ongoing exodus of Ghanaian nurses to advanced countries and its implications on health delivery.

Method: A narrative review was conducted with a comprehensive search in the following databases: CINHAL, MEDLINE, Google Scholar, and EBSCO Host. Articles published between 2000 and 2023 with a focus on the Ghanaian context were included in the review.

Findings: Scores of nurses from Ghana are leaving for destinations in North America and Europe in pursuit of better working and living conditions. This situation has resulted in delays in accessing health care and inadequate access to basic health care services. If urgent steps are not taken to halt the current trend, the health system in Ghana will suffer many negative repercussions.

Conclusion: As Ghana loses its nursing labor force to developing countries, it risks depriving its citizens of access to quality primary health care. As a matter of urgency, all stakeholders in health should formulate strategies to stop this alarming movement.

Key words: Migration, Ghanaian nurses, health system, developing country, primary health care

1 Background

The health systems of many countries are currently facing human resources challenges, the key among them is the shortage of nurses (Liu et al., 2017; Scheffler & Arnold, 2019). These staffing shortfalls have led to a situation where rich nations look elsewhere for health professionals mostly nurses and doctors to fill the gaps. The 2020 report by the International Council of Nurses (ICN) estimates that there are about 6 million nursing workforce deficits and this is expected to increase to 36 million by 2030 (Woods, 2020). Most rich countries have implemented policies to poach nurses from poor countries (Recent Trends in International Migration of Doctors, Nurses and Medical Students, 2019). Confronted with a challenging working environment, low salaries and a lack of professional development opportunities, many nurses in developing countries such as Ghana are attracted to work in developed countries where the living and working conditions are promising.

Termed as 'brain drain', Dodani and Laporte (2005), described health worker migration as a situation where health professionals move to regions where they have access to improved quality of life, better remuneration and availability of the latest technology needed for work. Such a desire for improved conditions of service and better quality of life has been the driving force for many. According to Misau et al. (2010) the world's attention was first drawn to the issue of migration of health professionals in the 1940's and since then, there have been multiple reports addressing the increasing number of health professionals seeking greater opportunities abroad. Since 2021, majority of the migrant health workers have been moving from poorer nations in Africa and South East Asia to richer countries, with the United States of America, Canada, United Kingdom and Australia being the preferred. These places have become preferred destination for health workers because, aside from immigration rules that have been relaxed to fast track health worker migration, there are also several agencies that are actively recruiting health workers particularly nurses (Alfred, 2023, Kingma, 2007).

Varied explanations have been assigned to why nurses migrate, such reasons have been described as push or pull factors (Mensah Boafo, 2016). Push factors have been explained as conditions within the host country which compel people to migrate to work in another country. Some of these factors could be individual based such as the quest for higher salaries, career progression and better working conditions. It could also be the result of systemic failures such as weak government structures, political instability, lack of infrastructure and absence of opportunity for career development (Labonté, et al., 2015). Then there are the pull factors which are those factors in the destination country that attracts people, they include availability of state-of-the-art equipment, numerous career advancement opportunities, and better wages (Salehi et. al., 2023). In spite of the pull and push factors, reports have shown

that the current increasing out-migration of nurses is due to global shortages of nurses attributable to rising need for health care services (Li, et. al., 2014). The COVID 19 pandemic has further compounded the nursing shortage as some nurses died during the pandemic, while others quit their jobs leaving vacancies which rich nations are attracting nurses from developing countries to occupy (Nolen, 2022). According to Nolen (2022) around a thousand nurses from Africa are taking up jobs in America every month since the COVID 19 pandemic hit. Similarly, in the United Kingdom, there has been an upsurge in the recruitment of foreign trained nurses, most of whom are from African countries such as Ghana, Nigeria, Zimbabwe and the Caribbean. With many gaps to be filled, some of these recruiting countries have instituted measures that will fast track the recruitment process, such as removal of language restriction for residency by Canada and shorter visa processing time by the United Kingdom (Nolen, 2022).

The causes notwithstanding, the out-migration of trained nurses tends to have dire consequence on the health care systems of poorer nations. Currently, African states are facing a double disease burden of communicable diseases and non-communicable diseases putting a lot of strain on health care systems (Peer, 2015). Nurses and midwives are critical cadres that can lead or partner with other stakeholders in addressing the health challenges confronting the African continent (Ezeonwu, 2021). Africa is home to about 15 % of the population of the world and has a disease burden of 24 %, however its health workforce constitutes only 3 % of the world's total (Bakibinga, 2020). In most rural settings in Africa, nurses and midwives are the first and probably the only health worker that a patient is likely to encounter (Christmals & Armstrong, 2019), a reduction in their numbers through migration will reduce access to health care and further deepen the health disparity between rich and poor countries. The current global nursing shortage is predicted to get worse in Africa by 2030 according to WHO (2021). The WHO predicts that for the world to achieve SDG 3 more than

9 million nurses will have to be recruited. Recognizing that nurses have an important part to play in achieving the Sustainable Development Goal (SDG) 3, it stands to reason that countries in Africa are unlikely to meet SDG 3 targets should the current wave of migration continue (Bakibinga, 2020). The COVID 19 pandemic has taken a toll on the already frail health systems in developing countries; more should be done to halt the exodus of nurses to industrialized nations to protect the vulnerable in poor countries.

2 Aim

The aim of this paper is to examine the on-going exodus of Ghanaian nurses to advanced countries and describe its implications on health care delivery.

3 Method

A narrative review was conducted with a comprehensive search in the following databases: CINHAL, MEDLINE, Google Scholar, and EBSCO Host. The following key words or phrases were used "nurse migration", "Ghanaian nurses' migration", "effect of nurse migration" "health worker migration". Multiple articles were retrieved and the ones that studied the causes and effects of migration in developing countries and for that matter, Ghana were reviewed. Articles that were published between 2000 and 2023 with a focus on the Ghanaian were included in the review.

4 Findings

4.1 Current situation in Ghana

Ghana's health service faces imminent nursing shortage as nurses leave the country in droves to work in industrialized countries. Projections have been made by stakeholders in health about the number of nurses leaving, however, accurate national data about the out-migration of nurses is lacking. Migration of Ghanaian nurses to high income country has persisted despite effort by government to curb the phenomenon. According to Quartey and Kwakye (2009), close to two thousand nurses left the shores of Ghana in search of greener pastures in advanced countries mostly the United Kingdom (UK) between 1995 and 2002. In the year 2000 alone, the nurses who left Ghana to practice oversees were estimated to be over 500, a number that was double the number of nurses trained that year (Kingma, 2007). The migration of Ghanaian nurses saw a downward trend from the year 2004. While some credited this to improved salary and conditions of service (Quartey & Kwakye, 2009), others attributed it to stiffer immigration guidelines instituted by the host nations (Teye et. al., 2015). In spite of this, studies have reported that the out-migration of nurses from Ghana has continued unabated albeit at a slower pace (Mensah Boafo, 2016; Asamani, et al., 2019). With the advent of COVID 19 however, the numbers have skyrocketed, with more than 5000 nurses reportedly abandoning their posts within the last year in search of better opportunities mainly in Europe and North America, averagely 500 nurses leave Ghana every month (Mensah, 2022). A British

Broadcasting Cooperation (BBC) news report shedding light on the grim situation in Ghana indicated that 1200 Ghanaian nurses joined the UK nursing register in the year 2022 (Grimley & Horrox, 2023). According to the BBC report, it is the experienced nurses that are leaving, with one of the biggest hospitals in the capital Accra losing about 20 specialist nurses in the intensive care unit to the United Kingdom and the United States (Grimley & Horrox, 2023). In another report where Ghanaian nurses were interviewed, 60 % expressed the desire to migrate and most have already started undertaking the needed process to leave (Iddrisu, 2022).

A study by Poku et al (2023), examining the emigration intentions of specialist nurses in Ghana, exposed the many negative consequences that losing specialist nurses to emigration could have on the health system. Specialised nursing education is still in its early stages, as such Ghana can boast of few nurses' specialist, regrettably most of the nurses who train to become specialist are eager to leave and work in high income countries. This, the study discovered, was due to perceived better living and working conditions in the receiving countries. Some specialist nurses also feel frustrated at the end of their training as they lack opportunities to practice independently and hence seek out prospects to develop their potentials. As these specialist nurses leave, they leave a vacuum that cannot be filled with general nurses and it costs the government money to retrain nurses to fill the gap, and there is no guarantee that those newly trained would remain at post. This deprives the Ghanaian public access to quality specialist care. It also impedes the progress made at developing and establishing specialist nursing education in Ghana. The government and stake holders in health were therefore admonished to look at the problem of nurse migration holistically and implement solutions that would address the various challenges confronting the Ghanaian nurse to help curb the current trend (Poku et al., 2023). Influenced by the desire to join family and friends who have earlier left, and the promise of a better life, more nurses have expressed their desire to leave, critical vacancies are going to be created leaving the health care system in jeopardy. Urgent steps must be taken to salvage the situation.

4.2 Why are nurses leaving?

The reasons why Ghanaian nurses are leaving are not different from why their counterparts elsewhere on the continent are leaving. They include low wages, high cost of living, poor working conditions, lack of opportunities for career development, economic and political instability, and many others (Toyin-Thomas, et al., 2023).

4.3 Poor working conditions, lack of resources

Many public health facilities in Ghana lack the requisite resources and infrastructure needed to diagnose and manage patients safely (Kushitor, 2018). In some places, practitioners are left with no option than to refer cases that they could manage, to bigger facilities due to lack of needed infrastructure. This situation has pushed many practitioners including nurses to look for opportunities to work in areas where their skills would be utilized (Crommett, 2008). There is also the issue of poor supervision of newly qualified nurses. Some young nurses who find themselves in areas where there are no experienced nurses to supervise them, have had to take on roles for which they are unprepared for - leading to burn out and frustration which fuels their desire to leave (Asamani, 2020). Another study cited challenges such as stress, demanding work schedules, lack of access to needed logistics, obsolete equipment, and high workload as their motive for quitting (Amoo Asiedu et. al., 2018). The prospect of working in an environment where logistics needed for work are readily available has been fueling the on-going exodus as nurses turn to a better resourced environment.

4.4 Economic Reasons

The ongoing economic crisis in Ghana has been a major driving force for many nurses to migrate in search of better opportunities for themselves and their families as they struggle to make ends meet with their meagre salaries (Mensah Boafo, 2016). Some have indicated that while they are unable to afford decent accommodation, means of transport, among other necessities of life when working in Ghana, that changes soon after they travel as they are able to earn enough money to fend for themselves and their families back home in Ghana. With rising costs of living and low wages, most young nurses are unable to make ends meet and therefore will jump at any opportunity that will help improve their living standard and that of their families. Some are being encouraged to join the bandwagon by their relatives to help improve their living standards (Alfred, 2023).

4.5 Fast immigration processes

Laxity in the immigration procedures put in place by receiving countries for nurses and their families has also urged many to leave (Alfred, 2023). Though Ghana is on the WHO list of countries where there should not be active recruitment of health workers, there is evidence that health professionals, many of whom are nurses are still finding their way to work abroad (Grimley & Horrox, 2023). This is because the WHO global code of practice on the international recruitment of health personnel is not being adhered to by the receiving countries. The UK is

a preferred destination for many Ghanaian nurses because of the easy immigration procedure the country has adopted to fill its nursing gaps since exiting the European Union (BNN, 2023). The easing of immigration rules to poach nurses attracts people to leave and also breaches the ethical recruitment of personnel as contained in the global code.

4.6 Career Development

To become a nurse in Ghana, the entry level qualification is either a diploma or a degree in general nursing. After their basic training, most nurses look for opportunities to advance their career, however, there are limited career development opportunities in Ghana for nurses. Few postgraduate opportunities exist. Until recently when university of Ghana started a PhD programme in nursing, nurses who desired to obtain a nursing PhD had to travel outside Ghana. While some attempts have been made to improve access to specialist education by the establishment of the Ghana College of nurses and Midwives, there is still limited vacancies for the many nurses and midwives seeking admission to the college compelling some to look for opportunities abroad. Those who get the opportunity to attend school outside the country mostly do not return home and continue to practice oversee. To stem the tide, these challenges have to be addressed with all the urgency it deserves to keep nurses at post.

4.7 Implications for the Health Care System

The majority of nurses migrate for personal gains, however, there is the need to examine the impact of this mass movement on the health system. Most facilities at the primary health care level are staffed by nurses (Kwansah et. al., 2012). Dwindling nursing numbers would therefore result in patients not having access to basic health care services (Dossey et al., 2019). Over the past twenty years, Ghana has witnessed a reduction in maternal and infant mortality figures. In 2013 Ghana had an infant mortality rate of 44 per 1000 live births, in 2023 it stands at 30 per 1000 live births (Macrotrends, 2023). This is as a result of measures instituted by the government which has seen an increase in patronage of maternal and infant health care services (Adu et. al., 2021). Within that same period, the number of trained nurses has increased (Asamani et.al., 2019). From antenatal care to dealing with obstetric emergencies to giving vaccinations, the services of nurses are needed, a reduction in their numbers could reverse the gains made in reducing maternal and infant mortalities (Crommett, 2008). Currently, waiting times have started to increase in some Outpatient Department as patients queue for their turn to be attended to by the few nurses at post (Grimley & Horrox, 2023).

With Ghana listed as one of the countries with human resource challenges in 2006 by the WHO, the government of Ghana introduced policies to increase the training of nurses to improve the nurse-to-patient ratio (Asamani et. al., 2019). Though hundreds of nurses come out of nursing schools each year, many remain unemployed because the government is unable to employ them. One would have thought that the government could fill the gaps being left by the departing nurses with the unemployed trained ones, but the country is facing economic difficulties and there is a ban on public sector employment, making it difficult to replace the nurses who are taking up jobs abroad leading to nursing shortages in many health facilities (Alfred, 2023).

Another worrying problem is that with the mass migration, Ghana is losing most of its experienced nurse specialist. Most of the nurses leaving the country are the ones that have many years of experience on the job or have had training in specialized areas to provide specialist services (Grimley & Horrox, 2023). Already there is a challenge with the numbers and the distribution of specialist nurses in Ghana with more nurse specialist located in bigger institutions in the cities instead of rural areas where they are expected to provide independent specialist services to rural folks (Christmals & Armstrong, 2019). When these experienced nurses are lost, it deprives the public, especially those in rural areas access to much needed specialist care (Swan et. al. 2015). Nursing education in Ghana is hugely subsidized by the government. When the country uses it meagre resources to train nurses to serve its citizens, and these nurses leave to find jobs overseas, the government ends up losing the investment it made in educating these specialists, which goes to benefit the receiving nations with nothing in return for the health sector in the country and the citizens continue to lack access to health care (Pittman, 2013). It is estimated that the country loses $40,000 in investment for every nurse that leaves (BNN, 2023). According to Asamani et. al. (2019), Ghana's nursing workforce is young: in 2018 about 81 percent of them were below the age of 35 years. It is people in this age bracket that have the most desire to travel outside the country (Quartey & Kwakye, 2009). This situation will leave the country with an ageing nursing population, a situation which the country worked tireless to reverse in the past (Appiah -Denkyira & Herbst, 2013).

Under the Sustainable Development Goals (SDGs), countries are striving to achieve universal health coverage for their citizens and it is predicted that to attain this, there should be a health personnel to population ratio of 45 to 10,000 (Global strategy on human resources for health: Workforce 2030, 2020). Ghana's ratio is 22 to 10000 with a nursing shortage of about 33% (Asamani, et al., 2018). These figures meant that Ghana was not in a position to attain universal health coverage. As nurses leave in their numbers it will further reduce access to health care services thereby affecting the country's ability to realize its universal health coverage targets. Being the largest workforce in health care, and with the roles that they play, nurses are uniquely positioned to make an impact in the attainment of the SDG's, losing them therefore would spell doom for any health system.

The WHO (2022) classifies health as a human right issue, where availability, access, acceptability and quality are considered as core components. Under this right, it is anticipated the people will have access to health care services that is of standard quality no matter their geographic location. This statement is very much akin to what the patient charter of the Ghana health service stipulates, that the people of Ghana have a right to quality basic health care irrespective of their geographic location. While this is a right for all persons living in Ghana, currently there is disparity in the quality of health care in the rural and urban areas (Chrismals & Armstrong, 2019). Most wellequipped health facilities and personnel are in urban areas leaving rural folks to grapple with poor health care thus denying them their basic right. As nurses abandon their jobs in Ghana and take up lucrative jobs in affluent countries, more and more ordinary citizens will be denied their basic human right, that is right to health care.

At the same time, the WHO recognizes everybody's right to migrate, including nurses. These conflicting rights – right to health and right to mobility - cause a moral and social dilemma which is at the core of these considerations.

4.8 Recommendations

The reasons cited for the migration of nurses are well known, therefore measures should be directed towards addressing these challenges to keep nurses at post.

4.9 Improved remuneration

Studies have shown that in the early 2000 when the government of Ghana introduced incentives like care loans and better wages, the number of nurses leaving the country declined significantly (Teye et. al., 2015: Quartey & Kwakye, 2009). Most of the nurses leaving have blamed their decision on paltry wages making it difficult for them to make ends meet. To curb the trend, the government needs to improve the salaries of nurses to entice them to stay and work in the country. Just as incentives packages helped to reduce drastically the number of nurses leaving in the past, the government can reintroduce some of these packages such as vehicle and housing schemes to keep nurses at home.

4.10 Improved conditions of service

Conditions within the health sectors has to be improved to retain nurses to work in the country. The Ministry of Health should collaborate with relevant stakeholders to retool health facilities both in the rural and urban areas of the country to attract people to stay. Such provision not only enhance the flow of work but also protects the safety of patient and staff. The government of Ghana should also work assiduously to improve the socioeconomic situation in the country to keep nurses at home.

4.11 Career development opportunities

The Ministry of Health has to allocate its budget to advance nursing education, to expand post basic, and post graduate training and the upskilling of existing doctors and nurses. Not only will it give patients access to specialist care but also help retain nurses at post.

4.12 Bilateral agreement with receiving countries

At present, Ghana has an agreement with Barbados where nurses are sent there for a number of years after which they return. The minister of Health hinted on signing similar agreements with other countries so that the movement of nurses can be regulated. Such initiative should be upheld so that the nurses who have the opportunity to travel would come back home after their service abroad and use their experience to impact practice back home positively.

4.13 National data on the out-migration

There is an urgent need for periodic nursing and midwifery workforce assessments to provide data on the impact of emigration on nursing and midwifery and the health sector in general for planning and policy directives. This is crucial in efforts to retain and ensure sustainability.

5 Conclusion

The wellbeing of every country depends a great deal on the health and wellness of its citizens. Nurses occupy a unique place in the health sector, being the largest workforce, nurses serve as the bedrock of the health system. Losing them therefore would disrupt any health system. The number of nurses abandoning their posts in Ghana to take up new roles abroad is alarming and poses a major public health threat to the Ghanaian people. Government must do more to ensure the right to health and protect the health of its citizens by doing what it must to keep nurses at post. To preserve the gains made in health care towards attaining universal health coverage, the government should urgently implement measures that would stop the current nurse migration crisis confronting the country. Migration of nurses is an issue that has plagued Ghana's health service for over two decades and it is getting worse as the numbers leaving are increasing, stakeholders should do more to reverse this unfortunate situation. Research studies should be conducted to throw more light on the migration trends and the impact it has on the health system at the various health care levels be it primary, secondary, or tertiary. This will enable government to implement policies that would help curb this challenge and safeguard the health and wellbeing of the Ghanaian populace.

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The Driving Factors to Nurse Migration in Ghana – A Scoping Review

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Contents

Abstract

The global phenomenon of healthcare worker migration, driven by the demand for healthcare professionals in affluent nations and the pursuit of better employment opportunities and quality of life in developing countries, has significant implications for healthcare systems worldwide. In particular, the nursing profession, which constitutes a substantial portion of the healthcare workforce, is facing a critical shortage. This shortage poses challenges to the attainment of Sustainable Development Goal (SDG) 3 of "good health and well-being for all", as nurses and midwives play a pivotal role in achieving this goal. Factors such as poor career structures, limited post-graduate training opportunities, low income, and subpar working and living conditions contribute to high turnover rates among nurses.

Moreover, rural and remote areas often experience the greatest difficulty in retaining healthcare professionals due to unsustainable work environments, increased workloads, and inadequate infrastructure. The COVID-19 pandemic further exacerbated the challenges nurses face, leading to higher burnout and turnover intentions.

While previous studies have investigated turnover intentions among nurses, this review adopts a scoping approach to provide a comprehensive overview of the existing literature on the driving factors of nurse migration in Ghana. This scoping review explores the driving factors behind nurse migration in Ghana, where up to 69 % of nurses and midwives express intentions to leave their positions, with burnout and workplace violence significantly influencing these intentions.

Keywords: Nurse migration; Nurses turnover; Ghana

1 Introduction

The increasing demand for healthcare workers in rich nations and their hopes for better employment and quality of life in developing nations has led to an international phenomenon known as healthcare worker migration (Ekingen et al., 2023). Most healthcare organizations continue to encounter a problem with employee turnover, particularly in the nursing industry. According to the World Health Organization (WHO), nurses and midwives make up about 50 % of all healthcare professionals. The WHO estimates that an additional 9 million nurses and midwives will be required by 2030 to achieve Sustainable Development Goal 3 (SDG 3) (WHO, 2021). Nurses and midwives are responsible for about half of the global deficit of healthcare professionals (WHO, 2021). By 2035, there will be a global shortage of 12.9 million nurses, according to WHO research. The SDG 3 of "good health and well-being for all" is one that nurses and midwives may significantly contribute to achieving (Das et al., 2021). The American Nurses Association (ANA) also predicted that in 2022 there will be more registered nurse positions than any other occupation in the country (Haddad et al., 2018). The US Bureau of Labor Statistics predicts that between 2020 and 2030, there will be a demand for more than 275,000 extra nurses (Haddad et al., 2018). From 2016 through 2026, there are expected to be more job openings for nurses (9 %) than for all other vocations combined (Haddad et al., 2018). Numerous and troubling factors contribute to the nursing shortage (Halter et al., 2017).

Also, it is known that nursing migration has both beneficial and adverse effects on the people who migrate and the countries involved (Ekingen et al., 2023). The cost of nursing staff turnover is significant; according to Nursing Solutions Inc . (2016), the average cost of turnover for registered nurses is between $37,700 and 58,400, costing hospitals on average between $ 5.2 million and 8.1 million yearly. Poor career structures, a lack of possibilities for post-graduate training, low income, and insufficient working and living conditions are additional factors that contribute to turnover (Buchan & Aiken, 2008; Lehmann et al., 2008; Keane et al., 2012). The difficulty in retaining health professionals is greatest in rural and remote areas because they frequently have unsustainable work environments, higher workloads, and inadequate infrastructure, which leads them to look for better living and working conditions in cities or abroad (Mbemba et al., 2013).

Additionally, due to inadequate infection control measures, work overload, a lack of personal protective equipment, frequent nurse absenteeism, and exposure to physical and verbal abuse from patients, elevated levels of burnout have heightened turnover intention (WHO, 2020; Opoku et al., 2022). The COVID-19 pandemic hurt the psychological health of all healthcare professionals, particularly nurses (Yıldırım & Cicek, 2022). For example, in Turkey, a study found that fear of COVID-19 not only directly affected turnover intentions but also had an indirect effect on nurses through its impact on increasing work stress (Ekingen et al., 2023). In other words, fear of COVID-19 contributed to nurses' intentions to leave their jobs or the profession by increasing their levels of work-related stress. According to Somaz and Tulgan (2003), the majority of employee stress in hospitals is brought on by monotonous or repetitive tasks, work overload, the physical environment, insufficient resources (such as space, lighting, temperature, disruption, etc.), the psychological working environment (such as inappropriate behaviors, verbal abuse), long hours, issues with staff management, skipping lunch breaks and annual leave, new technology, the improper distribution of work, etc.

According to reports from Ghana, up to 69.0 % of nurses and midwives want to leave their jobs shortly (Boafo & Hancock, 2017; Opoku et al., 2022). According to research by Boafo and Hancock in 2017 and Opoku et al. in 2022, nurses' intentions to leave their jobs are significantly impacted by burnout and workplace violence. For instance, Opoku et al. discovered in their study that nurses with high levels of burnout at work had chances of intention to leave the profession that were roughly five times higher (Opoku et al., 2022). Even though the worldwide nurse turnover issue is significant and pervasive, Ghana is not immune to its repercussions in subSaharan Africa. The Nurses and Midwives Council of Ghana noted that investments made in the education and training of nurses are being lost, along with competent professional employees (Pillinger, 2011). The Government of Ghana has put in place steps to stop this trend because the country has lost a significant amount of money and human resources as a result of the nursing exodus. "You better have deep pockets if you want to train as a nurse in Ghana at a Governmentsponsored institution and then vanish in search of greener pastures abroad" (Sodzi-Tettey, 2010, p. 1). To work overseas before completing their five-year mandated national service, nurses must now cover the expense of their training. Despite this preventative effort, data from the Ghana Nurses and Midwives Council revealed that a significant number of nurses and midwives continue to ask the Council to verify their credentials to immigrate (Antwi & Phillips, 2013). According to a study by Anarfi et al. (2010), Ghanaian nurses had a high rate of emigration desires. This study found income discontent and a lack of opportunity for skill advancement as two factors contributing to nurses' desire to relocate.

The intention to leave a workplace and move to another was described by Mosallam et al. as "the final cognitive step leading to actual turnover and is the main factor impacting turnover" (Mosallam et al., 2015). The lack of nurses in a nation is negatively impacted by turnover, which is commonly defined as people moving outside the boundaries of an organization (Price, 2001). Furthermore, it has been conceived in a variety of ways, including organizational, occupational, internal, voluntary, and involuntary turnovers (Aneil & Gretchen, 2002; Baumann, 2010; Rothrauff et al., 2011; Salminen, 2012 cited in Atitsogbui & Amponsah-Tawiah, 2019). However, in this study turnover is defined in the context of nursing as a phenomenon characterized by the migration or relocation of healthcare professionals, specifically nurses, from rural areas to urban centers or abroad, primarily motivated by the pursuit of an enhanced quality of life Studies in recent times have focused on the relationship between nurses' turnover intention and job fit, turnover intentions among nurses, and the job satisfaction among community health workers (Asare, 2019; Atitsogbui & Amponsah-Tawiah, 2019; Bempah; 2015; Coudounaris et al., 2020). Generally, the above papers used quantitative cross-sectional for their studies, which are recognized to be less vigorous and transparent (Pham et al., 2014; Bradbury-Jones et al., 2021). This study indicates the gap in knowledge of nurses' turnover intention in the Ghanaian context using a scoping review approach. Scoping reviews have been used in health research in recent years (Bradbury-Jones et al., 2021). Thus, this study fills that gap by using the scoping review to review driving factors to nurse migration in Ghana specifically.

This article contributes in three ways. First, this article would contribute to the prevailing collection of knowledge by serving as another wellspring of reference for researchers and students. This study contributes to the prevailing body of knowledge of nurses' turnover intention by its introduction of the scoping review in the Ghanaian context. Second, the knowledge gained should also assist practitioners in improving and understanding the push and pull factors that might drive them from their professions. Third, this study aims to inform policymakers to review and provide the necessary incentives for nurses in developing countries.

2 Methods

2.1 Scoping Review

A scoping review was important for this study because of its general approach to synthesizing research evidence. It seeks to map the prevailing literature in an area of interest concerning the nature, volume, and attributes of the essential review (Arksey and O'Malley, 2005). Also, a complex topic that involves studying various perspectives from a nursing turnover makes a scoping review ideal (Arksey and O'Malley, 2005). Since it examines the range, nature, and extent of study activities in a topic area. Also, it identifies the value possible scope, and the cost of embarking on a full systematic review, summarizes and distributes research findings, and determines research gaps in the prevailing literature (Arksey and O'Malley, 2005). For example, it uses a demanding and transparent technique for planning areas of study and comprehensively classifies and scrutinizes all the relevant literature relating to the research question (Arksey and O'Malley, 2005). This approach aided the study in planning the body of literature and presented a summary of a possibly vast and varied form of literature relating to the topic. The study used Arksey and O'Malley's framework for scoping reviews that describe an iterative procedure through six core phases. The review comprised all the six key stages of Arksey and O'Malley's framework: perceiving the examination question, characterizing the important investigations, concentrating on the decision, graphing the information, grouping, summing up, and detailing the findings. The nonobligatory "consultation exercise" of the structure was done to ensure the rigorous exercise of the process.

Step One: Research Question

The review was guided by the question, "What are the driving factors to nurse migration in Ghana?" What are the motivations of nurses to migrate, what interest has the state? Are there agents involved?

Step Two: Identification of Relevant Studies

A scoping review was conducted on Scopus, ScienceDirect, Web of Science, PubMed, and Google Scholar for all appropriate literature published between 2011 and 2023. The study also made an extensive search of reference lists in relevant articles. The databases were chosen to have a wideranging cover of a comprehensive range of disciplines. There were limits on the date, the language was English only, and the type was positioned on the database search. The search request comprised terms considered to describe the driving factors of nurses' turnover and determinants of nurses' turnover. The search query was custom-made to the exact needs of each database. For example, in Scopus the search terms were "nurses' turnover" AND "in ghana", and in ScienceDirect, the search terms were "determinants of nurses turnover in ghana." The reference lists of some relevant articles were also randomly selected.

Step Three: Selection of Studies and Data Managing Procedure

Articles were eligible for inclusion when they generally described the driving factors of nurses' turnover and determinants of nurses' turnover evidence based on the topic. Only articles published in English met the inclusion criteria. The title and concept of references were looked into.

Step Four: Charting the Data

Also, the data extraction of articles involved study features such as author, publication year, journal, factors of migration, methods, objectives, findings, and study settings. The information was assembled in one calculation sheet and brought into Microsoft Excel 2016 for confirmation and coding.

Step Five: Collating, Summarizing, and Reporting Results

The original search conducted in August 2023 produced 400 possibly relevant documents. After excluding editorials, books, conference papers, reviews, duplicates, and relevance screening, 200 articles met the eligibility criteria based on title and abstract. A thorough review of the abstracts of articles presented 11 articles that met the inclusion criteria.

3 Results

The study came from eight (8) of the sixteen regions of Ghana. the study involved the regions: Greater Accra (GA) with three (3) studies, Volta Region with two (2) studies, Brong Ahafo (BA) and Upper West (UW), Eastern Region and Kumasi, all with one study. The study also involved youthful workers between the ages of 20–35. The studies comprised mainly nine (9) quantitative cross-sectional studies and two (2) qualitative in-depth interviews and phenomenological studies. The journals involved in the study were also highly rated with two studies from Human Resources for Health and Nursing Open with an average impact factor of 3.9. See Table 1.

Table 1

JOURNAL	IMPACT FACTOR
Journal of Development Economics	2.649
Human Resources for Health	4.837
Public Policy and Administration Research	2.909
Hindawi	3.5
International Journal of Novel Research in Humanity and Social Sciences	6.715
Nursing Open	1.942
Sustainability	3.9

Source: Author's Construct (2023)

The analysis of the driving factors of migration generally emerged three themes that are wages, job satisfaction, and workload. The other issues that emerged from the studies were free nursing education, periodic refresher and training programs, and nurses' perception of the psychological climate in their workplace that influenced the relationship between their turnover intention with professional isolation of remote assignments. Also, career end and prolonged rural appointments and nurses' rank was major concern.

3.1 Wages

The primary motivating factors of migration were five (5) studies (Snow et al., 2011, Antwi & Phillips, 2013, Asare, 2019, Coudounaris et al., 2022, and Boateng et al., 2022) that examined fair salaries for nurses. Given the loss of locum income (i.e., side income), all participants believed that rural postings required extra careers or financial incentives (Snow et al., 2011).

Others discovered that among 20- to 35-year-old workers in professions with a propensity to migrate, a 10 % wage rise reduces annual attrition from the public payroll by 1.0 percentage points (from a mean of 8 percentage points) (Antwi & Phillips, 2013). According to a study, to decrease nursing turnover intentions, suitable logistics and fair remuneration must be offered (Asare, 2019). According to Coudounaris et al. (2022), all of the categories that make up the antecedents of nurses' job satisfaction rise, pay level, pay structure / administration, and benefits had favorable and statistically significant effects.

3.2 Job Satisfaction

Working circumstances were found to be the most significant predictor of job satisfaction following a hierarchical regression analysis that controlled for age, years at service post, and remuneration (Bempah, 2013). Recognition and interpersonal connections came next (Bempah, 2013). The study recommended a planned, holistic strategy to improve on all the factors taken into account because of the complexity of job satisfaction and its many viewpoints. 69 % of nurses said they planned to leave the profession overall. Higher levels of both reduced the likelihood that health professionals would have this intention since motivation and job satisfaction were substantially correlated with turnover intention. Career advancement was one of the motivational and job satisfaction factors that was substantially linked to the desire to leave (Bonenberger et al., 2014). According to the study's findings (Atitsogbui & Amponsah-Tawiah, 2019), there was not much evidence that nurses' intentions to quit their positions (turnover intention) were influenced by how well their qualifications matched those of the position (job fit). The effects of pay level, pay structure / administration, and pay raise, according to Coudounaris et al. (2022), had the most significant impact on nurses' job satisfaction. In addition, nurses' perceptions of the psychological climate at work had an impact on the relationship between their intention to leave and job satisfaction (Bempah, 2013; Bonenberger et al., 2014; Asare, 2019; Atitsogbui & AmponsahTawiah, 2019; Coudounaris et al., 2022; Poku et al., 2023).

3.3 Workload

According to studies on nurse workload, excessive and inappropriate workload as well as a higher workload were the primary variables influencing nurses' turnover (Snow et al., 2011; Asare, 2019). Additionally, Boateng et al. (2022) found that having too few employees on duty each shift and being exposed to a high degree of occupational dangers were both substantially related to the intention to leave. Among nurses and midwives in Kumasi, Ghana, Opoku et al.'s studies from 2023 explored the prevalence and major contributing factors of burnout as well as the effects of burnout on intention to leave the field. The studies showed

that high emotional exhaustion was independently predicted by post-graduate education, lack of management support, dislike for leadership style, lack of support from management, inadequate staff, and an inadequate number of staff. The studies also showed that burnout has a negative effect that causes intention to leave the nursing profession. Years of practice and the female sex both independently predicted having low personal accomplishment.

Table 2

Authors: Antwi & Phillips **Year of Publication**: 2013 **Journal**: Journal of Development Economics	**Objective**: The study investigated this question using sudden, policyinduced wage variation in which the Government of Ghana restructured the pay scale for health workers employed by the government
Factors of Migration: Wages **Methods**: Quantitative **Location**: Ghana	**Finding**: The study found that a 10% increase in wages decreases annual attrition from the public payroll by 1.0 percentage points (from a mean of 8 percentage points) among 20 to 35-year-old workers from professions that tend to migrate. As a result, the ten-year survival probability for these health workers increases from 0.43 to 0.49
Authors: Snow et al. **Year of Publication**: 2011 **Journal**: Human Resources for Health	**Finding**: All participants felt that rural postings must have special career or monetary incentives given the loss of locum (i.e. moon-lighting income), the higher workload, and professional isolation of remote assignments. Career 'death' and prolonged rural appointments were a common fear, and proposed policy solutions focused considerably on career incentives, such as guaranteed promotion or a study opportunity after some fixed term of service in a remote or hardship area. There was considerable stress placed on the need for rural doctors to have periodic contact with mentors through rural rotation of specialists, or remote learning centers, and reliable terms of appointment with fixed end-points. Also raised, but given less emphasis, were concerns about the adequacy of clinical equipment in remote facilities, and remote accommodations.
Factors of Migration: Special career or monetary incentives, higher workload, and professional isolation of remote assignments. Career 'death' and prolonged rural appointments **Methods**: Qualitative **Location**: Greater Accra (GA), Brong Ahafo (BA) and Upper West (UW)	
Authors: Bonenberger et al. **Year of Publication**: 2014 **Journal**: Human Resources Health	**Objective:** The study explored the effects of motivation and job satisfaction on turnover intention and how motivation and satisfaction can be improved by district health managers in order to increase retention of health workers
Factors of Migration: Motivation and job satisfaction **Methods**: Quantitative **Location**: Eastern Region	**Finding:** Our findings indicate that effective human resource management practices at district level influence health worker motivation and job satisfaction, thereby reducing the likelihood for turnover. Therefore, it is worth strengthening human resource management skills at the district level and supporting district health managers in implementing retention strategies

Authors: Bempah **Year of Publication**: 2013 **Journal**: Public and Policy Administration Research	**Objective:** This is a crosssectional study conducted to examine the determinants of job satisfaction of community health workers in the Volta Region of Ghana
Factors of Migration: Job satisfaction **Methods:** Quantitative **Location**: Volta Region	**Finding:** Based on the findings, the passage concludes that improving the overall job satisfaction of community health workers requires a comprehensive approach that addresses all the identified determinants. This is because job satisfaction is a complex concept influenced by various factors, and improving just one aspect may not lead to substantial changes in retention and satisfaction.
Authors: Boateng **Year of Publication**: 2022 **Journal**: Hindawi Nursing Research and Practice	**Objective:** The study aimed to determine the predictors of turnover intention among nursing staff at a tertiary hospital in Kumasi, Ghana
Factors of Migration: Management support, salary, inadequate number of staff, and nurses' rank **Methods:** Quantitative **Location**: Kumasi	**Finding:** Employees who received management support were 3.09 times more likely to have turnover intention compared to those who didn't. Employees with a higher salary were 0.07 times less likely to have turnover intention
Authors: Asare **Year of Publication**: 2019 **Journal**: International Journal of Novel Research in Humanity and Social Sciences	**Objective:** The purpose of this qualitative single-purpose phenomenological study was to establish the main determinants accounting for job satisfaction based on voluntary turnover intentions and retention among nurses in a government health center within the Volta Region of the Republic of Ghana.
Factors of Migration: Appropriate and Adequate Logistics, job satisfaction, free nursing education, fair wages, periodic refreshers and program training **Methods**: Qualitative **Location**: Volta Region	**Finding:** Findings from the study suggest that appropriate and adequate logistics must be provided to reduce nursing turnover intentions and boost job satisfaction in the area, nursing education must be free, and fair wages, periodic refreshers, and training programs must be organized for the nurses.
Authors: Atitsogbui & AmponsahTawiah **Year of Publication**: 2019 **Journal**: Nursing Open	**Objective:** The study examined the relationship between turnover intention and job fit among Registered Nurses in Ghana. Further analysis was done to explore how nurses' psychological climate has an impact on the relationship between job fit and turnover intention.
Factors of Migration: The nurses' perception of the psychological climate in their workplace influenced the relationship between their turnover intention and how well they felt they fit in their job **Methods**: Quantitative **Location**: Greater Accra Region	**Finding:** The study did not find strong evidence that nurses' desire to leave their jobs (turnover intention) was influenced by how well their skills and abilities matched the requirements of their job (job fit).

Authors: Coudounaris et al. **Year of Publication**: 2020 **Journal**: Sustainability	**Objective:** The study has the aim of exploring the determinants of turnover intentions and job satisfaction of nurses.
Factors of Migration: Pay Rise, pay structure and job satisfaction **Methods**: Quantitative **Location**: Greater Accra	**Finding:** Among these factors, pay level, pay structure/administration, and pay rise had the most important effects on nurses' job satisfaction. This suggests that competitive pay and effective pay administration are crucial for nurse job satisfaction. The study also considered control variables, such as age and gender. It found that age had a negative and significant effect on turnover intentions, meaning that younger nurses were more likely to consider leaving their jobs. Gender, on the other hand, had no significant impact on turnover intentions
Authors: Opoku et al. **Year of Publication**: 2023 **Journal**: Hindawi Nursing Research and Practice	**Objective:** To examine the effect of burnout on the intention to quit the profession among nursing professionals
Factors of Migration: Burnout among participants as a result of experiencing high emotional exhaustion, depersonalization, and low personal accomplishment **Methods**: Quantitative **Location**: Kumasi	**Finding:** Burnout has a negative effect causing intention to quit the nursing profession
Authors: Opoku et al. **Year of Publication**: 2023 **Journal**: Nursing Open	**Objective:** This study determined the prevalence and key determinants of burnout among nurses and midwives in Kumasi, Ghana
Factors of Migration: Burnout among participants as a result of experiencing high emotional exhaustion, depersonalization, and low personal accomplishment **Methods**: Quantitative **Location**: Kumasi	**Finding:** Post-graduate education had a positive relationship ($\beta = 6.42$) with high emotional exhaustion, meaning those with postgraduate education were more likely to experience high emotional exhaustion
Authors: Poku et al. **Year of Publication**: 2023 **Journal**: Nursing Open	**Objective:** The study aimed to determine the emigration intentions of specialist nurses (SNs) and ascertain the influencing factors, implications, and mitigating factors in Ghana
Factors of Migration: The increased cost of training new specialist nurses, poor quality of specialist nursing care, and burnout syndrome among staff **Methods**: Quantitative **Location**: Ghana	**Finding:** The associated challenges of specialist nurses' emigration are increased cost of training new specialist nurses, poor quality of specialist nursing care, burnout syndrome among staff, and poor patient health outcomes.

4 Discussion

This study discusses the factors influencing the migration of nurses in Ghana. The study covers several important aspects, including the regions involved, the age group of the participants, the types of studies conducted, and the journals associated with the research. It also delves into the key themes that emerged from the study, namely wages, job satisfaction, and workload, and how these factors contribute to nurses' decisions to migrate or leave their positions. The study encompassed eight out of the sixteen regions in Ghana, with a focus on regions like Greater Accra, Volta Region, Brong Ahafo, Upper West, Eastern Region, and Kumasi. The study involved young workers aged 20 to 35, which suggests a focus on the younger generation of nurses. The research included both quantitative cross-sectional studies qualitative in-depth interviews and phenomenological studies. This mix of research methods allows for a comprehensive understanding of the migration factors. The journals used in the study were high-quality, with some having notable impact factors. This indicates the credibility and rigor of the research.

The primary themes and findings of the study are wages, job satisfaction, and workload. Wages were identified as a significant factor influencing nurses' migration decisions. Fair salaries were a major concern, and participants believed that rural postings should come with extra career or financial incentives. Wage increases were shown to reduce attrition from the public payroll, emphasizing the importance of fair remuneration. These findings are consistent with the most fundamental economic theories of migration, according to which individuals decide to migrate depending on the wage gaps between their home country and the destination country (Antwi & Phillips, 2013). The theory was confirmed by the president of the Ghana Registered Nurses and Midwives Association (GRNMA) that between January and July of 2023, more than 4,000 members of the GRNMA relocated to Europe in search of better opportunities (CitiNewsroom, 2023). The association stated that the inadequate pay and working conditions for nurses and midwives in the nation are the primary causes of the significant brain drain. It bemoaned the fact that despite repeated attempts, governments have been unable to raise the working conditions for healthcare professionals in general, and nurses and midwives in particular. The union did, however, acknowledge that the problem is not unique to Ghana because nurses and midwives are leaving the West African region for industrialized nations in search of better working circumstances.

Also, working conditions were found to be the most significant predictor of job satisfaction. Recognition and interpersonal connections also played a role in job satisfaction. Career advancement was a motivating factor, but there was not much evidence that job fit influenced nurses' intentions to quit. Pay level, pay structure / administration, and pay raises had significant impacts on job satisfaction. Nurses' perceptions of the psychological climate at work were linked to their intention to leave. Nurses will be significantly more content with their positions if the processes used by hospitals to assess whether pay levels and pay increases are fair, which will lower their intentions to leave or the turnover rate overall (Singh & Loncar, 2010).

Nurse workload, specifically excessive and inappropriate workload, was identified as a major factor influencing nurses' decisions to leave. The number of employees on duty per shift and exposure to occupational dangers were also linked to the intention to leave. According to Sharififard et al. (2019), high levels of stress among nurses have an impact on nursing professionals' intentions to leave their jobs. To lessen workload and improve patient and staff safety, it is necessary to make sure enough nurses are working each shift (de Oliveira et al., 2017). Overall, the study sheds light on the multifaceted factors contributing to nurse migration in Ghana, with wages, job satisfaction, and workload being central concerns. These findings can be valuable for policymakers and healthcare institutions aiming to address nurse retention and recruitment issues.

5 Conclusion

In conclusion, the study examining nurse migration in Ghana offers valuable insights into the complex factors driving nurses to either stay or leave their positions. The research, conducted across various regions and involving a diverse group of youthful workers, employed a combination of quantitative and qualitative methodologies, lending depth and credibility to its findings.

The key themes that emerged from the study – age, job satisfaction, and workload – underscore the multifaceted nature of the challenges faced by nurses in their professional roles. Wages emerged as a crucial determinant, with a strong emphasis on the need for fair salaries and additional incentives for rural postings. The role of wage increases in reducing attrition highlighted the importance of equitable remuneration. Job satisfaction, influenced by working conditions, recognition, and interpersonal connections, was identified as a critical factor. Career advancement was a motivator, but the study did not find strong evidence linking job fit to nurses' intentions to leave. Pay structure and administration, as well as pay raises, significantly impacted job satisfaction, alongside nurses' perceptions of the psychological work environment.

Workload, particularly excessive and inappropriate workload, stood out as a major driver of nurse turnover. Insufficient staffing levels and exposure to occupational hazards were also linked to nurses' intentions to leave.

The implications of these findings are profound. Policymakers and healthcare institutions in Ghana and beyond should consider the importance of fair and competitive wages, improving working conditions, and managing nurse workloads as essential components of nurse retention strategies. Addressing these factors comprehensively can contribute to a more stable and satisfied nursing workforce, ultimately benefiting the quality of healthcare services provided to the population. This study provides a valuable foundation for further research and practical interventions aimed at enhancing nurse retention, ensuring the delivery of quality healthcare, and ultimately improving the well-being of healthcare professionals in Ghana and other regions facing similar challenges. The study on nurse migration in Ghana has provided important insights into the factors influencing nurses' decisions to stay or leave their

positions. To build upon this research and further contribute to addressing the challenges faced by the healthcare workforce, several future directions and areas of investigation can be considered. For example, researchers should conduct longitudinal studies to track nurses over time to gain a deeper understanding of how their migration decisions evolve and how external factors such as policy changes or economic conditions impact these decisions. Also, studies should delve deeper into the qualitative aspects of job satisfaction and psychological climate by conducting more in-depth interviews and focus group discussions with nurses to gather nuanced insights into their experiences and perspectives. By pursuing these future directions, researchers can continue to contribute to the understanding of nurse migration dynamics and help inform policies and strategies that promote nurse retention, improve healthcare delivery, and ultimately benefit the well-being of healthcare professionals and the communities they serve.

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Is Ghana government power-less to mitigate nurse migration? A review of evidence

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Contents

Abstract

The health workforce of every country constitutes one of the most essential bedrocks of its health system. Adequate staffing levels, with respect to skill mix and sufficient quantity, increase a country's prospects of achieving the Sustainable Development Goals. To a greater extent, the healthcare industry of Ghana is characterised by inadequate human resources and a limited quality skill mix. One cadre of the health workforce that dominates in out-migration is the nursing workforce. In the first quarter of 2022 alone, about 30,000 nurses left Ghana in search of greener pastures. Several factors have been linked to this appalling phenomenon and these include the passion for professional opportunities and economic benefits. The nurses, trained by the Government of Ghana, are intended to provide healthcare to the Ghanaians, however, migration among these nurses is on the ascendency. The surge in nurse out-migration from Ghana is scary and calls for urgent multisectoral mitigation strategies. Consequently, this study reviewed the available policies and actions of the Ghana Government on the retention and sending of nursing workforce from Ghana. The study explored if any inconsistencies exist in the policies and investigated if the government is serving as an enabler to the out-migration of nurses or is committed to the retention of nurses in Ghana. The review also reflected on how some countries have successfully managed nurse migration and the resultant benefits they have ascertained. Based on the findings, the review has proposed practical recommendations drawn from successful examples for Ghana to consider. These measures aim to reverse the current alarming out-migration pattern, which is depleting the nursing workforce and straining the healthcare system.

1 Introduction

The global shortage of healthcare workers is a widespread issue characterized by unique national and regional factors (Aluttis, Bishaw & Frank, 2014). Throughout history, the recruitment and displacement of healthcare professionals, whether through regulated state migration or flight, have been well-documented (Connell 2010; Bach 2003). Countries such as the USA, England, Australia, and West Germany have relied on immigrant doctors and nurses to support their healthcare systems, with significant recruitment agreements dating back to the 1950s and 1970s (Deutsche Plattform für Globale Gesundheit (n.d.). In recent times, the majority of Western industrialized nations are facing a dual challenge. On one hand, they are training a diminishing number of healthcare professionals, whilst falling short of meeting their actual needs (Boniol, Kunjumen, Nair et al., 2022). On the other hand, they struggle to retain professionals within their respective countries, resulting in a growing dependence on qualified workers from foreign countries, often those with lower economic statuses (International Labour Office [ILO], 2021).

This global brain drain of healthcare workers has become a systemic problem, leading to the formation of intricate global care chains. Some countries have actively responded to this challenge. For instance, Indonesia and the Philippines have begun training a surplus of healthcare workers compared to their domestic demand, catering to the global labor market (Ohno, 2012). The primary motivation behind this approach is the remittances sent by migrant workers to their families in their home countries. In the case of the Philippines, remittances accounted for 9.3 % of the gross domestic product between 2010 and 2019 (Takahashi 2022). However, it is crucial to note that these financial resources often do not reach the healthcare system.

The health workforce of every country is one of the essential bedrocks of its health system. Adequate staffing levels, in terms of skill mix and sufficient quantity, increase a country's prospects of achieving the Sustainable Development Goals, especially those focusing on health and well-being, e.g. goal SDG 3 (United Nations, 2015; Saville et al, 2019; WHO, 2016). Of the wide array of health workforce, nurses comprise the largest individual group, with the services of specialist nurses being crucial to the advancement of nursing and nursing-related activities (Szabo et al, 2020). To a greater extent, the healthcare industry of sub-Saharan Africa (SSA) is characterised by inadequate human resources and a limited quality skill mix (Karan et al., 2021; Christmals & Armstrong, 2019). One of the principal underlying reasons for this appalling phenomenon is the emigration of trained nurses from the sub-region to other parts of the world, usually high-income countries. Relatedly, the World Health Organisation has acknowledged that there has been a surge of 60 % out-migration of the health workforce from low- and middle-income countries, including those in SSA, to high-income countries (WHO, 2018). Myriad of factors have been identified to account for this scary out-migration, including enhancement of economic and wellbeing status, and passion for improved professional opportunities (Lowe & Chen, 2016; Sanou, Awoyale & Diallo, 2014).

Ghana, a West African nation with about 30 million population, has also had its fair share of nurse emigration (Asare 2012; Asamani, Amertil, Ismaila et al, 2020). Nurse out-migration from Ghana has been a significant issue with a long history. During the colonial era, Ghana, known as the Gold Coast, nursing education was mainly offered by missionary institutions (Vrooman, 2023). Many nurses trained in Ghana during this period were recruited to work in colonial hospitals abroad, particularly in the United Kingdom. After gaining independence in 1957, Ghana faced various challenges in building a robust healthcare system. The government invested in nursing education and established several nursing training schools and colleges across the country (Opare & Mill, 2000). However, economic difficulties, limited career opportunities, and inadequate working conditions led many Ghanaian nurses to seek employment abroad, especially in the United Kingdom and the United States.

In the 1980s and 1990s, Ghana implemented structural adjustment programs (SAPs) as part of economic reforms recommended by international financial institutions (Archibong, Coulibaly & Okonjo-Iweala, 2021). These programs, while addressing economic challenges, had adverse effects on the healthcare sector. Reduced funding, salary freezes, and deteriorating working conditions further fuelled nurse out-migration. The early 2000s witnessed international initiatives like the Millennium Development Goals (MDGs) that aimed to improve global health outcomes. This led to increased demand for healthcare professionals, including nurses, in developed countries. Ghana faced a significant drain of nursing professionals as they sought better opportunities and remuneration abroad, contributing to the ongoing nurse out-migration.

In recent years, the Ghanaian government and various stakeholders have recognized the challenges posed by nurse out-migration. Efforts have been made to improve working conditions, increase salaries, and provide better career prospects for nurses within the country. Collaborative initiatives with international partners and organizations have focused on strengthening the healthcare system and retaining nurses by addressing the root causes of outmigration.

The situation has been alarming in the post-COVID-19 era (World Health Organisation [WHO], 2023). The emigration of Ghana's nursing workforce is gloomy considering the increasing prevalence in the shortage of specialist nurses (SNs) (Asabir, 2018; Teye 2022). In 2022 alone, the British Broadcasting Corporation (BBC) reported that 1,200 nurses from Ghana joined the nursing register of the United Kingdom alone (Grimley & Horrox 2022).

There is no readily available data on those who emigrated to other countries. Meanwhile, in 2022, the Presidential Advisor on Health disclosed that Ghana is now experiencing a surge in migration of professional nurses as a result of COVID-19 induced shortage of nurses (GNA, 2022).

The out-migration situation in Ghana has enormous adverse repercussions for the nation. A recent study that sought to assess the implications of nurse out-migration among some nurses reported that the situation includes compromised quality of care, increased cost of training new specialist nurses, and burnout of nurses among other factors (Poku et al, 2023). Most of these people were also intending to exit the country. This is indicative that without the implementation of effective and viable interventions capable of sustaining the interest and engagement of the nursing workforce, there exists an imminent threat to the healthcare industry.

2 Literature search strategy

Literatures were obtained from different sources, including databases and relevant website. A search was launched into Scopus and PubMed on 28 September 2023. Some of the key words used include “nurse”, “nursing staff”, “migration”, “out-migration”, “emigration”, “policy”, “healthcare” and “Ghana”. No year limits were applied, however, the search was limited to only literature in the English language, as that is the working language of the person who drafted the review.

Additionally, the websites of the Ghana Health Service and that of the Nursing and Midwifery Council of Ghana were explored for available policies that directly or indirectly touch on issues about nurses or healthcare providers’ migration. These were supplemented by free hand searches in Google Scholar and Google. Particularly, a Google search revealed that there is so much anecdotal information about the situation in the form of media reports, and speeches by key figures like the Minister of Health among others. Considering that most of the required information were grey literature, narrative review was executed as opposed to scoping review.

3 Nursing staffing situation in Ghana

There is a severe nursing and midwifery shortage in Ghana. Nursing professionals, midwives, and other medical personnel should all work at a minimum ratio of 2.5 per 1,000 patients, according to the World Health Organisation. The number of healthcare personnel per 1000 persons in Ghana is only 0.78. With the capability to create more than 25,000 health professionals of various categories annually, Ghana’s health workforce situation has significantly improved from 1.07 doctors, nurses, and midwives per 1000 population in 2005 to 2.56 per 1000 population in 2018 (Ghana Health Service [GHS], 2018). However, numerous studies have demonstrated that Ghana’s health workforce situation is still unfavorable and characterised by unequal geographic distribution, low productivity, and inefficiencies (GHS 2018; Asamani, Ismaila, Plange, et al, 2020).

A lot of nurses in Ghana leave the profession because they may find better-paying jobs elsewhere. In Ghana, there are few prospects for professional advancement and poor remuneration for nurses. The nation finds it challenging to retain the nurses it trains as a result. Ghana has varying levels of access to nurses. Since there are more nurses in metropolitan areas than in rural ones, many rural and isolated village clinics and health posts are understaffed and underfunded. Because there is not enough manpower, patient loads at healthcare facilities are very high. A single nurse in some hospitals could be in charge of more than 100 patients at once. Patient safety and the quality of care are at stake in such high nurse-to-patient ratios.

Official reports from the Ghana Health Service present a nurse to population ratio for the period 2008–2014 only, as summarized in Table 1. As shown, the nurse to population ratio in Ghana has been fluctuating over the years. In the absence of official reports, there are some media and anecdotal reports about the recent nurse to population ratio in Ghana. For instance, in 2019, some media outlets reported that speaking at the 2019 Health Summit in Accra, the capital of Ghana, the Minister of Health disclosed that Ghana has exceeded the WHO recommended nurse to population ratio, thus one nurse to 1,000 population, with a ratio of 839 (Daily Guide, 2019; Asamoah, 2019).

Table 1. Nurse to Population Ratio in Ghana: 2008–2014

YEAR	NUMBER OF NURSES	NURSE TO POPULATION RATIO
2008	21,861	1,109
2009	24,974	971
2010	22,507	1,077
2011	9,777	1,240
2012	11,125	1,251
2013	2,308	2,172
2014	40,859	959

3.1 Understanding Nurse Migration in Ghana

In July 2022, the *Ghana Registered Nurses and Midwives Association* (GRNMA) cautioned the government about the imminent havoc that the alarming rate of nurse out-migration will cause, if the government remains adamant about improving their conditions of service. One executive of the Association stated that "the trend at which the nurses are leaving for greener pastures abroad is very alarming, so it is about time the government does something about our condition of service else we all will leave the country. There will be empty hospitals." They indicated that more than 3,000 of their members emigrated, with Europe or America as the leading destinations. In September this year, the Minister of Health also disclosed to the media that over 300 health workers in the Ashanti Region have left the country for abroad in order to seek greener pastures (Kwafo, 2023). Ghana has sixteen regions and if over 300 nurses have left one region within the first quarter of the one year, then the situation appears gloomy.

Indeed, Ghana is currently training more nursing workforce due to the government's commitment towards human resources for health. Meanwhile, it takes over three years for trainees to be employed due to bureaucracies in financial clearance and other factors. Whilst waiting to be posted, some of these trainees could give up and pursue other careers or even travel outside the country for other purposes including further education and such people may have minimal motivation to return. As a result of the long waiting time, some of the trainees even plan to leave the country before their postings as disclosed by the Public Relations Officer of the 2019 Referral batch of the Graduate Unemployed Nurses and Midwives Association (Ofosu 2023).

It is therefore not surprising that the *World Health Organisation* has now identified Ghana as one of the 55 countries facing the most pressing health workforce challenge related to Universal Health Coverage (WHO 2023). This means that Ghana's density of doctors, nurses and midwives is below the global median (i.e., 49 per 10 000 population). The *Ghana Registered Nurses' and Midwives' Association* has indicated that over 6,000 nurses have migrated from Ghana whereas about 14,000 nurses have applied for financial clearance with the intention of exiting their positions (Ofosu, 2023).

4 Why are the nurses leaving?

Though the Additional Duty Hours Allowance was introduced in 1998 to ensure that health workers who work long hours in clinical settings receive additional payment, Dovlo (2005) noted that this favoured doctors over nurses, hence propelling higher emigration among Ghanaian Nurses. This is closely linked to the recent call by the GRNMA that hospitals will be empty in a couple of years if the government fails to resolve their poor conditions of service (Asare-Donkoh, 2022). They outlined a couple of issues including salary, as one of their executives remarked:

> *"As it stands, salaries for nurses are very low. For the past two years, we haven't adjusted our salaries meanwhile the cost of living is on the rise so somehow we the executives understand the frustrations of our members hence their resort to travel and work abroad instead of staying in Ghana and working under harsh conditions."*
> *(Assistant Ashanti Region Secretary of GRNMA, 2022).*

Relatedly, a study conducted by Antwi and Phillips (2011) on behalf of Ghana's Ministry of Health and the World Bank revealed that wage increment have a positive impact on retention and translates into a decline in healthcare workers out-migration (Antwi and Phillips, 2011). Subsequent restructuring of the salary scales led to a 10 % increment in salaries for the public health sector. This was associated with a decline in the annual attrition rate from the public payroll from 0.9 % to 1.6 % points among the workers aged 20–40, the age group that dominates in out-migration (Antwi and Phillips, 2011). Meanwhile, in September 2023, the Minister of Health denied claims that the nurses were leaving the country because of minimal salaries, as reported in the media (Kwafo, 2023). Instead, he indicated that they are leaving because there is an increased global demand for the skills of nurses due to the havoc caused by the Corona virus. Thus, COVID-19 has created opportunities in other parts of the world, hence adventurous persons are taking advantage (Kwafo, 2023). He however admitted that the rate of nurse outmigration has been alarming following the COVID-19.

Boafo (2016) also indicated that workplace violence is a significant predictor of nurses' intention to emigrate (Boafo 2016). The study further revealed that 48.9 % of the professional nurses surveyed intended to migrate, with junior nurses having over two times the likelihood of emigrating relative to senior nurses. Similarly, nurses who had experienced workplace violence (e.g. verbal abuse, physical abuse, and sexual harassment) also had higher intention to emigrate relative to those without such experience. Rural nurses' intention to continue working seems to be declining with time (Poku et al, 2023).

Low income and unfavourable working conditions are among the key causes. Burnout is a problem for Ghanaian nurses due to high patient loads and staff shortages (Poku, Abebrese, Dwumfour et al, 2023). The menial wages are insufficient payment for the arduous work. The salary for nurses does not correspond to the hard hours and stress they endure. Nurses work long hours and experience stress, yet their remuneration does not reflect this.

Nurses leave Ghana for opportunities to receive greater pay elsewhere. Ghanaian nurses are actively sought by nations including the UK, US, Canada, and the Gulf states to cover staffing gaps (Dovlo, 2018). Salaries for these abroad jobs are typically 2–5 times higher than those for nurses in Ghana (Adzei & Sakyi, 2014). Nursing professionals are strongly encouraged by the pay difference to relocate in quest of better financial opportunities.

Nurses are encouraged to immigrate because of educational possibilities. When nurses complete additional education, they look for opportunities to work in nations where their abilities are best utilised and paid more (Dovlo 2018). In Ghana's healthcare system, there are few opportunities for nurses to enhance their careers.

4.1 Implications of nurse out-migration

The nursing workforce in Ghana suffers significantly because of nurse migration. Ghana struggles to maintain the WHO-recommended minimum nurse-to-population ratio of 2.5 healthcare workers per 1,000 people because of the large-scale emigration of nurses (Poku et al, 2023). Because of severe staffing shortages, healthcare services are less accessible and of lower quality in large portions of the nation (Teye et al, 2015). In an effort to make up for this, the nurses who stay have their duties drastically increased, which increases the risk of burnout.

The allocation of nursing resources within Ghana is not equitable, and this is partly attributable to out-migration. Urban-rural inequities in access to healthcare are exacerbated by the fact that rural areas typically experience a larger percentage of nurse loss than cities. This is problematic because receiving care is already more difficult for rural populations. As many of the nurses in Ghana trained choose to work overseas rather than at home, the country loses out on the investment it made in nursing education. The national healthcare system will be overburdened as a result of bottlenecks brought on by shortages, which will decrease the efficiency of the system. High emigration has a negative economic impact on population productivity and health in terms of social and healthcare development.

4.2 Government's involvement in nurses' migration

The Ghana government has been an active actor in nurses' out-migration. This year, the Minister of Health made known to the public that the government has already managed small quantities from Ghana to Barbados. He specified that two cohorts are sent already and added that plans are underway to sign bilateral agreements and Memoranda of Understanding with the countries that expressed interest in Ghana's nurses (Kwafo 2023). According to him, such arrangements will ensure that the nurses migrate decently whilst the nation also benefits from the nurses' contributions to those countries. It is common knowledge that some of the nurses seek approval from the Ghana Health Service. Hence, the government plays an enabling role in some instances.

4.3 The Policy Context

Formulating policies on human resources for health (HRH) is imperative in addressing the complex challenges associated with training, recruitment, and deployment of healthcare workers including the nursing work force (Pillinger, 2011). Factors such as terms and conditions of employment, remuneration, career development opportunities, and work-life balance constitute crucial elements in the recruitment and retention of healthcare professionals. The government of Ghana acknowledges this and has implemented a couple of policies regarding training, recruitment, work conditions and other aspects relating to HRH. More importantly, some attempts have also been made to curb nurse out-migration through the development of some policy instruments.

These strategies include investing in health training with assistance from the World Bank, salary increments resulting from the adoption of a unified pay system and job evaluation. Initiatives such as housing loan schemes, rural bonuses, bonding schemes, and new health management programs have also been considered. For instance, in response to the significant shortage of healthcare professionals in Ghana, an HRH Strategic Plan was implemented for the period 2007–2011 and constituted a part of the wider Health Sector Plan (Ministry of Health 2007). This plan incorporates strategies to enhance information and monitoring systems through the Ghana Health Workforce Observatory, enhancing the staffing levels of skilled personnel as well as increasing investment in professional development and training.

In relation to remuneration, the single spine salary structure was implemented together with the Health Sector Salary Structure (HSSS), in 2006 and this took off in 2010. This was intended to retain nurses and other health personnel, as a strategy for averting emigration. The need for a distinct salary structure for healthcare workers arose due to the inability of the 1999 Ghana Universal Salary Structure (GUSS) to accurately assess the remuneration of female employees and those in the lower income brackets of the healthcare sector. The HSSS led to a colossal rise in the salaries of health workers, as well as adjustments to

equalize pay rates after re-evaluation of the value of certain positions. Trade unions have played a critical role in this, especially by ensuring that the gender dimension is not taken for granted. For instance, healthcare unions have been striving to address the impact of gender stereotypes, cultural issues and socialization on the gender-induced salary gap and the systemic under-valuation of females' work (PSI, 2010).

The existing policies do not contradict, as they tend to focus on different dimensions of the situation. However, the policies and strategies are usually unable to achieve their intended purposes due to several setbacks. These include the absence of an all-inclusive and accurate database on the healthcare workforce, including information regarding staff distribution and attrition. Meanwhile, outdated, and insufficient labor market data hamper the capacity for conducting rigorous analyses for manpower planning and evaluation of the impact of economic policies on the labor market (Nyarko and Asafu-Adaye 2009). Table 2 presents a summary of some of the existing policies on human resources for health in Ghana.

Table 2. Summary of some existing policies on Human Resources for Health in Ghana

POLICY / PLAN	YEAR	OBJECTIVE(S)
National Health Policy	2007	Equitable distribution of health professionals
Human Resources for Health Policy	2007	Increase training enrollment, improve salaries / conditions, develop skills
Midwifery Training in Ghana	2008	Expand midwifery training programs nationwide
Nursing Training Act	2008	Standardize nursing education and regulate practice
International Recruitment Strategy	2010	Regulate ethical recruitment of Ghanaian health workers abroad
Rural Posting Policy	2010	Incentivize rural postings through housing, further training for nurses in remote areas.
National Ambulance Service Act	2012	Establish a primary emergency response system nationwide
Allied Health Professions Act	2013	Regulate standards for physician assistants, pharmacists etc.
National HRH Strategic Plan	2014–2018	Retain skilled workers and address gaps through reforms
Midwifery Strategic Plan	2014–2020	Strengthen midwifery education, practice, maternal health outcomes
National Health Policy	2020	Strengthen the healthcare delivery system to be resilient Encourage the adoption of healthy lifestyle Improve the physical environment Improve the socio-economic status of the population

Source *HRH=Human Resources for Health.

4.4 The policy gap and lessons from other countries

The preceding section has demonstrated that Ghana generally has enormous policy, legislative and guiding principles for human resources for healthcare. However, it is obvious that the main gap is the absence of an exclusive policy on matters pertaining to migration of nurses and other cadre of healthcare staff. Considering the current mass exodus of healthcare professionals, especially nurses, from Ghana to other countries, particularly high-income countries, it is time that the government of Ghana prioritises legislation and policy frameworks that can help regularise the situation. This is a promising approach that can result in a win-win outcome not only for the receiving countries, but also for Ghana and the individual nurses who migrate. Thus, when a clear policy is developed, the policy can clearly define terms and conditions that will enable Ghana to negotiate favourable terms with the receiving countries, bringing to light the cost borne by the government to train a nurse. Each year, Ghana trains and graduates a different cadre of nurses, including community health nurses, nurse-midwives, oncology

nurses, neonatal nurses, psychiatric nurses, paediatric nurses and clinical nurses. Each of these require different resources, diversified expertise and enormous financial commitments, hence the need for the government to appreciate the need for a policy direction for regularising nurses' migration. For instance, countries that have been intentional with exportation of human resources, underpinned by well-formulated policies, receive substantial returns on such pursuits.

For instance, the Philippines has implemented a well-established policy thereby making provision for training and exportation of nurses, positioning itself as one of the leading exporters of healthcare professionals in the world. The government prioritised the potential of nursing workforce as a valuable export skill and developed policies to augment the training and exportation of nurses from the Philippines (Republic of the Philippines, 2013). The Commission on Higher Education (CHED) and the Professional Regulation Commission (PRC) regulate nursing education and licensure in the country, as a way of ensuring standardized curriculum and preparing graduates to meet international standards (ibid). By effective collaboration with private institutions, the Philippines government strives to offer quality nursing education and boost the employability of Filipino nurses abroad. The Philippine Overseas Employment Administration (POEA) is supposed to oversee the deployment and welfare of Filipino nurses working overseas, guaranteeing their rights and ensuring fair employment practices (Republic of the Philippines, 2013). Over the years, the demand for Filipino nurses has increased and this is due to factors such as language proficiency, cultural adaptability, and the reputation of Filipino healthcare professionals (Brush & Sochalski, 2007).

Filipino nurses are in high demand globally, and work in different countries across the globe. Saudi Arabia, the United States, the United Kingdom, the United Arab Emirates, and other countries in the Middle East are some of the leading destinations for Filipino nurses (Thompson & Walton-Roberts, 2019). Returns from this migration arrangement form a substantial component of the nation's inflows and GDP (Warenycia, 2015). This could also present some demerits to the country. Some hospitals in Philippines had to close down because of shortage of nurses and other health staff (PHA November 2005). Could this mean that the citizens' fundamental rights to healthcare is being taken for granted (i.e. exchanged for financial gains such as remittances) by the leadership of the country? Relatedly, the WHO has recommended that health workforce is to be recruited from developing countries, especially those on the health workforce support and safeguard list, only when this will not further jeopardise the health systems of those countries (WHO 2023).

Another notable country in this regard is India. In order to facilitate the mobility of healthcare professionals to other nations while assuring the preservation of their rights and the interests of the Indian healthcare system, the policy framework governing the exportation of nurses from India has changed over time (Thompson & Walton-Roberts, 2019). In collaboration with other governmental organisations, India's Ministry of Health and Family Welfare has set guidelines and regulations to control the exportation of nurses. The Emigration Act of 1983, which mandates that nurses acquire emigration clearance from the Protector General of Emigrants before they may be hired by foreign employers, is one of the main regulations (Government of India, 1983).

The Nurses Bureau, a division of the Ministry of Health and Family Welfare, was also established by the government to manage the hiring and sending of nurses abroad (WaltonRoberts, 2015). To guarantee that the hiring process is open and equitable, the bureau collaborates closely with foreign governments and recruiting firms. Additionally, it offers direction and support to nurses throughout their abroad missions, and also offers support in relation to legal and contractual matters. The country gains a number of advantages from the export of nurses. For instance, the economy of India benefits from the remittances that Indian nurses who are employed overseas send home (Isaac, 2009). The World Bank reports that India is one of the countries that receives the most remittances worldwide, with the majority of these remittances coming from healthcare workers who are employed abroad. This money aid in boosting the balance of payments and going towards foreign exchange reserves (Isaac, 2009). Besides, the exportation of nurses is a system for knowledge and skill transfer. While working abroad, nurses are exposed to cutting-edge medical systems, technology, and procedures that they could then bring back to India and use in their future positions.

Regrettably, nurses from Ghana are exiting in masses but the country appears not to be obtaining anything substantial from these nurses, despite the cost of training. It is therefore worthwhile for a comprehensive policy that can help streamline and regularise nurse migration and secure associated benefits to the court.

In the African context, Kenya has distinguished itself to some extent. To control its nursing workforce both domestically and abroad, Kenya has created strong policies and structures. In compliance with the Nurses Act, the Nursing Council of Kenya regulates nursing education, registration, standards of practise, and ethics (Nursing Council of Kenya, 2011). One to two years of national service are required by legislation prior to employment abroad. To organise the fair and ethical hiring of Kenyan nurses overseas, bilateral agreements have been put in place (Wanjohi & Muriithi, 2017). Kenya has more than 80 nursing training facilities that annually graduate more than 8,000 students. Standards for schooling are set and reviewed by the Nursing Council. Kenya is a desirable global supplier of nurses because of its significant and reliable supply. Gulf countries like Saudi Arabia and the United Arab Emirates, as well as neighbouring nations like South Sudan, are among other popular travel destinations (Awases, Kwamie, Gbary & Nyapada, 2016). Economic remittances, which are expected to total over $330 million in 2020, are one advantage of international nurse mobility (Central Bank of Kenya, 2021).

5 Conclusion

The review has clearly indicated that the health sector of Ghana continues to lose many nurses to other countries, predominantly, to high income countries. From the available evidence synthesised, we are not better positioned to conclude that the Government of Ghana is powerless in mitigating nurse out-migration. This is because, there is clear evidence that some initiatives have been in place to retain nurses and other cadre of health professionals by attempting to sustain their holistic wellbeing. However, the main problem at hand, as noted in this review, is that the government has not yet developed an exclusive policy framework to regulate the alarming rate of nurse out-migration. The mass migration of nurses to high-income countries has dire implications and requires the attention of the government and the general population of Ghana, as it threatens to undermine the progress made in the health sector. Fortunately, a number of strategies could avert the looming scary implications on the health sector. It will be worthwhile for the government to focus on enhancing nurses' conditions of service by increasing remuneration and introducing allowances such as rent and commuting allowances. Secondly, the government should consider sponsoring nurses for graduate, postgraduate, and specialized programs to further their education. Thirdly, in addition to raising salaries for healthcare workers (nurses), the government of Ghana needs to expand the number of chances for postgraduate study in the field of health. Besides, there is a need to continue retooling healthcare facilities and equipping them with modern equipment to enhance service delivery and improve the working environment. In the long term, the government should explore the possibility of providing incentives for nurses and health professionals to own affordable homes in locations of their choice.

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The Influence of International Policies on Health Workers' Migration – A Scoping Review

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Contents

Abstract

This scoping review delves into the intricate web of health worker migration policies on a global scale. It scrutinizes the landscape of health worker migration through the lenses of international policies, bilateral labour agreements, and destination country practices, meticulously examining their interplay and implications.

At the international level, the World Health Organization's Global Code of Practice on the International Recruitment of Health Personnel emerges as a vital ethical guideline, designed to discourage the active recruitment of health workers from countries grappling with severe workforce shortages. However, the effectiveness of these international policies largely depends on the commitment of destination countries, emphasizing the interdependence between nations. Bilateral labour agreements, such as those between UK and South Africa, play a pivotal role in shaping health worker migration patterns, offering a framework for source and destination countries to collaborate in promoting ethical recruitment. These agreements can either facilitate or restrict health worker mobility, with their nature and enforcement significantly impacting migration patterns.

The policies implemented by destination countries play a pivotal role in determining the direction and dynamics of health worker migration. Attractive policies, such as competitive salaries and favourable working conditions, make these nations appealing to healthcare professionals. However, the study underscores the ethical responsibility of destination countries in shaping policies, as these attractive incentives may exacerbate the "brain drain" phenomenon in source countries.

This analysis concludes by advocating for ongoing policy evolution, fostering cooperation between nations, and promoting ethical recruitment practices. This commitment is essential to ensure equitable healthcare systems, mitigate workforce shortages, and uphold the rights and wellbeing of healthcare workers worldwide.

1 Introduction

The global mobility of healthcare workers has become a prominent concern in the field of international health policy. Health workers are the bedrock for resilient systems for universal health coverage, global health security, and for achieving the other health goals. The World Health Organization estimates that a skilled health worker (SHW) density of 4.45 per 1000 is needed for the realisation of the health-related Sustainable Development Goals (SDGs) (WHO, 2016a, p. 12). Africa is estimated to have only 3 % of the global health workforce although it accounts for 24 % of the global burden of disease (Collins et al., 2010).

Meanwhile, developed countries continue to rely on developing countries to fill gaps in their human resource needs, from home health aides to nurses, doctors, medical technologists, and therapists (Garcia-Dia, 2022). In fact, the need to ensure an adequate supply of health workers worldwide is of such growing concern that WHO declared the active recruitment of healthcare workers and its related migration as one of the greatest global health threats in the 21st century (F. A. Shaffer et al., 2016, p. 114).

The World Health Organization defines "health workers" as encompassing a wide array of professionals whose primary purpose is to enhance health (WHO, 2006). This spectrum includes doctors, nurses, midwives, and those responsible for hospital administrative and support functions(WHO, 2006). With the health sector largely comprised of nurses, about 59 percent of the workforce, it becomes evident that the migration of nursing professionals significantly impacts healthcare provision. A critical global shortage of 5.9 million nurses in 2018, mainly concentrated in low- and middle-income countries, and in rural areas even more than in urban areas, exacerbate the challenges posed by nurse migration (Tangcharoensathien et al., 2017). The emigration of nurses from countries already grappling with fragile health systems further complicates healthcare delivery (Humphries et al., 2015).

Whilst a recent WHO assessment of health workforce situation shows global progress, it also notes that the progress is uneven, with WHO African and the Eastern Mediterranean regions not showing improvements of their health workforce shortage between 2013 and 2020, which is projected to remain stagnant by 2030 (Boniol et al., 2022). The WHO projects the African region to account for two-third of the global shortage by 2030. This is an alarming situation for the region's health systems that are facing an increasing demand for health services by a growing population size, higher life expectancy and the rising demand to accelerate progress towards the SDG health-related targets (Tangcharoensathien et al., 2018).

The State of the World's Nursing 2020 report estimates that the global nursing workforce is 27.9 million, with professional nurses accounting for 69 % of this workforce (WHO, 2020, p. 38). However, the report notes significant gap between the global nursing workforce and the targets for universal health coverage and the Sustainable Development Goals. Additionally, over 80 % of the world's nurses are concentrated in countries that represent only half of the world's population, and the global shortage of nurses is concentrated in low- and lower middle-income countries (WHO, 2020). The report also highlights the growing international mobility of the nursing workforce, with one nurse out of every eight practicing in a country other than their birth or training country. While these patterns of migration evolve, there remains a pressing need to address equitable distribution and retention of nurses. Unmanaged migration can exacerbate shortages and lead to inequitable access to healthcare services, particularly in high-income countries that have an excessive reliance on international nursing mobility due to a scarcity of graduate nurses or existing shortages.

Acknowledging the challenges and potential negative consequences, a systematic approach involving collaboration between source and destination countries becomes indispensable in the global effort to manage and harness health worker migration. Various policies have emerged to accommodate and facilitate international nurse recruitment. The WHO's Global Code of Practice on the International Recruitment of Health Personnel serves as a valuable framework in this regard, striving for ethical management of health worker migration and catalysing investment in health systems in countries confronting workforce shortages (Cometto et al., 2023, p. 362).

The migration of health workers is frequently depicted as a conflict of two human rights. On the one hand is the freedom of movement of migrant health professionals and on the other hand, the rights of the population left behind, whose chances for a healthy life may be compromised in the absence of a sufficient healthcare workforce (Kniess, 2022). Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), which famously declares 'the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Nurse migration may also lead to negative impacts on public health infrastructures, lack of respect for cultural diversity, as well as ethical concerns related to autonomy and justice (Stokes & Iskander, 2021). Nurses are pivotal in the workforce because they are at the front line providing essential healthcare that has a direct impact on patients (F. Shaffer et al., 2018). While nurse migration can benefit the health structure of source countries as well as destination countries, the loss of skilled labour turns to put increased pressure on the source country's healthcare system, resulting in an increased workload and reduced job satisfaction for those nurses who remain (Brock, 2013).

In the context of a globalized healthcare workforce, it is crucial to understand the implications of choices made by countries regarding healthcare workforce policies and international agreements on the quality of healthcare services, health system sustainability, and global health equity. Therefore, this research seeks to delve into the multifaceted relationship between international policies and health worker migration, shedding light on how various policy mechanisms, such as international policy initiatives and bilateral labour agreements impact the migration patterns of healthcare workers. The study analysis how various mechanisms, including international policies, bilateral labour agreements, and destination country initiatives, influence healthcare worker migration patterns, aiming to offer a nuanced understanding of the multifaceted implications for source and destination countries, benefits and challenges.

2 Methodology

This study used a scoping review to comprehensively investigate the impact of international policies and agreements on health worker migration between 2010 and 2023. A scoping review was deemed suitable for the study as the focus was to explore the evidence on a topic that is diverse, wide-ranging, and methodologically complex (Bitton et al., 2019). We followed the six step process of Arksey and O'Malley scoping review methodology (Arksey & O'Malley, 2005). The aim of the study is to investigate the impact of international policies on health worker migration. Specifically, the study seeks to (1) examine the role of international policies on health worker migration, evaluating their effectiveness in achieving their objectives; (2) explore the influence of bilateral labour agreements in shaping the migration patterns of healthcare workers, with a focus on the specific provisions and mechanisms that facilitate or restrict mobility and (3) analyse the policies and practices of destination countries that attract and retain international health workers. The study investigated the question of what the influence of international policies on health worker migration is? In particular, the study focused on the World Health Organization's (WHO) 2010 Global Code of Practice on the International Recruitment of Health Personnel. It also examined what question of the role of bilateral labour agreements in shaping the migration patterns of healthcare workers. Finally, the study explored some of the unilateral policies of destination countries that attract and retain international health workers.

To ensure the selection of pertinent literature, a clear inclusion and exclusion criteria was developed. The study used the Population, phenomenon of Interest, and Context (PICo) framework of (Stern et al., 2014). The inclusion criteria encompass research articles, policy documents, reports, and studies published in English from May 2010 (when the WHO Global Code was adopted) to September 2013 (when the study was conducted) (Grant & Booth, 2009). A welldefined search strategy, incorporating keywords related to health worker migration, international policies, and related terms was developed to guide the study process (Smith et al., 2011) (table 1).

Table 1. key terms used in the search strategy

PICo	SEARCH TERMS
Population	"Health workers" OR "Nurses" OR "Physicians" OR "Doctors"
Phenomenom of Interest	"migration" OR "brain drain" OR "brain exchange" OR "mobility"
Context	"International" OR "Global" OR "WHO" OR "World Healzh Organization" OR "IMF" OR "ateral" OR "uidance" AND "policy" OR "ethic" OR "code"
Others	Publication Period: 2010–2023 Language: English Limit-to (Exact keyword, "Human")

2.1 Searching for the evidence

Three databases that are known to publish health and migration related papers were searched. These are Scopus, Web of Science, and CINAHL. The search yielded a total of 513 records as illustrated in the PRISMA diagram. Eventually, the list was narrowed down to 38 based on the titles, abstracts and full text. The reference lists of selected articles were manually screened to identify any relevant additional articles. These were complemented by searches on Google scholar and the website of World Health Organization.

Preference was given to peer-reviewed articles in well-respected journals, although literature and web sites from relevant professional bodies, associations, organizations and ministries (grey literature) were also considered. The main limitation of this scoping review is that sources in languages other than English were not considered.

2.2 Exclusion Criteria

The exclusion included duplicate papers, publications not in English, Letters to Editors, Study protocols, and other documentation on migration but not focusing on health worker migration. Details are displayed in the table below.

DUPLICATE	DUPLICATE PAPERS
Language	Not in English
Publication type	Conference abstract, Editorial, Letter to the Editor, Protocol / Methods articles
Migrant health	Papers on migrant health; but not on health worker migration.

2.3 Extracting the evidence

An Excel template was developed for the extraction of key information from the selected literature. The matrix includes fields on the author(s), year of publication, country of policy / study, policy / study objectives, research design, and main research findings. The Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) Extension for Scoping Reviews (Tricco et al., 2018) was used to guide the review process.

2.4 Charting the evidence

The data extraction matrix helped to identify and organise key themes from the study identified and the data was summarized in accordance with the identified theme.

2.5 Summarising and reporting the evidence

The data was analysed based on the identified themes in line with the scope and objectives of the review (Peters et al., 2015).

2.6 Results

The study included a total of 38 papers that met the full inclusion criteria. The studies scoped show that several international, bilateral, and domestic strategies have been pursued to mitigate the negative impacts of SHW migration (Labonté et al., 2015, p. 9). Because the issue of the mobility of health workers is a fast-moving topic, so to are the developments in health workforce policies and interventions (Buchan et al., 2014).

3 International policies on health worker migration

This scoping review reveals that international policies play a vital role in addressing the complexities associated with health worker migration. One of the most prominent initiatives in this regard is the WHO 2010 *Global Code of Practice on the International Recruitment of Health Personnel*. The code, is established with the objective of promoting ethical recruitment practices and mitigating the negative effects of migration, focuses on discouraging the active recruitment of health personnel from developing countries that face severe shortages of healthcare workers (OECD, 2010). It underscores the importance of an adequate and accessible health workforce for integrated and effective health systems and the provision of health services (OECD, 2010). Furthermore, it aims to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel, considering the rights, obligations, and expectations of source countries, destination countries, and migrant health personnel.

The WHO *Global Code of Practice on the International Recruitment of Health Personnel* was adopted in 2010 as a voluntary code with requirements for routine reporting by member states on the degree of compliance (Labonté et al., 2015). The Code provides for general health workforce policies that indirectly affect mobility of health professionals, that is, self-sufficiency, retention and health workforce planning and then at health workforce mobility policies, in particular, ethical international recruitment.

The Code was developed around the principle that everyone has a right to the highest attainable standard of health and that all individuals, including health workers, have the right to migrate from one country to another in search of employment (Paina et al., 2016). The Code's non-binding character is considered as an advantage, as it allows flexibility, including future adaptation (Van De Pas et al., 2016, p. 56).

The ethical principles embedded in the WHO Global Code are applicable to the international recruitment of health personnel in a manner that strengthens the health systems of developing countries, countries with economies in transition, and small island states. It underscores the desirability of setting voluntary international principles and coordinating national policies on international health personnel recruitment to strengthen health systems worldwide equitably. This approach seeks to mitigate the negative effects of health personnel migration on the health systems of developing countries and safeguard the rights of health personnel. Moreover, the Code encourages Member States to establish or strengthen and maintain health personnel information systems, including health personnel migration, and its impact on health systems. It further encourages the collection, analysis, and translation of data into effective health workforce policies and planning.

A subsequent development arising from these initiatives is the WHO Global Strategy on Human Resources for Health, published in 2016, which advocated for an international platform on health worker mobility (S. Adhikari et al., 2021). Notably, the United Kingdom transitioned from maintaining its list of countries to adopting the WHO Support and Safeguards List as a reference for ethical recruitment practices (S. Adhikari et al., 2021).

3.1 'Ethical' recruitment

Within the context of migration of healthcare workers, ethics focuses on state's responsibility to not undermine other nation's ability to secure their health systems by depleting their health worker resources, while also acknowledging the human right to mobility (Walton-Roberts, 2022). The WHO Code urges destination countries to adopt ethical recruitment policies, for instance by entering into bilateral labour agreements with the sending countries and offering compensatory payments to countries which have trained a considerable proportion of their healthcare staff (Bradby, 2013). International recruitment of health workers is increasingly being linked to ethical considerations of the impact of health workforce migration on source countries, especially in the developing world (Buchan et al., 2014).

3.2 The WHO Support and Safeguards List and its effectiveness

The World Health Organization (WHO) introduced a Health Workforce Support and Safeguards List, which identifies countries with low health workforce density and limited coverage of essential health services (Cometto et al., 2023). This list is dynamic, with anticipated updates every three years, reflecting country progress on health workforce density and service coverage. The 2023 update acknowledged the heightened vulnerabilities brought about by the COVID-19 pandemic, which accelerated the international migration of health personnel (Cometto et al., 2023).

The 2023 revision of the Support and Safeguards List identified 55 countries (Ghana included) that should be prioritised for health workforce support by governments and the international community. These countries need safeguarding through discouraging active international recruitment. Additionally, government-to-government agreements should be informed by health labour market analyses, specify proportional benefits to health systems in both source and destination countries, adopt provisions that promote an adequate domestic health workforce supply and engage various stakeholders such as labour unions, civil society organisations, and professional associations (Cometto et al., 2023). Importantly, these international frameworks are not intended to limit individual health workers' pursuit of employment opportunities in other countries but to discourage systematic and proactive approaches by employers or recruiting agencies that recruit large numbers of health workers from countries facing workforce vulnerabilities to address shortages in destination countries (Cometto et al., 2023).

A decade after the adoption of the WHO Global Code, an Expert Advisory Group found it to be widely recognised as a universal ethical framework that connects international health worker recruitment with the strengthening of health systems. For instance, research in Sudan has shown that the WHO Code helped boost the broader health workforce development efforts in the country (Abuagla & Badr, 2016, p. 9). However, there have also been limitations in the uptake of the WHO Code in Sudan (Abuagla & Badr, 2016). This is primarily because of the privileged position of destination countries for health workers from Sudan, mainly the Gulf States, by recruiting expatriates through direct individual contracts without concerning themselves over binding agreements with source countries (Abuagla & Badr, 2016, p. 7). Where agreements were signed (for example between the government of Sudan and Saudi Arabia, one of the main destination countries), the agreements were not effectively implemented, and migratory flows remained largely unmanaged (Abuagla & Badr, 2016).

3.3 Economic Growth and Investment in Health Workforce

The United Nations High-Level Commission on Health Employment and Economic Growth emphasised that jobs and employment in the health sector contribute to economic growth and increased productivity in other sectors (WHO, 2016b). This investment in the health system and its workforce substantially contributes to inclusive economic growth, particularly through the employment and empowerment of women and young people. Furthermore, the Commission offered a framework to ensure a sustainable supply of health workers and enhance their competencies to meet the needs of healthcare delivery (WHO, 2016b). This framework aims to avert the projected 18 million health workforce shortfall by expanding education capacity and producing a health workforce with the right skills.

Thus, recognising the link between economic growth and investment in the health workforce, emphasises the importance of sound policies and cooperation between countries to address the multifaceted challenges posed by health worker migration.

3.4 Workforce planning

Appropriate workforce planning (i.e. the process of aligning the numbers, skills and competencies of health professionals with the aims, priorities and needs of the health system) can play a significant role in avoiding health workforce imbalances, such as under- or oversupply of health professionals and skill-mix imbalances (Buchan et al., 2014). To this end, workforce monitoring, analyses and forecasts are conducted using a variety of methodologies (Buchan et al., 2014). Workforce planning furthermore aims to guide the development of educational and training contents and capacities. However, in most countries, workforce planning is an underdeveloped issue, or there remains a significant disconnect between workforce planning and the development of training capacities. In practice, the process is complex and includes many actors with conflicting interests, which is particularly evident in decentralized systems (Buchan et al., 2014).

3.5 ILO Private Employment Agencies Convention (C181), 1997

Convention 181 came into force on 10 May 2000. As at the end of September 2023, only 38 countries had ratified (Ghana not included) (see Annex 1). Recognizing the role which private employment agencies may play in a well-functioning labour market, and recalling the need to protect workers against abuses, the Convention was introduced.

The Convention applies to all categories of workers and all branches of economic activity. It does not apply to the recruitment and placement of seafarers. One purpose of this Convention is to allow the operation of private employment agencies as well as the protection of the workers using their services, within the framework of its provisions.

3.6 International Monetary Fund (IMF)

The economic crisis of the 1980s and 1990s in many developing countries necessitated the adoption of the World Bank's and the International Monetary Fund's conditions of the Structural Adjustment Programme (SAP). It required cuts in subsidies, freezes on recruitments and mandatory retrenchment in the public sector including health, often entailed reducing health allowances and subsidies, and served as a great impetus to pushing professionals abroad (A. Adzei & K. Sakyi, 2014). The negative impact of SAP and its associated measures opened the doors to further migration (A. Adzei & K. Sakyi, 2014).

The implementation of the SAP in Ghana led to cutbacks in health expenditure resulting in large staff lay-offs, significant salary reductions (due to inflation) and closure of many facilities (Donkor & Andrews, 2011). The effects of cutbacks in the public sector health spending was reflected in government's inability to recruit graduating health workers such as nurses. For instance, from 1995 to 2002, 20 % of nurses / midwives trained in Ghana each year migrated overseas (Donkor & Andrews, 2011). Similarly, under Ghana's Extended Credit Facility (ECF) with the IMF, the government accepted the key programme conditionality of public sector wage rationalisation policy to contain and reduce the wage bill. Thus, the health sector could not immediately employ nurses who graduated from the public Nurses and Midwifery Training Colleges between 2016 and 2018 (in addition to those who attended private institutions and qualified from 2015) (Asamani et al., 2020). This fiscal crisis (including former 'ceilings' on expenditure of the health workforce public wage bill, imposed by the IMF in a number of African countries until 2007) has contributed to external migration, which, in turn, has caused significant savings in training costs to importing countries.

3.7 Bilateral Labour Agreements and Health Worker Migration

The studies also point to the use of bilateral labour agreements (BLAs) in managing health worker migration, including in such areas as ethical recruitment, international development, common labour markets and optimization of health care in border regions (Buchan et al., 2014). A number of international organisations such as ILO, OECD, and WHO have promoted bilateral labour agreements as crucial tools for managing worker migration, planning the workforce, and ensuring fundamental rights at work (Yeates & Pillinger, 2018). While recognizing that most countries have a mixed mobility profile of being sending and receiving, this paper adopts these terms for purposes of analysis. Self-sufficiency policies are discussed primarily in the context of destination countries, while retention policies are considered mainly in the context of source countries but also, to a lesser degree, in destination countries characterized by regional maldistribution of health professionals (Buchan et al., 2014).

Thus, although BLAs are mutual, sending and receiving countries have different incentives and advantages. Primarily, receiving countries aim to meet their health worker needs whilst sending countries seek to address economic needs and ameliorate unemployment challenges (O'Steen, 2021). Therefore, the key questions emerging with BLA, as government-to-government policy tools for managing health worker migration, are about which interests, rights and duties dominate, and whether they incorporate ethical and human rights considerations. The examination of BLAs within the context of health worker migration policies is instrumental in comprehending these dynamics that shape the movement of healthcare workers across international borders. Scholarly sources offer valuable insights into the intricate provisions and mechanisms inherent in these agreements, elucidating their capacity to either facilitate or restrict health worker mobility. Here, we present key findings and references related to this aspect of our review.

3.8 Formation and Nature of Bilateral Labour Agreements

Government-to-government agreements have emerged from a discourse rooted in the ethical recruitment of health workers, framed within the language of human rights. These agreements often encompass contradictory and conflicting interests among institutional actors involved in the international recruitment of nurses on both sides of the migration process (Plotnikova, 2012). These agreements take various forms, including bilateral labour agreements, letters of intent, twinning schemes, memoranda of understanding, and informal (non-written) communication among the stakeholders involved. In terms of content, these agreements serve different, yet not mutually exclusive, and frequently overlapping functions. These functions encompass active international recruitment, the promotion of ethical principles in the recruitment of foreign health workers, support for international development through educational assistance and expertise sharing, the creation of a shared labour market, and the optimisation of healthcare delivery in border regions (Buchan et al., 2014). Early bilateral labour agreements for international recruitment of health workers include those between the Philippines and the UK (2002), Spain and the UK (2001), South Africa and the UK (2002), and the Netherlands and Poland (2003) (Connell & Buchan, 2011).

The United Kingdom (UK) has actively engaged in bilateral labour agreements to manage health worker migration, with the aim to addressing the nation's reliance on overseas healthcare staff to supplement the National Health Service (NHS) workforce (S. Adhikari et al., 2021). While detailed analysis of specific agreements is limited in the literature scoped, the UK's approach aligns with the WHO's Code to ensure ethical recruitment practices and balance the demand for foreign healthcare workers with the impact on source countries (Cometto et al., 2023). Thus, the UK's experience highlights the intricate interplay between its national healthcare workforce needs and its role in shaping ethical health worker migration within the ethical framework endorsed by international organizations like the WHO (Plotnikova, 2012).

There appears to be a shift in the type of BLA used by the UK, from legally binding recruitment contracts to the 'soft' voluntary agreements (Plotnikova, 2012). Also, it appears the role of bilateral labour agreements as primarily labour recruitment tools for the government have diminished in the UK, as many private agencies have successfully occupied this niche. In essence, the UK's involvement in bilateral labour agreements underscores the complexity of healthcare worker migration as a global issue. It necessitates multilateral cooperation and ethical governance to sustainably meet healthcare demands while considering the welfare of both the destination and source countries (Cometto et al., 2023).

In Germany, the utilisation of bilateral labour agreements for nurse recruitment dates back to the early 1970s. These agreements have evolved to encompass countries such as the Republic of Korea and various eastern European nations. Since 2005, Germany has forged a bilateral labour agreement with Croatia, leading to the recruitment of approximately 131 nurses from Croatia between 2009 and 2011 (Buchan et al., 2014). In 2013, the *German Federal Employment Agency* extended bilateral labour agreements to recruit nurses from Serbia, the Philippines, and Bosnia and Herzegovina. These foreign health workers' integration and recruitment are executed within the framework of the "Triple Win" project. The programme has been expanded to recruit nurses from Tunesia, El Salvador, Vietnam, India, Indonesia, Mexico, Jordania, Brazil and recently Colombia while Serbia ended the cooperation in 2020 (Aerztezeitung, 2023). Between 2013 and 2022, a total of 4747 health care workers have been recruited. In 2022, 656 skilled workers came, most of them from the Philippines (255), Mexico (182), Bosnia and Herzegovina (98) and Tunisia (84). According to the Federal Government, there is also a "pool of applicants" of around 2100 health professionals (Aerztezeitung, 2023). Some of the challenges emerging from Bilateral Labour Agreements include that exodus of the most experienced and specialised from their field of work. Also, some of the agreements focus largely on remittances without investing in sustainable training.

3.9 BLAs and Protection of Human Rights

The extent to which BLAs protect labour rights and mitigate the negative impacts of outward migration depends on the content of the agreement. The BLAs that contain the principle of equality of treatment, such as the BLAs between the Philippines and Spain and Germany which provides for migrant health workers to have the same rights as Spanish and German workers are viewed as protecting of the human rights of migrating health workers (Yeates & Pillinger, 2018).

Another good practice in BLAs that protect the rights of migrating health workers are those that incorporate the ILO Decent Work standards and ethical recruitment principles. For instance, the BLA between the Philippines and Bahrain on Health Services Cooperation (2007) embeds a framework of equal treatment on the basis that 'Human resources for health recruited from the Philippines shall enjoy the same rights and responsibilities as provided for by relevant ILO conventions.' (Yeates & Pillinger, 2018). Similarly, the Philippines-Germany BLA contains provisions for the respect of health worker rights, specifically in article E which states that: *"Filipino health professionals may not be employed in the Federal Republic of Germany underworking conditions less favourable than those for comparable German workers"* (Chilton & Woda, 2022).

Despite these good practices in protecting human rights, some BLAs have been found to contain provisions that underutilize or do not utilize the professional skills that health workers gained in destination countries, a phenomenon known as deskilling (Efendi et al., 2021). Deskilling is often linked with national professional licensure systems, language barriers, unrecognized academic credentials, lack of continuing professional education, and lack of professional networks in the destination country (Korzeniewska & Erdal, 2021). Deskilling often follows the patterns of changing occupations to low-paying, low skilled jobs which are sometimes unrelated to their educational and occupational backgrounds (Niraula & Valentin, 2019). Deskilling can make it difficult for nurses and other health workers to re-enter the workforce when they return to their original professional practice level.

Despite international conventions which call for equal recognition of qualifications, deskilling if found to be prevalent both through host country policies and even in some BLAs. An example is the bilateral Economic Partnership Agreement (EPA) between Japan and Indonesia (2008) for a quota of nurses and nurse specialists from Indonesia to work in Japan (Yeates & Pillinger, 2018). The Agreement included requirements for Indonesian nurses to take Japanese language lessons and during this time to work as caregivers or assistant nurses at hospitals or nursing homes for the elderly (Yagi et al., 2014). Out of about 2,500 Philippine-educated nurses and care workers who migrated to Japan through this BLA from 2009 to 2019, only 588 entered as nurses with 2,004 as care workers (R. Adhikari & Plotnikova, 2023). It is estimated that many nurses have taken up care worker position due to stringent requirement. Japan's migration policy and professional regulations limit them to the care work occupation, which significantly alters their career progression opportunities and their prospects of returning to the nursing profession.

Thus, despite their potential to protect human rights, BLAs are generally limited by the lack of built-in mechanisms to strengthen the capacity of health workers and the health sector, such as reducing the exodus of health professionals from rural areas, reducing attrition, implementing incentives and policies to retain highly skilled workers, and establishing policies for "brain gain" and knowledge transfer, as well as research and training between source and destination countries (Yeates, 2010).

Agreements that facilitate mobility may lead to increased migration, while restrictive provisions can deter such movement. Moreover, the nature and enforcement of these provisions may vary, resulting in distinct migration patterns across different pairs of countries (OECD, 2010). The exploration of BLAs in the context of health worker migration reveals their complex role in shaping the international mobility of healthcare workers. These agreements, often involving international organisations, take various forms and serve multifaceted functions, which may either facilitate or constrain health worker mobility. The case studies of UK, Germany and France illustrates how these agreements operate and influence healthcare worker migration. Furthermore, the presence or absence of specific provisions within these agreements significantly impacts the patterns of health worker movement between countries.

3.10 The Role of Destination Countries in Shaping Health Worker Migration

Understanding the policies and practices of destination countries is crucial for comprehending the dynamics of health worker migration. Destination countries employ a range of strategies to attract and retain international health workers. These policies often encompass competitive salary packages, opportunities for career advancement, expedited visa and immigration procedures and improved working conditions to make them appealing destinations for healthcare professionals (Buchan et al., 2013).

To retain international health workers, many destination countries implement various strategies, including mentorship programs, professional development opportunities, and support for worklife balance (Tankwanchi et al., 2018). They frequently tailor these retention efforts to different healthcare professions, such as nurses and physicians, enhancing their effectiveness (Ferrinho et al., 2011).

However, the impact of these destination policies and practices is complex. While they can improve access to healthcare services in underserved areas within destination countries, they can also exacerbate healthcare worker shortages in source countries, leading to a "brain drain" (Pond et al., 2019). The reviewed literature highlights that the presence of international health workers has both positive and negative implications for source and destination countries, underscoring the intricate nature of health worker migration and the importance of ethical governance on a global scale. Germany and the UK, as examples of destination countries, illustrate different approaches to health worker migration. Germany has undergone a shift towards international recruitment in response to nursing shortages and demographic factors, implementing programmes like the "Triple Win" project to recruit qualified health professionals from specific source countries (S. Adhikari et al., 2021). In contrast, the UK has a long history of health workforce immigration, particularly nurses, as it grapples with the demand for healthcare professionals in its National Health Service (NHS) (Buchan & Seccombe, 2013). These experiences demonstrate the evolving and varied nature of health worker migration in destination countries, driven by their unique healthcare demands (Kordes et al., 2020).

The British National Health Service (NHS) has been employing foreign healthcare professionals, including nurses, since its establishment in 1948 (Aboderin, 2007). Even more recently (in 2019), international recruitment has been included as part of the UK's Long-Term Plan to ensure the NHS has the human resources it needs. However, UK's renewed commitment, in its revised (August 2023) Code of practice for the international recruitment of health and social care personnel in England is demonstrated: "*There must be no active international recruitment from countries on the red list, unless there is an explicit government-to-government agreement to support managed recruitment activities that are undertaken strictly incompliance with the*

terms of that agreement". This is an improvement over the 2004 Code, which did not initially cover private sector employers (eventhough the National Health Service recruits from private employers thus creating an opportunity to circumvent the Code) (Bourgeault et al., 2016). However, individual health workers from these countries are free to make direct applications (without the involvement of third parties) to jobs in the UK.

Research in Malawi found a drop in migration is linked primarily to three main policies that restrict overseas nurses' entry into the UK (the UK's Code of Practice, tighter Nursing and Midwifery Council restrictions and changes in the UK Home Office work permit system), rather than to decreasing interest in migration (R. Adhikari & Grigulis, 2014). Thus, while the UK is gradually shifted from its liberal tradition of opening its labour market for health professionals by progressively enacting restrictive policies toward foreign health professionals, its public policies did not completely shut off the internal market to foreign recruitment, giving it sufficient leeway to manage and control its own labour market (Mendy, 2021). Thus, whilst active recruitment from most developing countries is prohibited in the UK, health professionals from these countries who enter the UK independently are not banned from recruitment (Mendy, 2021).

In the USA a sizable minority of health workers were born or educated abroad, or both (Chen et al., 2013). For instance, foreign-born registered nurses (RNs) represent 12–15 percent of the total number of RNs in the United States; with an estimated 5.4 percent of foreign-born RNs in the United States also being foreign educated. The Philippines produced the largest number of foreign educated RNs who migrated to the United States, followed by Canada, India, the United Kingdom, and Nigeria (Chen et al., 2013).

The Alliance for Ethical International Recruitment Practices' Voluntary Code of Ethical Conduct for the Recruitment of Foreign-Educated Health Professionals to the United States includes recommendations for fair and transparent recruitment from source countries and the provision of cultural and clinical orientation for workers when they arrive in the United States. It also proposes best practices for organizations such as hospitals and health systems to follow to ensure that recruitment does not harm health systems in the home countries of migrant health workers. Despite the importance of the alliance's recommendations, it is a voluntary program that requires individual employers or recruiting organizations to agree to adhere to the recommendations. Noncompliance with the code carries few consequences. Greater integration of these principles into US government policies related to the recruitment of foreign health care workers would help address concerns related to unethical practices. The Alliance Code, developed through negotiations between stakeholders, offers detailed guidance on ethical recruitment practices and serves as a bottom-up approach for those involved in healthcare recruitment in the United States (F. A. Shaffer et al., 2016). The diversity visa programme in the USA further contributes to health worker migration dynamics but requires comprehensive exploration for a more in-depth understanding (F. A. Shaffer et al., 2016).

One regulatory strategy to manage migration flows into the USA is a professional licensure exam (Squires et al., 2016). These examinations help determine whether a recent graduate from a professional training school has the requisite knowledge and critical thinking abilities to safely practice. For Internationally Educated Nurses (IENs), these examinations help determine whether the international candidate meets the same requirements as local candidates. However, professional licensing often leads to deskilling, as health workers often turn to practise at a lower level than they were originally trained in their home countries, until the are able to obtain the equivalent license or skills in the destination country. In the United States, IENs are required to pass the Nursing Credentialing and Licensure Examination for Registered Nurses (NCLEX-RN) (Squires et al., 2016). The WHO Code has had an influence on overall IEN migration dynamics to the United States by decreasing candidate numbers, in most cases, the WHO Code was not the single cause of these fluctuations. Indeed, the impact of the NCLEX-RN exam changes appears to exert a larger influence (Squires et al., 2016).

Overall, the examined literature underscores the significance of destination countries' policies in shaping health worker migration and highlights the need for ethical governance to mitigate both positive and negative consequences for the source and destination countries.

4 Discussion

This scoping review has delved into the multifaceted landscape of health worker migration policies from three distinct perspectives: the impact of international policies, bilateral labour agreements, and destination country policies. The analysis of these perspectives aims to offer a comprehensive view of the global phenomenon of health worker migration and its implications for source and destination countries. This discussion synthesizes the findings within each of these objectives and elucidates the intricate dynamics that define health worker migration on a global scale.

The international arena plays a crucial role in shaping health worker migration policies. The WHO Global Code of Practice on the International Recruitment of Health Personnel emerges as a cornerstone in ethical governance, addressing the complex and often contradictory interests within the international health workforce. This code not only discourages active recruitment from source countries facing critical shortages but also seeks to create a common framework for ethical recruitment. The Expert Advisory Group's recognition of its universal ethical framework further underscores the code's importance (Cometto et al., 2023). However, the emergence of the WHO Health Workforce Support and Safeguards List, reflecting vulnerabilities accentuated by the COVID-19 pandemic, introduces an additional layer of complexity in safeguarding health personnel in source countries (Cometto et al., 2023).

International policies offer guidance, but the implementation of these guidelines falls to individual nations. The success of these policies in mitigating negative effects on health systems in source countries relies heavily on the commitment of destination countries and their health systems. The participation of destination countries in this international framework is essential for ensuring equitable health systems and the protection of health workers' rights. Furthermore, some highincome destination countries have adopted national codes of practice, directly inspired by the WHO Global Code (Cometto et al., 2023), demonstrating the potential influence of international policies on domestic practices.

Bilateral labour agreements are instrumental in shaping the migration patterns of health workers. Germany, as an example, illustrates the transformation of a destination country's approach to health worker migration. The shift in immigration policy and the introduction of minimum staffing levels in healthcare institutions have altered the context for nurse staffing in Germany (Rafferty et al., 2019). This has led to initiatives like the "Triple Win" project, facilitating the recruitment of qualified health professionals from countries facing nurse surpluses (S. Adhikari et al., 2021). These initiatives exemplify the importance of source-destination country cooperation.

Destination countries have a pivotal role in the global health worker migration landscape. Their policies influence both the attraction and retention of international health workers. Attractive policies encompass competitive salary packages and improved working conditions, making them appealing to healthcare professionals (Buchan et al., 2013). The reviewed literature underscores the importance of ethical governance to mitigate both positive and negative consequences of destination country policies on health worker migration. The comprehensive understanding of these three objectives enhances our comprehension of health worker migration's complexity. It highlights the necessity for global collaboration to address this issue, reflecting the interplay of international policies, bilateral labour agreements, and destination country practices. Additionally, it underscores the ethical responsibility that destination countries bear in shaping health worker migration for mutual benefit and equitable healthcare systems. Further research exploring the interplay of these perspectives, as well as their specific implications, is essential for the comprehensive management of health worker migration on a global scale. This endeavour should be pursued with the goal of minimizing the harm and maximizing the benefit for all stakeholders involved in the intricate web of health worker migration.

For future studies, an explicit gender-based analysis of health worker emigration will be useful to help unravel important social and equity dimensions that could offer useful insights for the health and social policy responses (Bourgeault et al., 2021). This is crucial given that majority of nurses are women, and thus, their emigration contributes to the distortion and erosion of social solidarities and the "emotional commons" that these women would have otherwise sustained in their home countries (Yeates, 2010).

Another issue for consideration in future research on health worker migration is the role of private recruiting firms as leeway for some destination use to bypass the requirement not to actively recruit for safeguard countries. This could provide insights on the scale and nature of this practice.

5 Conclusion

This scoping review has provided a multifaceted exploration of health worker migration policies, encompassing international policies, bilateral labour agreements, and destination country practices. The complex landscape of health worker migration is deeply intertwined with the dynamics of source and destination countries and holds profound implications for the global health workforce. International policies, as exemplified by the WHO Global Code of Practice on the International Recruitment of Health Personnel, serve as vital ethical guidelines. It discourages active recruitment from source countries grappling with healthcare worker shortages. However, it is only effective when destination countries are committed to its implementation, underscoring the interdependence between source and destination nations (Cometto et al., 2023).

Bilateral labour agreements play a pivotal role in shaping the migration patterns of health workers. They offer a platform for source and destination countries to collaborate, promoting the ethical recruitment of health workers. Initiatives like Germany's "Triple Win" project and France's agreements for qualification recognition exemplify the mutual benefits that can be achieved through such collaborations (S. Adhikari et al., 2021). These agreements can either facilitate or restrict health worker mobility, and the nature and enforcement of their provisions significantly impact migration patterns. However, BLAs are generally limited by their lack of built-in mechanisms to strengthen the capacity of health workers and the health sector, such as reducing the exodus of health professionals from rural areas, reducing attrition, implementing incentives and policies to retain highly skilled workers, and establishing policies for "brain gain" and knowledge transfer, as well as research and training between source and destination countries (Yeates, 2010). There is also often a lack of reciprocal exchange of initiatives to send doctors to share knowledge and train professionals in sending countries.

The policies implemented by destination countries are pivotal in determining the direction and dynamics of health worker migration. Attractive policies, such as competitive salaries and favourable working conditions, make these nations appealing to healthcare professionals. These policies address local workforce shortages and improve access to healthcare services (Buchan et al., 2013). However, they may exacerbate the "brain drain" phenomenon in source countries, further compounding healthcare worker shortages. Hence, destination countries bear an ethical responsibility in shaping health worker migration policies.

This study underscores the interconnectedness of international, bilateral, and destination country policies. Global health worker migration cannot be fully understood or managed in isolation. The success of international policies relies on the commitment of destination countries, and bilateral labour agreements offer an avenue for source and destination countries to collaborate effectively (Cometto et al., 2023). To navigate the complex terrain of health worker migration, future research should focus on the interplay of international, bilateral, and destination country policies. Further exploration is required to assess the specific implications of these policies on health systems and the workforce. This should be underpinned by an ethical commitment to minimize harm and maximize the benefits for all stakeholders involved, including source countries, destination countries, and the healthcare workers themselves. In conclusion, health worker migration remains a multifaceted and globally significant issue. As the global community grapples with ongoing challenges and new dynamics, it is imperative that policies and frameworks continue to evolve, fostering cooperation between nations and promoting ethical recruitment practices. This endeavour is essential to ensure equitable healthcare systems, mitigate workforce shortages, and uphold the rights and well-being of healthcare workers across the world.

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Public Debate on Nurse Migration in Ghana – A Newspaper Content Analysis

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Contents

Abstract

The migration of Ghanaian nurses and other health care professionals to high income countries has gained attention in the past few years. Migration among health workers is not a new phenomenon, but the recent COVID-19 pandemic has fuelled this issue. This migration pattern, often referred to as "brain drain," has sparked a spirited debate among policymakers, healthcare providers, media personnel and academics. At the heart of the debate lies a complex interplay of global health equity, healthcare system sustainability, and individual rights.

The objective of this study was to explore the newspaper coverage on the topic and opinions shared on issues related to the migration of nurses from Ghana. We performed a content analysis of six (6) popular news agencies on nurse's emigration in Ghana. Findings show that majority of the published news articles on nurse migration were after the COVID-19 pandemic (83.3 %) and were against the emigration of nurses (64 %). Low remuneration, poor and unsafe working conditions were the identified push factors while high demand for nurses in High income countries (HICs), better working conditions and high remuneration were the pull factors. Opinions in support of emigration of nurses were from the Ministry of Health which emphasized streamline emigration to address unemployment, provide financial benefits and increase professional knowledge. The media and healthcare professional bodies were against nurses' emigration and highlighted how this has led to the shortage of skilled and experienced nurses affecting the quality of health service delivery in the country. Strategies and initiatives proposed to deal with the emigration situation include the provision of better working conditions, competitive remuneration and motivation, and opportunity for professional development. The study's findings demonstrate that while the media and health care professional bodies believe nurse's emigration require immediate retention attention, higher authorities in the health ministry support a streamlined nurse emigration, recognizing its financial advantages for the nation and its potential to mitigate unemployment.

Keywords: Nurse; Migration; Content Analysis; Newspaper; Debate

1 Introduction

The foundation and core functioning of health systems depend largely on the workforce especially nurses who constitute nearly half of the health workforce (World Health Organization, 2022). In 2022, it was estimated that about 27 million nurses and midwives constitute the health workforce globally (World Health Organization, 2022). The critical roles nurses play in the health system cannot be overlooked. They are involved in health promotion, disease prevention and delivery of primary and community care (Flaherty & Bartels, 2019). These imply that if health systems do not employ enough health workers who are well trained, competent, motivated, encouraged and supported, it is unlikely that global health targets and universal health coverage (UHC) will be met (Boniol et al., 2022; World Health Organization, 2016).

The global migration of healthcare professionals to developed countries such as UK, USA, Canada, Australia is increasing and is of grave concern to health care provision and development in developing countries such as Ghana (Walton-Roberts, 2021). For countries to achieve the sustainable development goal 3 of ensuring good health and wellbeing for all, it is imperative that the health system meets the demanding health needs of people in terms of availability of health workforce and quality of service delivery. In Ghana, nurses often leave to high income countries (HICs) after their training for better conditions of life and services (Adzei & Sakyi, 2014).

The World Health Organisation (WHO) report indicates shortage of nurses across the globe with more shortage in the African region (World Health Organization, 2022). Shortages have been predicted to increase by 2030 if current trend continues. This highlights the need for increased investment and financing to train, employ and retain nurses (Haakenstad et al., 2022). Although the migration of nurses to high income countries has been a long-standing phenomenon, the issue has been compounded in recent times by the COVID-19 pandemic among others. A complex array of factors have been identified to fuel the migration of nurses to high income countries. Prominent among these include poor working conditions, low remuneration, lack of career and educational opportunities, poor-resourced health systems, and insecurity (Asamani et al., 2020; Boniol et al., 2022; Castro-Palaganas et al., 2017; Flaherty & Bartels, 2019; Walton-Roberts, 2021). In Ghana, low level of job satisfaction among nurses has been identified as a probable contributor to the migration phenomenon (Datuah et al., 2021)

Low income as a driver of nurses migration from Ghana is supported by Antwi and Phillips (2013) who found that a 10 % increase in wages decreases annual attrition from the public payroll by 1.0 percentage point. The authors concluded that wage increase in Ghana is a promising strategy to reduce international migration of health workers. This has necessitated

recommendations from some researchers on the need for the government of Ghana and health ministry to institute measures that would reduce the migration of nurses to high income countries in search of greener pastures. Paramount among the recommendations are the provision of competitive salaries and a quality work environment (Coudounaris et al., 2020). Several consequences are likely to arise from shortage of nurses due to migration. If this is not managed appropriately, it will lead to weakening of the health care system, jeopardise emergency response and widen inequality (Asabir, 2018; Asamani et al., 2018). Nurse's migration to HICs needs to be well considered owing to the fact that the Ghanaian health system is already fragile with scarce resources.

The Government of Ghana (GoG) over the years has implemented several interventions to address problem of nurses' migration. Key among them is the provision of allowances during nurses training to attract personnel and increase the number of trained nurses, provision of Deprived Area Incentive Allowance (DAIA), and the efforts to equip health facilities to aid in service delivery (Kwansah et al., 2012).

While there has been some opinions on the undesirable effect of nurses migration on the health system such as how it might compromise the quality of care, others are of the view that when nurses migration are well managed, it has the potential to advance benefits of the welfare of health care workers and health systems (Adzei & Sakyi, 2014). Additionally, it has the potential to contribute to progress towards the achievement of SDGs on health, gender equality, decent working conditions and economic growth and reduce inequalities. These positive arguments stem from the fact that it can help alleviate unemployment, promote professional knowledge acquisition, and facilitate the transfer of skills to improve health care delivery upon their return (Castro-Palaganas et al., 2017). Adzei and Sakyi (2014) conducted a study to examine the drivers of return migration of health professionals (25 doctors and 36 nurses) to Ghana, and the participant nurses reported that the desire to assist the Ghanaian health system and share their acquired knowledge with their compatriots were the main drivers of their return to Ghana. The findings of their study indicated the skills of return migrants represented a wealth of expertise gained. In effect, these benefits have been described as "brain gain" as opposed to the traditional "brain drain". To improve nursing and midwifery workforce numbers, the government allows the participation of private tertiary institutions in the training of health workers. This has led to increased enrolment in various nursing and midwifery training centres (NMTC) and subsequently the production of high number of nurses. For instance, the nurse / midwife density increased from 4.5 per 10,000 people in 2006 to 21.2 per 10,000 people in 2016 (Asamani et al., 2020). This rate of production greatly exceeds government projections, and this, combined with a lack of financial resources to absorb all nurses into the healthcare system, necessitates that the government consider a managed migration programme to export nurses / midwives to countries that are already of interest for

individual migration initiatives. (Asamani et al., 2020). According to Asamani et al. (2020), this will contribute to mitigating the possible skill loss caused by long periods of unemployment following training, particularly for those who received their training from private institutions.

The migration of nurses has gained attention due to complaints of increased workload by the health facility leadership. This has heightened interest, media attention and communication to inform the government to take action; bringing the issue at the center stage. Between 2005 and 2015 there was a ban on the migration of nurses until they have served for 5 years in Ghana. This according to report, was lifted due to the incessant complaint of delay in posting many nurses and that Ghana has enough nurses[1] . Although there are some studies in Ghana covering the migration of nurses and several newspapers opinions; a comprehensive analysis of the reports from these newspapers is lacking. This is important to better understand the coverage and stands on the issue relating to the so-called brain "drain" or "gain" of nurses. Hence this study sought to ascertain stakeholders' stand in newspapers reports in Ghana relating to nurses' migration amidst economic instability and unpredictable climate of disease outbreak. It is certainly a loss if Ghanaian nurses go abroad; but are these numbers alarming to affect health care delivery and/or achieve universal health coverage; which arguments "to stay or to go" are used? Have there been changes during the Covid 19 crisis? Are there some long-term benefits? This study aimed to explore newspapers coverag e and opinion on these issues.

1 www.graphic.com.gh/news/general-news/ghana-news-ghana-to-export-nurses-to-barbados.htm

2 Methodology

2.1 Data Source

The study was based on the analysis of the content of online newspaper articles published on the migration of nurses from selected media houses. Ghana has a thriving newspaper industry which is continuously experiencing annual growth in circulation. There are about 40 newspaper media with only two being state-owned in the country. The distribution and circulation of newspapers in Ghana were via print media distribution. However, with advancing technology and shift to paperless media, for convenience and ease of access, almost all media houses have electronic databases and online archives available for readers.

Six (6) media houses were selected taking into consideration claim made by Boykoff (2009) which suggests that during newspaper review and content analysis, attention should be paid to popular newspaper media that are known for thorough and excellent media coverage. This is because such media do not only have the tendency to establish the terms of the debate but also have influence on the coverage of issues by other media houses. The electronic databases and online archives of the selected media houses were utilized for this study. The selected news agencies included Daily Graphic, Daily Guide, Ghanaian Times, The Chronicles, My Joyonline and Citi Newsroom Online.

The characteristics of each of the selected news agency are summarized in table 1.

Table 1. Characteristics of Selected Newspaper Media

MEDIA	YEAR OF ESTABLISHMENT	OWNERSHIP	READERSHIP PER DAY
Daily Graphic	1950	Public	1,519,000
Ghanaian Times	1957	Public	53,000
Daily Guide	1984	Private	726,000
The Chronicles	1990	Private	45000
My Joyonline	1995	Private	83,000
Citi Newsroom online	2004	Private	84,000

Source: Agyei-Mensah, 2022

2.2 Search Strategy and Data Screening

To find pertinent news articles related to the research topic from the online archives, search terms including "nurse migration", "Ghana nurse", "nurse shortage" and "migration" were used. The article search spanned from 2017 to 2023 to ensure a balanced representation of years, before and after the onset of the COVID-19 pandemic. In the initial stages, a hundred and sixteen (116) news articles were copied from the search results based on their titles or headlines. Following that, forty (40) news articles were removed based on duplication in the same media archive. Although some news stories were retrieved from more than one media archive, they were maintained due to the varying perspective from which they were reported. The remaining seventy-six (76) news articles were further screened for eligibility which led to the exclusion of forty (40) news stories. A total of thirty-six (36) news articles were retained for this study.

2.3 Data Extraction and Synthesis

The selected newspaper articles were read to extract relevant information that answer the research questions. Articles were categorized based on whether the reported news were in favour or against the migration of nurses. The news stories were further grouped based on year to ascertain the trend in coverage. The reasons stated in support of nurse migration, the benefits as well as the stakeholders involved in news that were in favour of nurse migration were extracted. For news articles with content against the migration of nurses, the stakeholders involved in the discussion, causes and effects and the suggested ways of mitigating the challenge were extracted. The impact of COVID-19 pandemic on the migration of nurses was also assessed during the content analysis of the newspaper articles.

3 Results

3.1 Coverage of Nurse Migration in Selected Newspapers

The 36 news articles reviewed for this study were found to have been published from 2019 to 2023 as shown in figure 1C. Few articles 6 (16.7 %) were published pre COVID-19 while 30 (83.3 %) stories on nurse migration were published from 2022 to 2023 (post COVID-19). From figure 1B, it could be observed that there is a high probability of finding an article on nurses' migration published by the private media houses (Daily Guide, The Chronicles, My Joyonline and Citi newsroom) than by the state-owned media houses (Daily Graphic and Ghanaian Times). 26 (72 %) of the articles included in this study were published in private media houses while 10 (28 %) were in the two public media houses.

The content of 23 (64 %) out of the 36 newspaper articles reviewed in this study were found to be against nurses' migration while 13 (36 %) were in favour of nurses' migration as indicated in figure 1A. For this study, it was observed that published news on nurse migration pre COVID-19 were mostly in favour of the migration of nurses (5 out of 6) while 22 out of 30 of the articles were against the migration of nurses after the COVID-19 pandemic as indicated in figure 1C. It could also be noticed that highest number of published news on the migration of nurses was in 2023. Two thirds (24 out of 36) of the articles included in this study were published in 2023. In addition, about 70 % (17 out of 24) of the articles published in 2023 were against the migration of Ghanaian nurses.

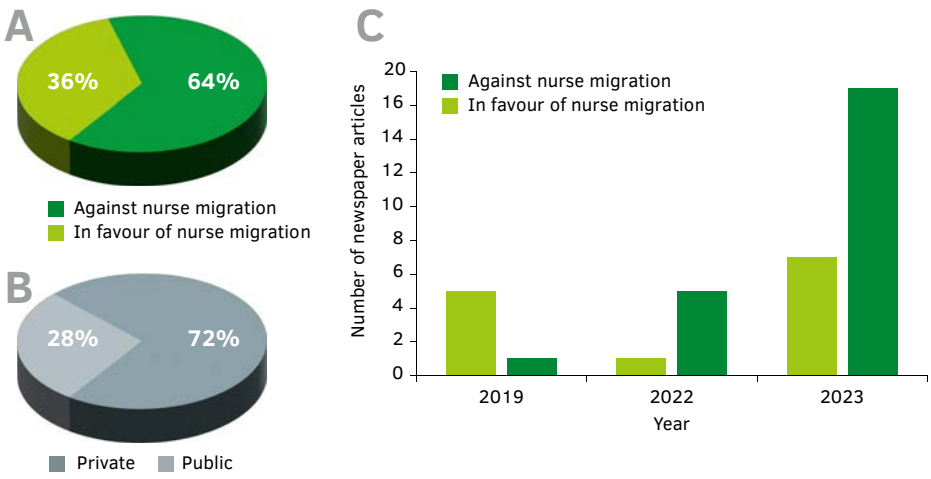

Figure 1. A) The stand of reported news on nurses' migration B) The proportion of news stories on nurse migration published in private and public media houses C) The trend on stand of published news on nurse migration from 2019–2023

3.2 Major Stakeholders Involved in the Outmigration Discussion

The stakeholders mainly involved in the discussion of nurse's migration are summarised in Table 2. Articles in favour of nurse migration involved government bodies with the dominant stakeholder being the Ministry of Health. On the other hand, professional bodies under the health sector and the media were found to be the stakeholders involved in the reported news against issues on the migration of nurses.

Table 2. Major Stakeholders involved in the discussions of nurse's outmigration.

IN FAVOUR OF OUTMIGRATION OF NURSES	AGAINST OUTMIGRATION OF NURSES
• Ministry of Health	• The media
• Member of Parliament	• The Ghana Registered Nurses and Midwives Association (GRNMA)
• Metropolitan Chief Executive	• Ghana Medical Association (GMA)
• British High Commissioner to Ghana	• WHO Representative to Ghana
	• Customs Division of the Ghana Revenue Authority
	• Ghana Health Service (GHS)
	• The Union of Professional Nurses and Midwives, Ghana (UPNMG)
	• Deputy Head of Nursing Services
	• International Council of Nurses (ICN)

3.3 Opinions in Support of Outmigration

The content of the newspaper articles was analysed to extract information on the reasons why they were in favour of nurse's migration. It is important to mention that the opinions expressed in favour of the migration was on the grounds of having a bilateral agreement between the government and the high-income country or streamlined and well-regulated migration that would be beneficial to Ghana and the export country. Some reasons identified include the high number of trained nurses, financial gain, acquisition of knowledge and professional development. This is summarized in Table 2 with quotes.

3.3.1 Higher number of nurses in the health system

The support of nurse's migration by some stakeholders mainly from the health ministry was based on the assumption that Ghana has abundant trained nurses whose services will be beneficial to other countries. This is support with some quotes: This they noted will be beneficial to the nation.

> "Currently, some public health facilities are overburdened with the number of nurses, some have more than the required numbers and I believe these opportunities is in the right direction"
> (Nana Kwabena Adjei-Mensah Chief, Director of the Ministry of Health).

> "We have a surplus of nurses in Ghana and placing them all in our public health system is one of my headaches. There have been a lot (of nurses) produced, which, for several years, we have not been able to do anything with."
> (Nana Akuffo-Addo, President of Ghana).

The apparent surplus of nurses in Ghana caught the attention of international partners. These entities expressed a keen interest in forming bilateral agreements with the Ghanaian government to facilitate nurse migration and boost their healthcare systems.

> "There are too many trained nurses for the population to warrant it. So we are discussing with Ghana a memorandum of understanding that would allow some of those nurses to come and work in the UK in a managed way".
> (Harriet Thompson, High Commissioner to Ghana)

3.3.2 Streamline regulation to promote acquisition of knowledge, financial gain and professional development

The advocacy for structured nurse migration was based on the potential for skill acquisition and knowledge transfer if these nurses later return to the national healthcare system. Additionally, the country could gain financial benefits from exporting nurses through bilateral agreements.

> "We want to use these bilateral agreement with countries like the UK as a window to regulate the migration of our nurses such that they would be attached to hospitals there, be well paid, gain higher skills and then come back after some years to serve our people" (Kwaku Agyeman-Manu, Health Minister".

> "Ghana is going to benefit from the little money that the UK government will pass on. For every single nurse that goes away, when we finish the agreement, it is likely we will get over 1000 pounds to come and support the health system in Ghana" (Kwaku Agyemang-Manu, Minister of Health).

> "The contract for the selected nurses would last for only two years, and expressed the confidence that the opportunity would help build their professional career". (Nana Kwabena Adjei-Mensah, Director of the Ministry of Health).

3.4 Opinions against Nurses' Outmigration

Several editorials and opinions mainly from personnel in the health regulatory bodies such as the Ghana Medical Association (GMA) and the Ghana nurses and midwives' association expressed concerns on how this could negatively impact the delivery of quality health services. From the news reports, the act of nurse migration had two major unfavourable repercussions on the country, including shortage of skilled and experienced nurses and detrimental effects on quality and accessibility of healthcare. These unfavourable repercussions were mentioned in several of the news articles with shortage of skilled and experienced nurses receiving the most attention.

3.4.1 Migration increase work burnout and affect the quality of health service delivery

Stakeholders from professional bodies and other media houses expressed much concern that if urgent action is not taken to curb the incessant migration of nurses, the country's effort to achieve universal health coverage cannot be achieved. As elaborated in some quotes:

> "Nursing care is a continuum, and if people who are to relieve you have travelled out, it tells one to put in a little more hours, which will create issues of work overload". (David Tenkorang-Twum, General Secretary of GRNMA).

> "If we don't take drastic actions to stop the situation, it will certainly adversely impact healthcare delivery. There is going to be a vacuum because these are the very experienced, competent nurses and midwives who should mentor the newly recruited, and if we continue to allow them to leave the way they are leaving, then we will have problems" (David Tenkorang; Executive Secretary of GRNMA).

> "Intensive Care Unit alone had lost 20 nurses to the UK and US in the last six monthswith grave implications. … Care is affected as we are not able to take any more patients. There are delays and it costs more in mortality – patients die. Seriously ill patients often had to be held for longer in the emergency department due to the nursing shortages". (Gifty Aryee, head of nursing at Greater Accra Regional Hospital).

3.4.2 Shortage of skilled and experienced nurses

The shortage of nurses leads to overburdened healthcare facilities, longer wait times for patients, and a decline in the quality of patient care. Emphasis was placed on how experienced nurses who have worked for years had to leave which affects the delivery of quality service.

This was emphasised in some reports:

> "All our critical care nurses, our experienced nurses, have gone. So we end up having nothing – no experienced staff to work with. Even if the government recruits, we have to go through the pain of training nurses again."
> (Caroline Agbodza, deputy head of nursing, Cape Coast Municipal hospital).

> The departure of 2,000 nurses from Ghana is more than just a statistic, it represents the loss of skilled and dedicated healthcare professionals trained with the country's limited resources and have played a vital role in the healthcare system.
> (Editorial, The Chronicles)

> "How many nurses are taking care of citizens of Ghana who at any point in time either is taken ill and are accepting healthcare services or seeking the advice and care of midwives. We do not have enough midwives or nurses taking care of that. It will require not less than 38,000 Nurses to bridge the nurse-patient ratio gap quite considerably"
> (Dr. Asante Krobea, GRNA)

> "Let's take services like immunization of children. If we lose public health nurses, then the babies that have to be immunized will not get their immunization and we are going to have babies die," (Dr. Justice Arthur, Ewim Health Centre).

> "Not only are the emigrations widely pronounced, but also biting hard on the hospital and its services as almost half of all units are affected. The situation has left the facility with few staff to manage critical units such as maternity, mental health, surgical wards and theatres, among others." (Dr. Nana Kwesi Blankson, Acting Medical Director of the Kumasi South Hospital).

3.5 Perceived Reasons for the Migration of Nurses

Several reasons were mentioned to drive the surge in migration. Prominent among these include low remuneration and poor and unsafe working conditions. Low remuneration was emphasized by some stakeholders in the nursing profession as outline in some quotes in Table 3.

Table 3. Perceived reasons for the migration of nurses

REASON	QUOTES
Low Salary	"The brain drain has hit the nursing sector mainly because the nurses believe that they were being underpaid therefore, it was necessary for them to leave" (Ebenezer Acquah, Ashanti Regional Assistant Secretary, GRNMA)
	"Sadly, salaries and other conditions of service are not the best, and that is why many of our colleagues continue to emigrate from Ghana to other high-income earning countries, seeking greener pastures" (Perpetual Ofori-Ampofo, President of GRNMA)
Poor and unsafe working conditions	"We know too well the reasons for skilled people such as nurses and midwives to decide to leave the country. The poor and unsafe conditions in which these nurses and midwives work, the insecure nature of some health facilities in the rural areas and the rampant physical attacks on health workers in some communities have all been reported. Nobody feels proud to work in a poor environment with cracked walls and leaking roofs. It doesn't stimulate confidence and satisfaction" (Editorial, Daily Graphic).
High demand for health workers in developed countries	"The high demand for the services of health workers in developed countries is giving rise to the wave of Ghanaian health workers migrating" (Dr. Emmanuel-Kojo Tinkorang, the Ashanti Regional Director of Ghana Health Service).

3.6 Proposed Mitigation Measures

The stakeholders proposed measures such as the provision of better working conditions, competitive salaries, motivation and professional development opportunities. In Table 4, these measures with some quotes are presented.

Table 4. Proposed Mitigation Measures to address outmigration of nurses

MITIGATION	QUOTES
Provision of better working conditions, competitive salaries and opportunities for professional growth	"To help mitigate nurses migration, it is important for the Ministry of Health and the Ghana Health Service to strive to provide better working conditions, competitive salaries and opportunities for professional growth. This will not only help retain existing healthcare professionals, but also attract new talent" (Editorial, Chronicles)
	"It is not everyone who leaves that is attributable to low salary. Many will stay and work here if the conditions under which they work are made friendlier" (Editorial, Daily Graphic)
	"What will solve the problem is very simple and I have made it clear to the government that they need to look at ways and means that they can be intentional about retaining the people, providing better condition of service in Ghana". (Dr David Tenkorang-Twum, General Secretary of GRNMA)
Further training of current staff and recruitment of more nurses	"We are recruiting to replace those we can replace while we ensure that we are giving more people especially the nurses study leave allocations so that we can convert some of the non-professional nurses into professional ones because it is the majority of professional nurses who are leaving". (Dr Patrick Kuma-Aboagye, Director General of the GHS)

GHS-Ghana Health Service; GRNMA-Ghana Registered Nurses and Midwives Association

4 Discussion

Migration of nurses is an old phenomenon and influenced by several factors including economic and professional development. The findings of this study show that the surge in migration of nurses in Ghana is mainly due to low remuneration, poor and unsafe working environment and lack of professional development. Similar findings of low salary payment, low job satisfaction, long working hours and lack of opportunities for professional development have been reported (Anarfi et al., 2010). These problems have been recognised to drive the intention of nurses in Ghana to emigrate. Boafo (2016) found that about half of Ghanaian nurses had intention to emigrate with nurses who experienced violence more likely to emigrate. It was observed that in all the published news articles that highlighted the advantages of nurse migration, an emaphasis was laid on the fact that it was a necessity to regulate and streamline the migration policies in order to fully harness these adavantages. The Ministry of Health in most of the dicussions stated that by working in close collaboration with the Ministry of Employment and Labour Relations, the government was putting measures in place to streamline the migration policy to control attrition rate and ensure the country benefits from the migration of nurses.

The push for exporting nurses abroad is fuelled by the assumption that there are high number of nurses produced in the country. However, there has been reports of poor doctor – nurse / patient ratio in the country (Amoah-Nuamah et al., 2023; Asamani et al., 2020). It is also recommended that in order to meet future healthcare demands, the current uptake of nurses should be increased by 55 % (Asamani et al., 2021). Even though allowing private institutions to participate in the training of these nurses shows that the government recognises the need to produce more nurses to meet primary healthcare needs, adequate measures to create employment or absorb this large number of produced nurses have not been put in place. Therefore, it stands to reason that the perceived high number of nurses is an artifical surplus created by frictional unemployment in Ghana as reported by Adzei & Sakyi (2014). This is confirmed by statement made by the president during a discussion about exporting nurses to Barbados. The president clearly indicated that the government faced the challenge of integrating the large number of trained nurses into the healthcare system and that a regulated or streamlined migration was the best option.

The findings of this study indicate that both the nurses and the country stand to benefit from the exportation or migration of nurses. Emigrant nurses will obtain high salaries to improve their livelihood and families in addition to acquiring professional knowledge. On the other hand, the country will enjoy benefits such as reduced burden of unemployment, financial benefits and transfer of knowledge from return migrants (brain grain) to support the health system of the country. Despite the potential benefits, it is important to recognise that, the return of the migrant nurses is vital for the country fully exploit the advantages. However, challenges such as lack of a skilled liaison designated for assisting returnees through re-engagement processes and high import tariffs on health service equipment for private businesses have been reported by nurses who returned to Ghana. To address these, it has been proposed that the government should establish a migrant directory to allow returnees to connect with one another for moral support and assistance. Furthermore, the government can provide tax rebates to returnees or cut import costs to encourage migrants to return home (Adzei & Sayi, 2014). In addition, lack of necessary infrastructure needed to assimilate the acquired skills by returnee nurses may discourage return migration hence may affect the ability of the country to benefit from "*brain gain*".

Given that over 60 % of the newspaper articles expressed negative views on the nurse's migration, it's evident that the media and other key stakeholders (healthcare professional bodies) predominantly perceives the migration of Ghanaian nurses as a challenge "brain drain" rather than an opportunity "brain gain." The study by Adzei & Sayi, 2014) on drivers of nurses migration was limited by the fact that detail characteristics of the participants (health care professionals) was underexplored. For instance, information on where they practised (private / public facility), whether their outmigration was self or government supported and whether they had retired from abroad before their return were lacking. The surge in demand for healthcare workers in developed countries post the COVID-19 outbreak may have amplified this sentiment, potentially increasing the nurse attrition rate and subsequently increasing the frequency of related news articles after the pandemic. It's worth noting that private media outlets outnumber state-owned ones in Ghana. This disparity might account for the more substantial volume of nurse migration articles found in online archives of private news agencies compared to their public counterparts.

Shortage of nurses owing to migration if not handled properly is likely to have a number of adverse effects. It could lead to the deterioration of the health care system, compromising of emergency response and also increase in inequality (Asabir, 2018; Asamani et al., 2018).

The key mitigation suggestion put out in the newspaper articles were the provision of better working conditions, competitive salaries and opportunities for professional advancement. Appealing working environment in advanced nations attract health care professionals from developing countries. Efficiency and performance are increased when nurses work in hospitals with current diagnostic tools, nice infrastructure and good lighting systems.

The government is burdened with the duty of integrating the large number of nurses produced into the healthcare system. This together with the potential financial benefits that the country stands to gain from regulated exportation or migration of nurses to HICs may have contributed to the government bodies being in support of streamlined migration of nurses. In contrast to this, associations and health bodies the mass exodus of nurses as a drain on the nation's resources and a threat to the healthcare system. This would ultimately create work overload and negatively affect the quality and accessibility of healthcare services in the nation.

The debate around nurse migration in Ghana doesn't present a simple solution. While the government recognizes the challenges posed by nurse migration, it also sees potential benefits, especially in the form of remittances and possible bilateral agreements. Moreover, given the difficulties in absorbing the high number of trained nurses into the Ghanaian health system, organized migration has been proposed as a solution. As advocated by other stakeholders, a multi-pronged approach that addresses the professional, economic, and personal concerns of nurses, the Ghanaian government can make significant strides in reducing the emigration of nurses from the country.

5 Conclusion

Majority of the opinions expressed in the newspaper consider emigration of Ghanaian nurses as a challenge ("brain drain") rather than an opportunity ("brain gain"). Low remuneration and poor and unsafe working conditions were the highlighted push factors of nurse's outmigration whereas high demand for health workers in HICs was the dominant pull factor. The major reason identified to support the emigration of nurses was the large number of unemployed nurses in the country. Regulated or streamlined migration was found to be a measure being put in place by the government for the nation to benefit from the potential benefits of the migration of trained nurses. The media and health care professional bodies championed efforts to curb nurse emigration, highlighting potential setbacks the country could face in delivering quality healthcare services. Measures such as the provision of better working conditions, competitive salaries and opportunities for professional growth were proposed to address the mass exodus of nurses to HICs.

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Appendix

Table 5. Characteristics of included studies

S/N	TITLE OF ARTICLE	SOURCE	DATE OF PUBLICATION	TYPE OF PUBLICATION
1.	Migration of nurses must be nipped in the bud	The Chronicles	8th September 2023	Editorial
2.	Migration of health workers: Govt to halt exodus – Health Minister	Ghanaian Times	7th September 2023	Opinion
3.	Stop the rhetoric about health worker brain drain	Ghanaian Times	8th September 2023	Editorial
4.	Nurses' export will promote skills acquisition – Health Minister	Ghanaian Times	23rd January 2023	Opinion
5.	Govt completes recruitment of 120 nurses for Barbados	Ghanaian Times	26th November 2019	Opinion
6.	Pres to consider Barbados' request for 375 Ghanaian nurses	Ghanaian Times	17th June 2019	Opinion
7.	GHS loses 525 skilled personnel in a year – DG	Ghanaian Times	18th August 2023	Opinion
8.	Improve health workers service of conditions to stop brain drain – GRNMA	GhanaianTimes	15th April 2023	Opinion
9.	MoH To Streamline Health Workforce Migration Policy	Daily Guide	8th September 2023	Opinion
10.	Ghana To Supply UK Nurses– Minister	Daily Guide	6th December 2022	Editorial
11.	3,000 Nurses Leave Ghana In 1st Quarter	Daily Guide	12th July 2022	Opinion
12.	Ghana To Export Nurses To Germany	Daily Guide	5th November 2019	Opinion
13.	Ghana To Send 375 Qualified Nurses To Work In Barbados	Daily Guide	15th June 2019	Editorial
14.	Calls for Health Workforce Migration Policy grow louder	Daily Graphic	15th September 2023	Opinion
15.	Ghana patients in danger as nurses head for jobs in UK	Daily Graphic	6th June 2023	Opinion
16.	Confronting exodus of nurses, midwives	Daily Graphic	31st August 2022	Editorial
17.	PNMG worried over migration of Ghanaian nurses, midwives to UK	Citi newsroom	2nd July 2022	Opinion
18.	Exodus of nurses due to poor conditions of service – GRNMA	Citi newsroom	8th September 2023	Editorial
19.	Patients in danger as Ghanaian nurses head for UK's NHS	Citi newsroom	6th June 2023	Opinion
20.	UK redlist: Only better conditions of service can halt exodus of health workers – Ghana Registered Nurses	Citi newsroom	12th April 2023	Opinion

S/N	TITLE OF ARTICLE	SOURCE	DATE OF PUBLICATION	TYPE OF PUBLICATION
21.	Ghana, Barbados sign agreement to recruit 120 Ghanaian nurses	Citi newsroom	15th November 2019	Editorial
22.	Ghana needs 38,000 nurses to bridge gap in health sector – Association	Citi newsroom	17th June 2019	Opinion
23.	We are working to address issues concerning brain drain – GHS	Citi newsroom	29th June 2023	Opinion
24.	Ghana has a surfeit of trained nurses to warrant controlled migration – Harriet Thompson	Myjoyonline	4th May 2023	Opinion
25.	Stay and serve the motherland – Nurses told	Myjoyonline	21st July 2023	Opinion
26.	Patients in danger as nurses head for NHS in UK – medics	Myjoyonline	6th June 2023	Opinion
27.	Increase salaries of nurses to curb high attrition rate- General Secretary, GRNMA	Myjoyonline	10th July 2023	Opinion
28.	Invest in healthcare workers to reduce migration – WHO	Myjoyonline	15th November 2022	Opinion
29.	Over 3,000 nurses have migrated from Ghana for greener pastures this year; GRNMA blames government	Myjoyonline	1st June 2022	Opinion
30.	59.9% of practicing nurses intend to leave the country – Senior nurse reveals	Myjoyonline	15th February 2023	Opinion
31.	Government to halt exodus of health workers – Health Minister	Myjoyonline	7th September 2023	Opinion
32.	Rapture-like' exodus of health professionals hits Ashanti region	Myjoyonline	6th July 2023	Opinion
33.	Brain Drain: 4,000 nurses left Ghana between January and July this year – GRNMA General Secretary	Myjoyonline	28th July 2023	Opinion
34.	GRNMA blames low salaries and poor conditions of service on exodus of nurses	Myjoyonline	25th July 2023	Opinion
35.	Nurses/Doctors exodus: There is no succession plan in place – Kwame Sarpong Asiedu	Myjoyonline	3rd July 2023	Opinion
36.	GMA unhappy with exodus of nurses, calls on government to act urgently	Myjoyonline	1st July 2023	Opinion

Webinar – 21 November 2023

To Stay or to Go?

Outmigration of Nurses from Ghana

Global Partnership Network (GPN, University of Kassel, Germany)
& University of Cape Coast (UCC, Ghana)

Webinar Programme

1. *Dr. Christa Wichterich & Prof. Angela Akorsu:* **Welcome, introduction of the Global Partnership Network (GPN), overview of the project and background to the webinar**

   Prof. Kingsley Pereko, **Moderator**

2. *Sarah Ama Amoo:*
   Out-Migration of Ghanaian Nurses to Developed Settings:
   Implications of Nurse Migration for Health Delivery

3. *Kofi Ameyaw Domfeh:*
   The Driving Factors to Nurse Migration in Ghana.
   A Scoping Review

4. *Dr. Edward Ameyaw:*
   Is Ghana Powerless to Mitigate Nurse Migration?
   The Role of the Government

5. *John Eliasu Mahama:*
   The Influence of International Policies on Health Workers' Migration

6. *Isaac Boadu:*
   Public Debate on Nurse Migration in Ghana.
   A Newspaper Content Analysis

7. *Dr. Anarfi Asamoa-Baah:*
   Discussant's Comments and Policy Perspectives

   Questions & Answers

The webinar was recorded, but due to the poor technical quality, the recording cannot be reproduced as YouTube. Therefore, these minutes try to briefly outline the presentations and contributions made. Altogether, 63 people participated in the two hours Zoom webinar. After Dr. Christa's introduction of the Global Partnership Network and the comparative study "To stay or to go. Recruitment and outmigration of nurses from India and Ghana", Prof. Kingsley Pereko introduced the five speakers who had contributed five papers to the project.

Sarah Ama Amoo highlighted the nurse migration issue in Ghana, particularly focused on the root causes. She began by providing a brief background, highlighted that the nurse migration from Ghana is not a new phenomenon, and emphasized that the post-COVID pandemic period has seen an unprecedented increase in the number of nurses leaving the country. The key reasons for this migration were identified as poor working conditions, insufficient resources, and economic factors such as low remuneration and high living costs. She highlighted active recruitment efforts by other countries, easing immigration processes for interested individuals. People migrate for career development opportunities. Sarah briefly discussed the ethical dilemma of nurses' migration rights versus citizens' access to healthcare, emphasizing that nurse departure may hinder healthcare access for the local population.

Kofi Ameyaw centered on the effects of nurses' migration on the health sector in Ghana and provided recommendations. The key points he highlighted were the consequences of migration, such as substantial workforce shortages in source countries, leading to compromised healthcare delivery and the exacerbation of existing healthcare disparities. Kofi Ameyaw proposed solutions and emphasized the importance of implementing policies that encourage the retention of healthcare professionals, investing in local healthcare infrastructure, and fostering international collaboration. These measures were crucial to establishing a sustainable and equitable global healthcare system.

Edward Ameyaw raised the question of whether the government of Ghana is powerless in addressing the out-migration of nurses and answered in the negative. He highlighted the need for a specific policy framework to regulate and reduce the rate of nurse migration from Ghana. The main point here is that, although the government has the ability, there needs to be a specific policy approach to effectively managing nurse out-migration.

John Eliasu Mahama discussed the global issue of health worker migration and emphasized the role of international policies and institutions, such as the WHO Global Code and bilateral labor agreements. He highlighted the need for advocacy to strengthen health sectors in source countries and recommended increased research investment. He urged support for rules facilitating the health workers' movement, emphasizing their global significance.

Isaac Boadu, as per his analysis, observes that a significant portion of opinions in the media and among registered health professional bodies view the outmigration of Ghanaian nurses as a challenge, often referred to as "brain drain," rather than an opportunity for "brain gain." The reasons cited for this perspective include low remuneration and poor working conditions acting as push factors. He addressed that the government actively supports the streamlined outmigration of Ghanaian nurses to countries like Barbados and the United Kingdom, a strategy primarily driven by the considerable number of unemployed nurses in Ghana.

The presentations by the five authors of the papers were followed by a comment.

Dr. Anarfi Asamoa-Baah[1]

Navigating the Nursing Exodus Insights, Challenges, and Strategies for Ghana's Healthcare Future – Reflections on Migration Trends

The five presentations have covered a big part of the terrain. I therefore intend only to reflect, repeat, regurgitate some of the excellent points they made.

Happily, there is a lot of convergence. All presentations reminded us that what we are witnessing, whether we call it exodus, outmigration, emigration, or brain drain, is not a completely new phenomenon. It has been going on for years. The last big wave was in the early 2000s. However, since the Covid-19 crisis, we have seen an exponential increase, a surge, in the number of Ghanaian nurses leaving the shores of Ghana to the UK, the USA, Canada, and Australia. This is worrying because of the critical role nurses play in the Ghanaian health service delivery system. Most people are familiar with the work of the nurse in sickness management, but nurses play key roles in preventing sickness, promoting good health, rehabilitative and palliative care, public health emergencies, training, administration, and research.

Nurses work at all levels of health, from the community, to primary, secondary, and tertiary levels. Consequently, acute "hemorrhage" of nurses has severe implications. It affects availability, access, quality, and compassionate, people-centred health care. With fewer nurses available, the workload on the remaining nurses increases with attendant increased physical and mental stress on nurses.

The fact that some surveys indicate that over 50 % of nurses have indicated that, given the chance, they will migrate points to the fact that the current situation is likely to get worse.

It is, therefore, not surprising that the public, the nursing fraternity, and the Government have shown concern, as evidenced by recent newspaper reports. There is a saying that you cannot solve a problem unless you have a rich understanding of the problem. Unfortunately, in Ghana, we do not always invest in having a rounded understanding of the problem at stake. Based on half-truths and single narratives, we jump to put forward half-baked solutions. We tend to treat symptoms and not causes. We hardly undertake detailed political analysis of power relationships and the different stakeholders' interests.

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All the presentations reminded us that at the bottom of the problem of the exodus of nurses is the global shortage of nurses. Our world today does not have the quantity of nurses we need to help us achieve the ambitious targets we have set for ourselves, for example, the Sustainable Development Goals (SDGs). Many countries do not have the numbers. Those with the numbers do not have the right mix, the right distribution, and the right quality. Interestingly, rich and poor countries are addressing this crisis differently. In general, most poor countries focus on producing and training more nurses, whilst rich countries rely on the strategy of poaching nurses from poor countries. It is much cheaper for them. To be fair, this is not a new strategy. It has been a strategy used in the 1960s and 70s. The lesson is that we cannot address the exodus of nurses by only looking at the policies and actions of source countries. We should also look at the policies and actions of destination countries. Global collaboration is a key answer to the crisis.

To be able to deal with this problem, we must understand the "epidemiology" of the problem.... who, where, when how and why" In many cases, detailed data is lacking. We heard of about 500 nurses a month. We knew there is a special interest in specialized nurses…critical care nurses, operative care nurses etc. There appears to be a new interest in care givers. Nurses leaving are mostly young people from big health facilities in urban areas. More documentation on the epidemiology of the crisis will be very informative for policy making.

Fortunately, we know a lot about driving factors. The number one driving factor is low wages. Nurses are looking for decent accommodation and means of transport. Driving force number two, the poor working conditions…poor infrastructure, lack of equipment, lack of respect. Workload and stress at work are important factors. Equally important is the lack of career opportunities. It is therefore important that we address these concerns. But we need to also address the pull factors. The aggressive, unethical recruitment, fast track immigration processes by recruitment agencies, masquerading as private agencies. As individuals, it is sometimes very difficult to negotiate credible conditions. People get excited about the proposed wages. The current foreign exchange rates make them very attractive. The other conditions of service are usually not properly negotiated. Many nurses after migration end up frustrated. Some are discriminated against and not allowed to operate at the right level.

That's why Govt to Govt bilateral agreements are so important. That's why international instruments like the WHO Global Code on the International Recruitment of Health Personnel are encouraging developments. They help establish some standards. They help in naming and shaming countries who do not meet the established standards. Given all these, how has Ghana, so far, dealt with this problem, what more do we need to do and what can we learn from other countries. To be fair, the Govt of Ghana over the years has attempted and implemented many different strategies. So, we do not lack a policy framework. Implementation, however, has been problematic and patchy.

What is the current policy thrust?

Ghana is adopting the policy of managed emigration, where the Government seeks not to discourage nurses from migrating but rather facilitate their exodus. Over the years, the Govt has increased the number of nursing training institutions. The country now has over 100 nursing schools. Trainee nurses are paid allowances. The result is that every year, a large number of nurse's graduate. Unfortunately, the Govt is unable to absorb all of them, leading to frustration and high levels of unemployment among nurses. The government is hoping to resolve the unemployment problem and nurse dissatisfaction by negotiating better recruitment conditions for nurses and even getting some income from these deals. A deal has been negotiated with Barbados, and discussions are well advanced with the United Kingdom.

Lessons from other countries point to 5 general principles. A holistic approach: a comprehensive set of actions, working on multiple fronts, aggressive and systemic interventions, and moving quickly from pilot to systemic-wide implementation.

The key areas of intervention should include.

Improved wages and salaries, Improved living conditions...cars, houses for nurses, Improved working conditions...equipping facilities, renovating health infrastructure, Creating more career opportunities. College of Nursing, more postgraduate slots, nurses branching into other areas, Managed migration...bilateral agreements with all destination countries. Return policies are needed. The Govt must partner with WHO and ILO and strengthen training institutions. The quality of training depends largely on the quality of the faculty. There is a need for a special package for nursing tutors. Many nursing schools lack basic infrastructure and amenities. The use of technology in teaching needs to be enhanced. An area requiring major work is equipping student nurses with soft skills. Communication skills, emotional intelligence, compassion, and the right attitude to work. More engagement between stakeholders and the public is crucial to ensure the right balance between the right of nurses to emigrate and the right of citizens to decent health care.

I wish, therefore, to congratulate academia, GPN, the University of Cape Coast, and her partners for this initiative and for creating this forum to help reach consensus on the best way forward.

This was followed by a questions and answers session.

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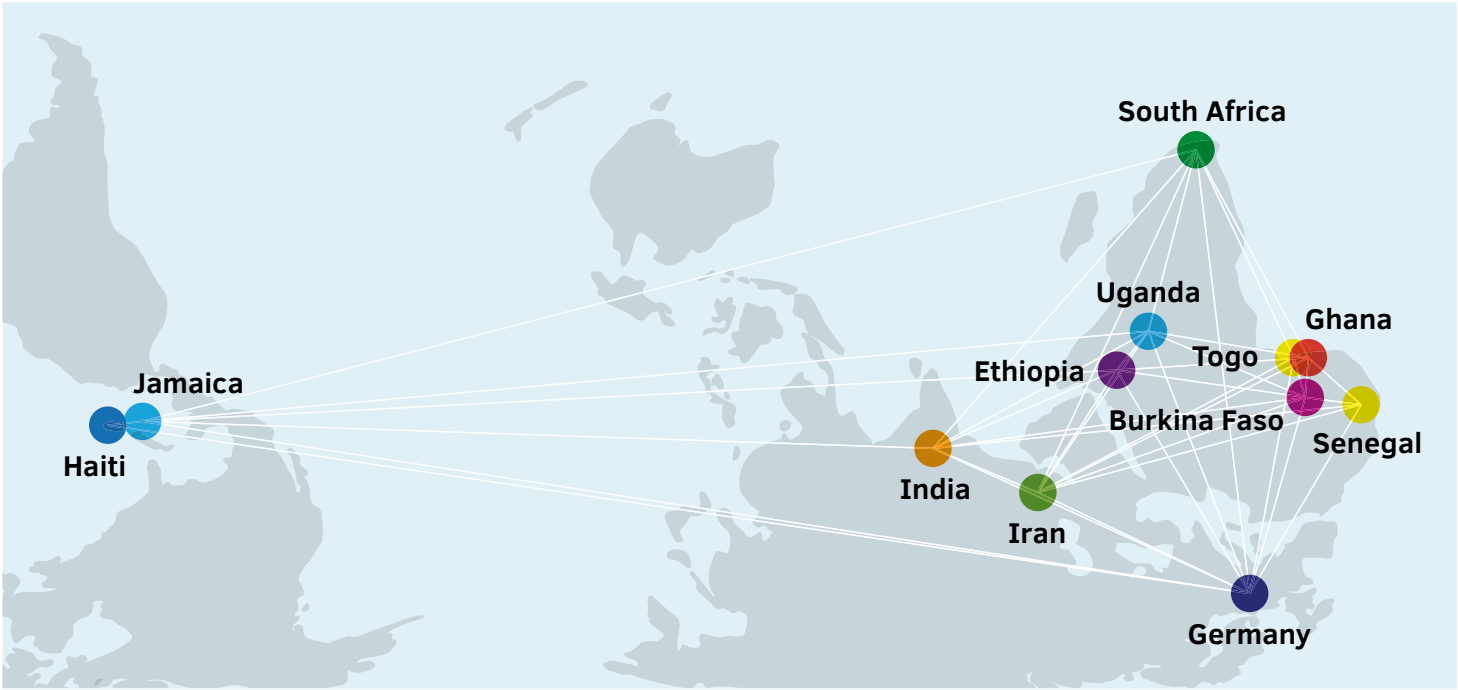

The Global Partnership Network

This world map displays all countries in which GPN partner institutions are located. The South-Up projection draws attention to overcome Eurocentrism and to take a multitude of perspectives and knowledges into account.

The GPN is funded by the programme “exceed – Higher Education Excellence in Development Cooperation”, managed by the German Academic Exchange Service (DAAD) for the German Federal Ministry for Economic Cooperation and Development (BMZ).

Federal Ministry for Economic Cooperation and Development

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