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Nurse Migration in Guyana

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Presentation

The 21st century has presented several challenges to those responsible for the training, development, and management of human resources for health. There is need to strengthen the quality of training, ensure the acquisition of job skills that facilitate a comprehensive response to the needs of users of health services, and improve the equitable distribution of these critical resources.

In the above context, the migration of human resources for health is a topic that should be given high priority by Governments. The development and implementation of mechanisms to reduce and compensate for the migration of health personnel, through collaboration between supplying and receiving countries, is of paramount importance.

The importance and impact of the migration of health workers has been widely analyzed by the Pan American Health Organization/World Health Organization (PAHO/WHO), and this issue is reflected in PAHO's Regional Goals for Human Resources for Health 2007-2015. The Goals recognize that "with competition for scarce human resources increasing, the international migration of health workers is likely to intensify in the coming years, leading to further workforce destabilization in less-developed coutries."

For this reason, Goal 10 states that "All countries of the Region will have adopted a global code of practice or developed ethical norms on the international recruitment of health care workers".

Aware of the impact that migration of human resources for health can have on the health system in Guyana, the Ministry of Health, with technical cooperation from PAHO/WHO and funding from the US President's Emergency Plan for AIDS Relief (PEPFAR), took the lead in commissioning a study on nurse migration in Guyana. This study will surely contribute to the future definition of actions for an integrated approach to this challenge, not only for the nursing sector, but also for other groups of health workers.

Leslie Ramsammy
Hon. Minister of Health, Guyana

Foreword

The last twenty years have represented a historic time of change in public health, including the influences of health sector reform and globalization. The development of health human resources in general, and in nursing specifically, has been influenced by those factors, with simultaneous positive and negative impacts. The shortage and migration of nurses all over the world, including in the Americas, are increasing challenges that are having a significant negative impact on health services, as well as on the conditions of life and work of nurses.

Migration has a specific influence in the context of subregional integration, particularly linked with increased mobility of professionals and efforts to standardize educational provisions, degrees, and professional certifications. Random surveys have indicated an important flow of migration in many countries of the Region, and Guyana is no exception.

Since 2005, PAHO has developed several analyses of nurse migration, including in most Latin American countries, North America, and the Caribbean. The results show several flows within countries of Latin America and the Caribbean, with the most intense streams towards, respectively, Spain and Italy, and the United Kingdom (UK), United States of America, and Canada.

The Pan American Health Organization (PAHO) and the World Health Organization (WHO) are committed to disseminating and supporting the Global Code of Practice for the International Recruitment of Health Personnel, which was approved by the World Health Assembly in May 2010. The Code aims to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel and to facilitate the strengthening of health systems. The Code includes the main lines of work, analysis, and collaboration to mitigate and reverse the effects of uncontrolled migration, develop effective strategies for self-sufficiency in destination countries, and improve work conditions and career development in countries of origin.

The Caribbean has made attempts to manage the migration of health workers; a bilateral agreement between the Caribbean Community (CARICOM) and the UK was established, and the Caribbean was the first region to develop (in 2001) a “managed migration” strategy, with the aim of retaining adequate numbers of competent nursing personal in Caribbean health systems. The strategy acknowledged the nurses’ right to mobility, but allowed interventions that would help to avoid depletion of their skills and resulting instability in national health services. It also emphasized the value of nursing, and the utilization and deployment of nurses, in the framework of health sector reform.

In addition, the Caribbean Single Market and Economy (CSME) created a shared “common market” for products and services in the Caribbean, including those provided by health workers. This has helped to create common standards for nursing education and practice in CARICOM countries.

In order to develop appropriate interventions to mitigate the shortage of health human resources and to facilitate the responsible management of their migration, there is need for deeper analysis in specific countries where the problem is posing a severe challenge to the establishment of efficient and effective health services.

This report of a PAHO-supported investigation on nurse migration in Guyana describes the challenges, and aims to lay the foundation for the formulation of guidelines and plans for relevant human resources development and management. The report expands the analysis of nurse migration in the Region of the Americas, and gives support and evidence for decision-making.

The PAHO/WHO Country Office in Guyana is pleased to have collaborated with other PAHO entities and the Ministry of Health, Guyana, in adding to the body of knowledge and identifying possible interventions for strengthening health human resources and the national health system.

D. Beverley Barnett
PAHO/WHO Representative, Guyana

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- To Dr. Javier Uribe, who gave the technical and administrative support to the different moments and parts of this initiative to make it possible.

Executive Summary

The focus of the study was migration of nurses from Guyana for a ten-year period, 1997 to 2007. The aim was to identify the causes of the migration from Guyana and/or from the government health services, and to recommend retention strategies.

Three patterns of nurse migration were studied: out-migration from Guyana, internal migration, or movement of nurses from the government health services to private sector health services, and return migration, those nurses returning to Guyana.

The movement of nurses from developing countries to developed countries is of global concern, creating economic, workforce problems, and health coverage hardships for the source countries.

Globally, countries, developed and developing are experiencing shortage of nurses, prompting the developed countries to poach nurses from the developing world to solve their problems of shortage.

Many push and pull factors influence the geographical movement of nurses. These include, but are not limited to socio-politico-economic, professional or career development, better quality of life, and social safety and security for self and family.

Guyana has a perceived shortage of nurses due to migration to the metropolitan markets. The study focussed on the 'push' and 'pull' factors of the donor and receiving countries respectively.

Several instruments were used for the study. Firstly, a questionnaire focusing on the 'push' and 'pull' factors were administered to 193 nurses, representing 47% of the nurse population. Secondly, the International Council of Nurses Positive Practice Environments for Health Professionals Checklist was also administered to the same sample of nurses. Thirdly, an attempt was made to capture relevant data from the Schools of Nursing and the hospitals and health centres/clinics. Not all tables were completed, particularly those from the hospitals and health centres/clinics. This did not adversely affect the results of the study. The intent was to gain an insight of the staffing status of these facilities.

A tracking system was established to locate each nurse since graduation for the period of the study.

The findings indicated that the UK was the number one poaching country in the late nineties. It was replaced by the USA as the present major receiving country. It is assumed that this shift is due in part to the introduction of the Commonwealth Code of Practice for the International Recruitment of Health Workers (2003), which is intended to prevent poaching between Commonwealth countries.

There are regional differences to the findings of the study.

However, the findings indicate a predominantly female nursing profession, age ranges 25-40 and 40-55. They are mostly married with one to two children, mainly in the age range of 12+ years of age. All, except one are Guyanese citizens. Approximately 80-90% of respondents are at various stages of the five-year contract. All plan to honour this obligation. Very few indicate a desire to migrate at the end of the contract.

With respect to the push factors/conditions of work or the most disliked factors in the health services, these indicate workload and job related stress, followed by equipment and supplies, physical facilities. For push factors/conditions of service, opportunity for further study and personal development, followed by consideration for nurses' welfare were the most disliked.

Pull factors or those conditions perceived to be more attractive in the receiving countries. Nurses leaving Guyana are motivated by a desire for a better quality of life for themselves and their family. This means better salary and the ability to own material things such as a home and/or a car. It also means more opportunities for professional and personal development, including advanced education preparation and career development, better job promotion process. Personal and family social security and safety are also important factors.

In discussion with the nurses, they indicated a lack of value for the profession.

They need to be valued.

The respondents emphasised the lack of consideration shown by the authorities for their welfare; that their non-involvement in decision-making affecting their professional life is pervasive throughout the health system, and that there is no transparency in such decision-making. There is also a pervading philosophy of the unimportance of advanced education preparation for the nurses resulting in a lack of educational opportunities and non-support for such activities where they do exist nationally. There is a belief that if the nurses have advanced nursing education preparation or if entry-to-practice is the Bachelor of Science degree in nursing, this will further increase the migration of the nurses. Contrarily, the data shows that the nurses are on the move in search of better education opportunities. Experience has shown that an educated nurse workforce has the capability and the capacity to advance a country's strategic health goals and provide better quality service and care to the population.

With respect to internal migration, there is a limited national market. Those who migrated to the private sector facilities gave 'good physical facilities, equipment and supplies and overall working conditions' as reasons for moving to this sector.

Regarding return migration, the data analysis showed that very few nurses have returned to Guyana. The 'return of family' is the reason given for return migration.

The data analysis did not show a marked increase in nurse migration in recent years.

Based on the survey findings, the recommended retention strategies focussed on 'motivators' or those factors that aim at developing the nursing profession and motivate the nursing workforce. These are outlined as: conditions of work, conditions of service, professional recognition and other.

Generally, there was great support from the nurses in the conduct of this study.

I. Introduction

1. Terms of References

The focus of the terms of reference for this study was nurse migration, Guyana.

The aim was to ascertain the causes of nurse migration from Guyana and/or from the government health services, and to recommend retention strategies.

Three patterns of nurse migration were studied: out-migration from Guyana; internal migration, that is movement from the government services to private sector services, and return migration, those nurses returning to Guyana.

A workshop was held to present the findings and recommended retention strategies. The participants were requested to propose action for these strategies and plan the way forward. The Honourable Dr. Leslie Ramsammy, Minister of Health and Dr. Kathleen Israel, PAHO/WHO Representative addressed the participants. The Workshop Report is at Appendix 4.

The study was divided into two parts. Part 1 established the parameters for Part 2, which is the major focus of this report.

2. Global Nurse Migration

The movement or migration of nurses from one country to another is not new and occurs for various reasons. To some extent, nurse migration is conditioned by labour market forces, which influence social and other conditions in both developed and developing countries leading to pull and push factors.

Push factors are those conditions that influence the nurses' decision to leave their own country for another.

"Push factors identified by Awases, Gbary, & Chatora (2003) include economic factors (unsatisfactory remuneration), institutional factors (lack of proper work facilities and equipment), professional factors (lack of career development options) and political factors (socio-political instability)" (Kingma, 2001; Buchan, 2001) (*www.nursingsociety.org/aboutus/.../policy_migration.doc*).

Conversely, pull factors are those conditions in a given country that attract nurses, influencing their movement to that country. Such factors include opportunities for professional and personal development, aspirations for a better quality of life, personal and family safety, improved remuneration and other benefits, and educational opportunities for children and/or spouse.

The International Council of Nurses (ICN), International Centre on Nurse Migration ICNM) has grouped these push and pull factors as:

"**Income:** differences in salaries and living conditions between home and target country.

Job satisfaction: perceptions of good working environment and whether or not it is possible to best use one's technical and professional skills.

Organizational environment and career opportunity: differences in opportunities for professional education and for advancement.

Governance: general political governance, as well as differences in administrative bureaucracy and in the efficiency and fairness with which government and health services are managed.

Protection and risk: differences in how safe it is to live and work in a particular place, including levels of crime and risk at the workplace.

Social security and benefits: differences in possibilities for health insurance, unemployment protection, or fair retirement benefits."(ICNM, 2008).

According to the International Council of Nurses, "…International recruitment of nurses has become issues of global concern in the past decade. Nurses have always embraced the opportunity to move across national borders in search of better pay, career advancements, and better working conditions and quality of life….The importance of building national self-sufficiency to manage domestic issues of supply and demand, in rich and poor countries alike, is crucial." (ICN, 2006, p.2).

The literature suggests "workers tend to go where the working conditions are best. Income is an important motivation for migration, but not the only one. Other reasons include better working conditions, more job satisfaction, career opportunities and the quality of management and governance." (WHO, p.1, *http://www.who.int/mediacentre/factsheets/fs.301/en/index.html*).

The developing countries, which are the major source countries, face many challenges posed by nurse migration. They constrain the ability of these countries to develop and sustain their health systems, and thwart their ability to meet commitments nationally, regionally and globally. Thus, countries are forced to deliver substandard services and care to their people, while the remaining nurses attempt to fill the gaps in service and care, further exacerbating the problems within the service.

The challenges also retard the development of the nursing profession. It is therefore very difficult for developing countries to experience progress in the development of their nursing workforce. It is usually 'one step forward and several steps backwards.'

Kingma (2001) suggests that the negative effects of international migration on "supplier" countries are beginning to be recognized, but that they have not been effectively addressed. Certainly, there must be some sort of a balance between the right of individual nurses to choose to migrate (autonomy), particularly when the push factors are overwhelming, and the more utilitarian concern for a donor nation's health as a result of losing scarce nursing resources (Huston, 2006) (*www.nursingsociety.org/aboutus/.../policy_migration.doc*).

"….Huston (2006) suggests that 'one must at least consider whether recruiting nurses from other countries to solve acute staffing shortages is simply a poorly thought out, quick fix to a much greater problem and in doing so, not only the donor nations are harmed, the issues that led to the shortage in the first place are never addressed.'

Clearly, large scale recruitment of nurses from other countries would be less necessary if both importer and exporter nations made a more concerted effort to improve the working conditions, salaries, empowerment, and recognition of the native nurses they already employ." (*www.nursingsociety.org/aboutus/.../policy_migration.doc*).

"The WHO resolutions on migration (WHA57.19) and rapid scaling up of health workers (WHA59.23) request Member States to put in place mechanisms which aim to improve the retention of health workers. Very recently, the Kampala Declaration, called on governments to "assure adequate incentives and an enabling and safe working environment for effective retention and equitable distribution of the health workforce." http://www.who.int/hrh/migration/retention/en/index.html

Like other countries, Guyana has experienced over the years a loss of Registered Nurses/Registered Midwives due to migration.

II. Guyana

The Co-operative Republic of Guyana; total area: 214,970 sq km (land: 196,850 sq km, water: 18,120 sq km), has a population of 772,298 (2009 est.). The capital and largest city is Georgetown with a population of 227,700 (2003 est.). *Http://www.infoplease.com/ipa/A0107608.html*.

1. Health Profile

"Guyana continues to experience a high burden of communicable diseases, as well as high levels of both non-communicable diseases and injuries. Compared to the other countries in the Americas, Guyana has a higher burden of disease per capita for all three groups of diseases". *Http://www.guy.paho.org/strategy.html*.

2. Health Services

"The Ministry of Health has overall responsibility for the population's health, including regulation of health policies and legislation, the establishment and enforcement of standards for the delivery of health care and the protection of public health nationally, accreditation of all health facilities, identification of human resource needs in the health sector, development and placement of health personnel." *Http://www.paho.org/english/SHA/prflguy.htm*.

Health care services are delivered across five different levels and related facilities, which are decentralized to ten health regions.

The health regions under technical and professional guidance from the Ministry of Health are responsible for health care within their boundaries (Appendix 1).

The Ministry of Local Government is responsible for financing and providing services at the regional level. The National Insurance Scheme provides some health benefits to employed persons. The private sector functions independently, and provides services mostly in the capital and other urban centres. The non-governmental organizations (NGOs) are actively involved in health care delivery." *Http://www.paho.org/English/DD/AIS/cp_328.htm*.

3. Nursing Workforce

There are a total of 3,405 health workers in Guyana. Of this total 43 are physicians, 83 general medical officers, 27 consultants, 32 general dentists, 129 pharmacists and 757 professional nurses. (*Http://www.paho.org/english/SHA/prflguy.htm*).

During the study, sources have shown a present estimate of 493 professional nurses currently in the health services; another, 410.

Categories of nursing personnel in Guyana are indicated at Table 1.

The profile of the Registered Nurse/Registered Midwife (RN/RM) is at Appendix 2.

Table 1: Categories of Nursing Personnel and Training

Categories	Training Institution	Duration of Training	Credential	Ownership
Registered Nurse (RN)	1. Georgetown School of Nursing	3 years	Diploma	Ministry of Health
	2. Charles Roza School of Nursing (Linden)	3 years	Diploma	Ministry of Health
	3. New Amsterdam School of Nursing	3 years	Diploma	Ministry of Health
	4. St. Joseph Mercy School of Nursing	3 years	Diploma	St. Joseph Mercy Hospital
Nurse Midwife Basic/ Domiciliary/Direct Entry	As above, except for St. Joseph Mercy School of Nursing	2 years	Certificate	As above, except for St. Joseph Mercy Hospital
Nurse Midwife (Post RN Training)	As above, except for St. Joseph Mercy School of Nursing	1 year	Certificate	As above, except for St. Joseph Mercy Hospital
Nursing Assistant	As above, except for St. Joseph Mercy School of Nursing	18 mos.	Certificate	As above, except for St. Joseph Mercy Hospital
Nurses Aide	Hospital-based (Needs-based training)	6 mos.	Certificate	

The University of Guyana offers a post-basic Bachelor of Science Degree in Nursing. The programme of 2 years duration has three streams, namely, public health nursing, nursing education, nursing administration. Other post-basic courses such as anaestheology are offered at Georgetown Public Hospital Corporation.

4. Staffing

"The health system has been adversely affected by continuing political conflicts, violence, poverty, inequity and migration of qualified professionals. Lack of investment and human resource (HR) policies (low motivation, absenteeism, difficulties to retain and station staff in remote areas) have resulted in poor distribution and inequalities in health care provision: 12.5% of Guyana's population does not have access to healthcare. Low population density and geographical difficulties of some regions also affect coverage and infrastructure development." http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_guy_en.pdf

III. Survey

1. Scope of the Study

The period of study was for ten years, 1997 to 2007.

On graduation, the Registered Nurse is expected to serve Guyana under a five year contract.

The study was in two parts.

Part 1 outlined the parameters for Part 2 and included the establishment of a tracking system, which locates the graduates of each School of Nursing, their placement in the health systems (public and private) and their present status for the period of the study. Relevant data was collected from the Schools of Nursing, and health care facilities.

Part 2 is further elaboration of the study, focusing on data collection from the sample population, analysis of data and recommended retention strategies, planning and conduct of a workshop to present the findings, discuss and agree on the retention strategies and map the way forward.

2. Sampling

A fifty percent 50% sample representing the nurse population in nine of the ten health regions health care facilities were requested (Appendix 3). The actual population and sample size for each region is shown at the Table below.

One source lists (from regions and hospitals) provided an estimated total nurse population as 493 nurses and nurse midwives. Another source's data (HRD Unit) is at Table 2, which shows a total of 410. The requested sample size was 218; the actual sample size was 193 (47% of the nurse population).

Table 2: Sample Size per Region

	Region	Nurse Population	Requested Sample Size	Actual Sample Size	Comments
1	• Mabaruma Regional Hospital	4	2 2	0	
2	• Suddie Regional Hospital • Suddie Health Centre	11	6 5 1	6	
3	• West Demerara Regional Hospital • Leonora Dx & Rx Centre	21	11 11 1	12	Includes 1 Midwife 3 Nursing Assistants
4	• Georgetown Public Hospital Corporation • Georgetown School of Nursing	131 10	67 5	66 6	
5	• Mahaicony District Hospital • Wellington District Hospital	5	3	2 1 1	
6	• New Amsterdan Hospital, etc. • New Amsterdan School of Nursing	52 6	21 3	12 3	

Continues...

Continuation of Table 2:

Region		Nurse Population	Requested Sample Size	Actual Sample Size	Comments
7	• Bartica District Hospital	5	3	1	
8	(Combined with Region 10)	2	2	2	
9		N	O	N	E
10	• Linden Hospital Complex, etc. • Charles Roza School of Nursing	84 8	40 3	41 3	Includes 1 Medwife 10 Registered Nursing Assistants
	Private • St. Joseph Mercy Hospital • St. Joseph Mercy School of Nursing • Davis Memorial Hospital • Medical Arts Hospital	37 3 7 3 (+6 Midwives)	16 3 3 1	16 3 0 0	
	Other • University of Guyana • National Insurance Scheme • Guyana Defence Force • Guyana Sugar Company • Nurses Association	4 5 2 4 ??	2 3 2 2 ??	1 1 0 0 3	
	Total	410	218	193/47%	

3. Survey Instruments

The survey instruments included:

a. Tables for the Ministry of Health, the Schools of Nursing and the health care facilities. The focus of these Tables is the Nursing Schools statistics relative to the recruitment of students, their graduation and their allocation, as well as the staffing status of the health care facilities.

b. A comprehensive Questionnaire, with elements of push-pull factors inclusive of conditions of work, conditions of service, occupational health and safety, socio-economic-political issues of the country, internal migration, and return migration.

c. Positive Practice Environments for Health Care Professions Checklist (ICRN), which presents key characteristics of quality workplaces for health care professionals. It is intended for use by employers, professional organizations, regulatory bodies, government agencies as well as health sector professionals. It was designed by the International Council of Nurses as a reference tool to enable these groups to assess the quality of their practice environment, identify any deficiencies and develop strategies to address priority gaps.

4. Methodology

As mentioned, a tracking system for each nurse for the period of the study was developed.

Firstly, using Table10: Nurse Placements, 1997-2007, each School of Nursing was requested to provide data for the period of the study on the names of nurses of each graduating class and their placements in the health services, or other locations.

Secondly, a list of names of nurses in the health services was collected and aligned with the lists provided by the Schools. Their placements were verified against the regions and/or hospitals employment lists. A national list was requested, but was not available.

The questionnaire and the Positive Practice Environments (PPE) Checklist were administered by this Consultant. The selected sites were visited by the Consultant and each nurse/midwife in the sample at these sites was given a copy of the questionnaire and the PPE Checklist, to be completed on site. The instruments were collected by the Consultant on completion. Confidentiality was maintained throughout. Respondents were requested not to add their names or sign these instruments. No form of identification of the individual nurse and the instruments were required or used.

5. Data Collection

Firstly, the following Tables were used to collect data from:

a. Schools of Nursing

- Table 1: Schools of Nursing Statistics for Ten Years, 1997-2007. Each School received a copy of this Table. Data on the entrants, graduates and attrition rate for each year of the study were collected and analyzed.
- Table 2: Reasons Student Nurses Discontinue Training, 1997-2007. Data from the Schools except for Charles Roza was not received, and therefore the data from this School was not analyzed.
- Table 3: Reasons Student Nurses Discontinue Training, 1997-2007 was intended to be a collation of the data received from Table 2.
- Table 4: Reasons for Nurse Staff Resignation, Schools of Nursing, 1997-2007. No data received. However, there seems to be a low turnover of staff from the Schools. A sample of Nurse Tutors per School was included in the administration of the questionnaire and the Positive Practice Environments Checklist.
- Table 5: Staffing Status, Nursing Schools, Guyana, 1997-2007. The results from this Table indicated that there was a shortage of Nurse Tutors in each School of Nursing. According to the Schools they do not have an established number of teaching posts. The actual number of staff and the associated vacant posts is based on an assumed established list of posts as provided by the Schools.
- Table 10: Nurse Placements, 1997-2007. The purpose of this table was to provide the base information for the tracking system used in locating the nurses from each graduating class from each School for the period of the study. The results from the table were comprehensive and proved very useful, and form the basis for recommending the establishment of a tracking system. Please see the results at data analysis Table 5, as well as the recommended retention strategies.

b. Hospitals/Health Centres/Clinics

- Table 6: Staffing Status of Hospitals, 1997-2007. Data not received.
- Table 7: Staffing Status of Health Centres/Clinics/Posts, 1997-2007. Data not received.
- Table 8: Ministry of Health, Number of Resignations in Nursing Service 1997-2007. Data not received. The reason given suggests that such data was destroyed by the fire experienced by the Ministry of Health. Further probing suggests that such data was not centralized.
- Tables 9 and 9HC: Reasons for Resignation, 1997-2007. Data not available as per the above listed reasons.
- Table 11: Verification of Resignations, to provide important data on the number of nurses who have resigned. This table was not used. Such data was not always collected and whatever data was available was destroyed by the fire at the Ministry of Health.

The non-completion of these Tables did not compromise the required data for the study. The intent was to provide an overall view of these facilities and their staffing status.

One hundred and ninety three questionnaires and Positive Practice Environments Checklist were administered in the regions as shown at Table 2. These were the main source of data collection for the cohort study.

IV. Survey Results

1. Findings and analysis of data

The findings and data analysis are presented showing regional differences and an overall summary.

a. Regional findings

- Table 3 summarizes the findings of all regions.

Table 3: Summary of Regional Findings

Regions					
Findings	**1, 2, 5, 7, *UG, **NIS**	**3**	**4**	**6**	**8 & 10**
Characteristics					
Age range	25-40/35%, â25/15%	40-55/67%	25-40/40%, 40-55/32%	25-40/44%, 40-55/50%	25-40/63%, â25/20%
Gender	Female/60%	Female/92%	Female/93%	Female/81%	Female/74%
Marital status	Single/25% Married/25%	Married/67%	Single/30% Married/44%	Single/6%, Married/75%	Single/74%, Married/54%
Number of children	None/25%, 1-2/30%	1-2/50%	1-2/48%, 0/26%	1-2/63%	1-2/43%, 0/30%
Ages of children	12+/25%	12+/50%	12+/51%, 5-12/15%	12+/63%	2-4/26%, 5-12/20%
Contract					
On Contracts Plan to serve out Contract	Yes/78% Yes/100%	Yes/83% Yes/100%	Yes/99% Yes/100%	Yes/80% Yes/100%	Yes/97% Yes/100%
Push Factors: Most disliked conditions of the job					
Conditions of Work					
Location of work	Sat/27% Unsat/**NR	Sat/25% Unsat/8%	Sat/43% Unsat/15%	Sat/19% Unsat/NR	Sat/63% Unsat/7%
Workload & job-related stress	Sat./NR Unsat/45%	Sat./8% Unsat/67%	Sat/4% Unsat/64%	Sat/NR Unsat/13%	Sat/17% Unsat/76%
Shift system/ Working hours	Sat/27% Unsat/NR	Sat/17% Unsat/17%	Sat/33% Unsat/16%	Sat/NR Unsat/13%	Sat/43% Unsat/13%
Overcrowding in hospitals/clinics	Sat/18% Unsat 27%	Sat/8% Unsat/33%	Sat/5% Unsat/45%	Sat/NR Unsat/NR	Sat/33% Unsat/39%
Physical facilities	Sat/NR Unsat/36%	Sat/8% Unsat/33%	Sat/13% Unsat/36%	Sat/13% Unsat/25%	Sat/15% Unsat/54%
Equipment & supplies	Sat/NR Unsat/28%	Sat/8% Unsat/33%	Sat/3% Unsat/53%	Sat/19% Unsat/19%	Sat/9% Unsat/59%
Quantity of staff	Sat/9% Unsat/27%	Sat/NR Unsat/17%	Sat/10% Unsat/52%	Sat/19% Unsat/19%	Sat/26% Unsat/59%

Continues...

Continuation of Table 3:

Findings	Regions				
	1, 2, 5, 7, *UG, **NIS	3	4	6	8 & 10
Quality of staff	Sat/NR Unsat/27%	Sat/8% Unsat/25%	Sat/18% Unsat/45%	Sat/6% Unsat/6%	Sat/20% Unsat/47%
Skills recognition	Sat/NR Unsat/18%	Sat/17% Unsat/17%	Sat/18% Unsat/37%	Sat/6% Unsat/13%	Sat/17% Unsat/54%
Freedom in work situation	Sat/2% Unsat/18%	Sat/8% Unsat/17%	Sat/14% Unsat/40%	Sat/13% Unsat/6%	Sat/24% Unsat/33%
Supervision	Sat/NR Unsat//27%	Sat/7% Unsat/25%	Sat/19% Unsat/37%	Sat/NR Unsat/13%	Sat/37% Unsat/33%
Orientation & in-service education	Sat/NR Unsat//27%	Sat//8% Unsat/33%	Sat/13% Unsat/45%	Sat/NR Unsat/25%	Sat/24% Unsat/50%
Workplace aggression	Sat/NR Unsat/27%	Sat/NR Unsat/17%	Sat/12% Unsat/37%	Sat/NR Unsat/13%	Sat/15% Unsat/39%
Influence of resources on patient recovery	Sat/NR Unsat/NR	Sat/ 8% Unsat/33%	Sat/23% Unsat/37%	Sat/NR Unsat/25%	Sat/26% Unsat/37%
Interpersonal relationship on the job	Sat/18% Unsat/NR	Sat/ 8% Unsat/8%	Sat/26% Unsat/21%	Sat/NR Unsat/19%	Sat/48% Unsat/17%
Health & safety concerns	Sat/9% Unsat/9%	Sat/ NR Unsat/17%	Sat/18% Unsat/20	Sat/NR Unsat/NR	Sat/20% Unsat/22%
Injuries on the job: needlestick & other sharps injuries	Sat/9% Unsat/18%	Sat/17% Unsat/17%	Sat/29% Unsat/18%	Sat/NR Unsat/NR	Sat/22% Unsat/26%
Disabling back injury from manual and lifting patients	Sat/NR Unsat/18%	Sat/ 8% Unsat/17%	Sat/6% Unsat/31%	Sat/NR Unsat/NR	Sat/7% Unsat/35%
Tb & other infectious diseases Exposure to hazardous drugs like chemotherapy	Sat/NR Unsat/9% Sat/NR Unsat/NR	Sat/ 8% Unsat/17% Sat/NR Unsat/17%	Sat/7% Unsat/36% Sat/36% Unsat/30%	Sat/NR Unsat/NR Sat/NR Unsat/NR	Sat/2% Unsat/37% Sat/7% Unsat/9%
Toxic effects from exposure to chemicals including adverse reproductive effects (e. g., stillbirths)	Sat/NR Unsat/NR	Sat/NR Unsat/NR	Sat/3% Unsat/21%	Sat/NR Unsat/NR	Sat/7% Unsat/26%
Conditions of Service					
Salary	Sat/NR Unsat/27%	Sat/8% Unsat/33%	Sat/5% Unsat/44%	Sat/NR Unsat/25%	Sat/9% Unsat/54%
Shift/differential pay	Sat/NR Unsat/9%	Sat/NR Unsat/50%	Sat/2% Unsat/45%	Sat/NR Unsat/19%	Sat/47% Unsat/50%
Remote area differential pay	Sat/NR Unsat/18%	Sat/NR Unsat/42%	Sat/NR Unsat/41%	Sat/NR Unsat/19%	Sat/NR Unsat/61%
Pension scheme	Sat/NR Unsat/27%	Sat/NR Unsat/42%	Sat/3% Unsat/44%	Sat/NR Unsat/13%	Sat/4% Unsat/80%

Continues...

Continuation of Table 3:

Regions					
Findings	**1, 2, 5, 7, *UG, **NIS**	**3**	**4**	**6**	**8 & 10**
Health benefits	Sat/NR Unsat/27%	Sat/NR Unsat/50%	Sat/9% Unsat/45%	Sat/NR Unsat/19%	Sat/7% Unsat/76%
Other benefits	Sat/NR Unsat/NR	Sat/NR Unsat/50%	Sat/2% Unsat/46%	Sat/NR Unsat/13%	Sat/NR Unsat/48%
Job promotion process	Sat/NR Unsat/18%	Sat/NR Unsat/33%	Sat/10% Unsat/47%	Sat/NR Unsat/25%	Sat/7% Unsat/74%
Job security	Sat/9% Unsat/NR	Sat/NR Unsat/42%	Sat/8% Unsat/45%	Sat/NR Unsat/NR	Sat/28% Unsat/41%
Opportunity for further study & personal development	Sat/NR Unsat/55%	Sat/17% Unsat/67%	Sat/14% Unsat/86%	Sat/NR Unsat/50%	Sat/33% Unsat/60%
Consideration for nurses' welfare	Sat/NR Unsat/27%	Sat/NR Unsat/50%	Sat/4% Unsat/55%	Sat/NR Unsat/25%	Sat/7% Unsat/72%
Pull Factors/Reasons for leaving Guyana					
Conditions of Work					
Better working conditions	36%	33%	53%	67%	20%
Ratio of nurses to patients	1%	35%	55%	11%	15%
Conditions of Service					
Increase in salary	55%	33%	80%	43%	45%
Material satisfaction/ability to own home &/ or car	55%	58%	43%	30%	13%
Professional development opportunities	45%	33%	55%	9%	24%
Better living standards & other benefits including retirement	27%	30%	37%	14%	26%
Job promotion opportunities	0%	0%	9%	11%	11%
Family migrating	18%	25%	26%	11%	7%
Education of children &/or spouse	27%	0%	10%	7%	22%

Continues...

Continuation of Table 3:

Regions					
Findings	**1, 2, 5, 7, *UG, **NIS**	**3**	**4**	**6**	**8 & 10**
Positive Practice Environments					
Elements	**Responses to Checklist**				
1. Professional Recognition 2. Management Practices 3. Support Structures 4. Education 5. Occupational Health & Safety	Majority of responses for all elements were checked 'No.'	Majority of responses for all elements were checked 'No.'	The Private Hospital checked 'Yes' for Professional Recognition, Managerial Practices, and Support Structures. 'No' in the majority for Education, & Occupational Health & Safety. The Government hospitals checked 'No' for all, except Management Practices.	Majority of responses for all elements were checked 'No', except for Professional Recognition.	Majority of responses for all elements were checked 'No.'

Notes: *UG: University of Guyana; **NIS: National Insurance Scheme; ***NR: No Response; Sat.: Satisfactory; Unsat.: Unsatisfactory.

b. Regional analysis

Regions 1, 2, 5, 7

Analysis of the data indicated that most nurses in these regions are in the age range 25-40 years of age, are female, married with one to two children, mostly over the age of 12 years. Seventy eight percent are on contract. All intended honouring their contractual obligations and do not plan to migrate at the end of this obligation.

Region 3

Ninety two percentages of the nurses are female; majority are in the age range 40-55 years, are married and have one to two children mainly in the 12+ years of age. Eighty three percent are on contract. All intended honouring their contractual obligations.

Region 4

A predominantly female nurse population, age 25 - 40, mostly married with one to two children 12+ years of age. Ninety nine percent are on contract. All intended honouring their contractual obligations.

Region 6

Mostly female nurse population, age 40 - 55, married with one to two children, age 12+. Eighty percent are on contract. All intended honouring their contractual obligations.

Regions 8 and 10

Mostly female, ages 25-40, single, one to two children, age two to four. Ninety seven percent are on contract. All intended honouring their contractual obligations.

c. Regional differences

Table 4 shows the regional differences with respect to the five most important **push and pull factors** listed in order of priority (# 1 most important).

As indicated, workload and job related stress is the most important **push factor/conditions of work** followed by equipment and supplies, and physical facilities for all regions except one. For **push factors/ conditions of service**, opportunity for further study and personal development is the most important followed by consideration for nurses' welfare.

For **pull factors/conditions of work**, better working conditions followed by ratio of nurses to patients, adequate equipment and supplies and better physical conditions are the most important. For **pull factors/ conditions of service**, increase in salary is the most important followed by professional development opportunities, and material satisfaction/ability to own home and/or car, better living standards and other benefits including retirement.

Table 4: Push/Pull Factors, Regional Differences

	Regions				
Factors	**1, 2, 5, 7, UG, NIS**	**3**	**4**	**6**	**8 & 10**
PUSH Conditions of Work	1. Workload and job related stress 2. Physical facilities 3. Equipment and supplies 4. Overcrowding in hospitals/clinics 5. Quantity and quality of staff, supervision, orientation and in-service education, and workplace aggression	1. Workload and job related stress 2. Overcrowding in hospitals, physical facilities, equipment and supplies, orientation and in-service education, influence of resources on patient recovery 3. Quality of staff, supervision 4. Supervision 5. Health and safety concerns, injuries on the job: needlestick and other sharps injuries, disabling back injury	1. Workload and job related stress 2. Equipment and supplies 3. Quantity of staff 4. Quality of staff, orientation & in-service education 5. Overcrowding in hospitals/clinics, freedom in work situation	1. Physical facilities, orientation & in-service education, influence of resources on patient recovery 2. Equipment & supplies, quantity of staff, workplace aggression, interpersonal relationship on the job 3. Location of job 4. Workload & job related stress, skills recognition, supervision 5. Interpersonal relationship on the job	1. Workload and job related stress 2. Physical facilities 3. Equipment and supplies, quantity of staff 4. Quantity of staff 5. Skills recognition

Continues...

Continuation of Table 4:

	Regions				
Factors	**1, 2, 5, 7, UG, NIS**	**3**	**4**	**6**	**8 & 10**
Conditions of Service	1. Opportunity for further study and personal development 2. Consideration for nurses' welfare, salary, pension scheme, health benefits 3. Remote area/ differential pay; job promotion process 4. None 5. None	1. Opportunity for further study and personal development 2. Consideration for nurses welfare, health and other benefits, shift differential pay 3. Remote area pay, pension scheme, job security 4. Salary, job promotion process 5. None	1. Opportunity for further study & personal development 2. Considerations for nurses welfare 3. Job promotion process 4. Other benefits 5. Health benefits, job security	1. Opportunity for further study & personal development 2. Consideration for nurses' welfare, salary, pension scheme, health benefits, salary, job promotion process 3. Shift differential, remote area differential pay 4. Health benefits, pension scheme 5. None	1. Pension scheme 2. Health benefits 3. Job promotion process 4. Consideration for nurses welfare 5. Remote area differential pay, opportunity for further study & personal development
PULL Conditions of Work	1. Better working conditions 2. Better physical facilities 3. Better equipment & supplies 4. Ratio of nurses to patients 5. None	1. Ratio of nurses to patients 2. Better working conditions 3. Less violence 4. None 5. None	1. Better working conditions 2. Ratio of nurses to patients 3. Less work related stress 4. Less overcrowding in hospitals 5. Better equipment & supplies	1. Better working conditions 2. Ratio of nurses to patients 3. Better health care facilities 4. Better equipment & supplies 5. None	1. Better working conditions 2. Ratio of nurses to patients 3. Material satisfaction/ability to own home &/ or car 4. Workload & related job stress
Conditions of Service	1. Increase in salary 2. Professional development opportunities 3. Material satisfaction/ability to own home &/ or car 4. Better living standards & other benefits including retirement 5. Education of spouse and/or children	1. Increase in salary 2. Professional development opportunities 3. Material satisfaction/ability to own home &/ or car 4. Better living standards & other benefits including retirement 5. Family migrating	1. Increase in salary 2. Professional development opportunities 3. Material satisfaction/ability to own home &/ or car 4. Better living standards & other benefits including retirement	1. Increase in salary 2. Better living standards & other benefits including retirement 3. Material satisfaction/ability to own home &/ or car 4. Job promotion opportunities 5. Family migrating	1. Increase in salary 2. Better living standards & other benefits including retirement 3. Professional development opportunities 4. Education of spouse and/or children 5. Family migrating

d. Overall summary of findings

- Characteristics of respondents

1. Most respondents are in the age range of 25-40 and 40-55. Very few are under the age of 25 years. The retirement age for Guyana is 55.
2. Most are female, are married. Regions 8 and 10 show most nurses to be single. Very few are separated, divorced or co-habiting.

3. The data showed average number of children as 1 to 2. The majority of children is 12 and over years of age, followed by 5-12 years of age. The age range of children for nurses in regions 8 and 10 are ages 2 to 4. All, except one of the respondents are Guyanese citizens.
4. The monthly salary range in Guyanese dollars, which includes allowances (meals, honorarium) are shown at Table 5.

Table 5: Monthly Salary Range

Category	Gross Salary	Net Salary
Matron	$135,400	$107,000
Director of Nursing (Private Hospital)	$135,000	$84,000
Department Sister	$90,000 - $100,000	$66,000 - $70,000
Ward Sister	$74,000 - $78,000	$61,000 - $68,000
Ward Sister (Private Hospital)	$57,000 - $73,000	$49,000 - $63,000
Nurse Tutor	$97,000 - $140,000	$81,000 - $110,000
Nurse Tutor (Private School of Nursing)	$96,000 - $140,000	$84,000 - $110,000
Staff Nurse	$55,000 - $65,000	$38,000 - $54,000
Staff Nurse (Private Hospital)	$56,000	$55,000
Medex	$75,000	$61,000
Midwife	$42,000 - $56,000	$36,000 - $49,000
Nursing Assistant	$48,000	$43,000 - $53,000

- Positive Practice Environments Checklist

The overall results of the following elements of the Checklist showed that the majority of elements of each domain were lacking in the workplace:

1. Professional Recognition
2. Management Practices
3. Support Structures
4. Education
5. Occupational Health & Safety.

- Administered questionnaire

With respect to the push factors, the results showed the following five most important factors listed in order of priority (#1 most important) for nurses leaving Guyana or the government health services.

Conditions of Work

1. Workload and job related stress
2. Equipment and supplies
3. Physical facilities and overcrowding in hospitals/health clinics
4. Quantity and quality of staff
5. Orientation and in-service education.

Other factors of less importance were supervision, workplace aggression, overcrowding in hospitals/ health centres/clinics, skills recognition, shift system and working hours.

Conditions of Service

1. Opportunity for further study and personal development
2. Consideration for nurses welfare
3. Remote area differential pay
4. Pension scheme
5. Health and other benefits.

The pull factors were similarly ranked and showed the following:

Conditions of Work

1. Better working conditions
2. Better ratio of nurses to patients
3. Adequate supplies and equipment
4. Better physical condition of health care facilities
5. Quantity and quality of staff

Conditions of Service

1. Increase in salary
2. Professional development opportunities
3. Material satisfaction/ability to own home and/or car
4. Better standards of living and other benefits including retirement
5. Family migrating/Educational opportunity for children and/or spouse.

2. Discussion

a. The actual nurse migration situation

The source countries for migration of nurses from Guyana are:

1. USA
2. Caribbean Islands
3. Canada
4. UK.

Analysis of the Schools of Nursing data collection table (Table 10) showed that the UK was the number one source country in the 1990's. As shown above, the USA has now replaced the UK. In discussion with the nurses, it was revealed that the UK is no longer actively recruiting in Guyana. It is assumed that resulting from the introduction of the *Commonwealth Code of Practice for the International Recruitment of Health Workers* (2003); the UK can no longer actively poach nurses from this country.

The data has shown that approximately 80-90% of respondents is at various stages of the five-year contract, and has opted to serve out their contracts. The reasons given include 'a love for Guyana and profession, family ties, disaster-free climate'. Very few have indicated migration after completing the contract. About 2% have said they plan to change profession; the profession of choice is medicine, pursuing the programme of study at the University of Guyana or Cuba.

With respect to internal migration, there is a limited national market. Those who migrated to the private sector facilities gave 'good physical facilities, equipment and supplies and overall working conditions' as reasons for moving to this sector.

Regarding return migration, the data analysis showed that very few nurses have returned to Guyana. The "return of family" is the reason given for return migration.

The data analysis did not show a marked increase in nurse migration in recent years.

Table 6 is an attempt to capture the nurse migration status. According to the results of the data collection table (Table 10) as provided by the Schools of Nursing for the ten year period of the study, the total intake was six hundred and eight (608) students; the number graduating was five hundred and fifty five (555), 91 percent; and the number migrating was one hundred and forty three (143), 26%.

It is difficult to say if there is an actual shortage of nurses as evidenced by the health services requirements. The study did not attempt to identify shortages. The tables that would have provided an insight into the staffing status of the health care facilities were not completed as requested.

Table 6: Number of Nurse Graduates Who Migrated

Georgetown School of Nursing				
Year of Intake & Graduation	**Intake**	**Graduated**	**Migrated**	**Comments**
1997/2000	21	21	3	
1998/2001	19	19	6	
1999/2002	20	20	4	
2000/2003	16	16	0	
2001/2004	13	13	2	1 medical student Cuba 1 medical student UG* 1 other profession
2002/2005	15	15	3	
2003/2006	12	12	0	
2004/2007	29	29	0	1 medical student Cuba
2005/2008	55	43 awaiting exam results	1	
2006/2009	NO DATA	12	0	12 from 2008
2007/2010	62 (not included in Total)	0	0	Still in training
Total	200	200	19/9.5%	
New Amsterdam School of Nursing				
Year of Intake & Graduation	**Intake**	**Graduated**	**Migrated**	**Comments**
1997/2000	16	14	8	2 did not graduate
1998/2001	17	14	8	3 did not graduate
1999/2002	13	11	6	2 did not graduate
2000/2003	13	11	7	2 did not graduate
2001/2004	16	15	2	1 did not graduate
2002/2005	13	11	1	2 did not graduate
2003/2006	14	12	0	2 did not graduate

Continues...

Continuation of Table 4:

2004/2007	18	13	1+1 in medical school Cuba	5 never graduated including 1 medical students Cuba 1 (graduated) medical student Cuba
2005/2008	25	17	1	8 did not graduate including 3 medical students Cuba
2006/2009	NO		INTAKE	
2007/2010	27	20 waiting on graduation/have passed final exams	0	7 was not placed: transferred to Nursing Assistant Programme or failed
Total	172	138	35/25%	
Charles Roza School of Nursing				
Year of Intake & Graduation	**Intake**	**Graduated**	**Migrated**	**Comments**
1997/2000	10	10	6	
1998/2001	6	6	1	
1999/2002	NO		INTAKE	
2000/2003	10	10	0	
2001/2004	8	8	1	
2002/2005	12	12	2	1 in Cuba studying
2003/2006	15	15	0	
2004/2007	26	24	1	2 awaiting exam results
2005/2008	24	7	0	17 awaiting exam results
2006/2009	NO		DATA	
2007/2010	48 (not included in total)	0	0	Exams March 2010
Total	111	92	11/10%	
St. Joseph Mercy School of Nursing				
Year of Intake & Graduation	**Intake**	**Graduated**	**Migrated**	**Comments**
1997/2000	11	11	9	
1998/2001	NO	---	INTAKE	
1999/2002	17	17	17	
2000/2003	14	14	13	
2001/2004	10	10	10	
2002/2005	NO		INTAKE	
2003/2006	17	17	16	1 deceased
2004/2007	9	9	4	
2005/2008	9	9	4	
2006/2009	19	19	4	
2007/2010	19	19	1	
Total	125	125	78/62%	

b. Reasons for migrating

With respect to the pull factors, the overall motivation for the nurses moving can be summarized as better working conditions, better physical facilities and supplies and equipment, better salary, opportunities for professional development, better quality of life, and social safety and security including family safety and security.

The respondents emphasised the lack of consideration shown by the authorities for their welfare; that their non-involvement in decision-making affecting their professional life is pervasive throughout the health system, and that there is no transparency in such decision-making. There is also a pervading philosophy of the unimportance of advanced education preparation for the nurses resulting in a lack of educational opportunities and non-support for such activities where they do exist nationally. There is a belief that if the nurses have advanced nursing education preparation or if entry-to-practice is the Bachelor of Science degree in nursing, this will further increase the migration of the nurses.

Contrarily, the data shows that the nurses are on the move in search of better education opportunities. Perhaps agreeing to the undergraduate degree as entrance to practice and/or improving the quality of the present pre-service nursing education, as well as providing appropriate advanced nursing education may improve the quality of care and services provided to the population.

While the Schools of Nursing were not the focus of this study, data provided indicated the following issues, which are relevant in the development of nursing education in Guyana.

1. High degree of student wastage, students leaving the programme sometimes at midpoint of their study
2. High failure rate
3. Inadequate teaching staff. All Schools indicated shortage of staff, and not all teaching staff is qualified as Nurse Tutors
4. Inadequate educational resources
5. Poor state of physical plants.

The assumed effects of these include a reduced capacity of the Schools of Nursing to admit and graduate more nurses to meet health services demands.

Table 7 provides some statistics on the Schools of Nursing.

Table 7: Schools of Nursing Statistics 1997-2007

Year	Georgetown				New Amsterdam				Charles Roza				St. Joseph Mercy			
	E	G	A	%	E	G	A	%	E	G	A	%	E	G	A	%
1997	25	20	5	20	16	13	12	75	17	10	7	41	15	11	4	27
1998	27	17	10	37	18	16	11	61.1	13	7	6	46	12	12	1	8
1999	28	20	8	29	13	10	6	46.15	NO	INTA	K	E	10	8	2	20
2000	20	15	5	25	13	11	8	61.5	12	10	2	16	12	9	3	25
2001	24	13	11	46	15	14	2	13.3	12	8	4	33	12	11	1	8
2002	37	15	22	59	13	10	2	15.4	15	12	3	20	22	19	3	14
2003	23	15	8	35	14	12	2	14.3	20	16	4	20	22	20	2	9
2004	34	29	5	14	18	12	6	33.3	30	22+3	5	16	23	20	3	13
2005	69	58	11	16	26		3	11.5	41	24	17	41	17	14	3	18
2006	N		O				I	N	T	A	K	E	21	16	5	23
2007	87	63	24	27	26		3	11.5	46+8	Sitting Exam	5	9	19	18	1	5

Key: E: Entrants; G: Graduates; A: Attrition; %: Percentage Loss.

The Consultant did not conduct a comprehensive study of these issues and therefore can only suggest the following:

1. Assess the quality of pre-service nursing education and factors affecting quality.
2. Provide financial and non-financial incentives to faculty and the programmes to implement strategies for increasing the graduate rates of programmes and the quality of the graduates.
3. Improve the regulatory system that governs the profession of nursing.

V. Limitations of the Study

The questionnaire was not field tested. However, it was administered by the Consultant, who therefore was available to answer questions relative to its content. Difficulties experienced in understanding and answering the questions were rarely experienced. In such instances, the Consultant elucidated.

While the Consultant acknowledges such limitations, the questionnaire is user friendly and has great transferability.

The difficulties encountered with the tracking system were relative to the difficulty in obtaining a national data base for the nurse population in Guyana. However, even with such limitations the system proved very useful and will be further developed by the Ministry of Health.

VI. Recommendations

Part 1 of the Study

Emerging Issues

The emerging issues from Part 1 of the study support the following recommendations for Part 1.

Based on discussions with the Honourable Dr. Leslie Ramsammy, Minister of Health and various nursing groups, the following issues emerged.

1. Lack of nursing leadership and a vision for the development of nursing.
2. An outdated regulatory framework for nursing.
3. Poor organization and management of the Guyana Nursing Council.
4. Ineffective and inefficient governance of nursing education and particularly the governance of the Schools of Nursing.
5. Organization and management framework of the Schools of Nursing.
6. Quality of the nursing education and its effect on nursing practice and care and ultimately on patient outcomes.
7. Failure rates of nursing students. Several factors maybe involved here. It is assumed that such factors may include nursing regulatory policies and the organization and management of the Guyana Nursing Council, and its policies on educational preparation of entrants, teacher education, teaching processes, and students' examination processes. Another factor maybe the general infrastructure and resources of these schools.
8. Lack of advanced nursing education preparation.
9. Non-recognition of advanced nursing education preparation for nurses and the non-acknowledgement of such preparation in the staffing of the health services facilities.
10. Lack of a system for career advancement for nurses.
11. Non-involvement of nurses in decision-making as its affects nurses and the profession.

The following **recommendations** are based on the emerging issues and are not to be seen as the final recommendations of the study. Recommendations for Part 2 of the study follow.

1. Conduct a strategic review of nursing and prepare a five year strategic plan for the development of nursing in Guyana.
2. Recruit a Nurse Consultant with specialization in Nursing Regulation to modernize the Nursing Regulatory Framework, and to introduce a new organization structure and management system for the Guyana Nursing Council.
3. Strengthen the organization, management and quality systems for nursing education.
4. Assign a qualified Nurse Educator in the Health Services Training Unit, Ministry of Health with responsibility for the governance of nursing education in Guyana.
5. Improve the quality of nursing education
    - Quality of teacher preparation
    - Quality of the teaching processes

- Quality and quantity of educational resources for the schools
- Update the process of students' examinations.

6. Upgrade the physical infrastructure for all schools of nursing.
7. For future consideration, link the basic nursing education programmes to the University of Guyana.

Recommendation made by the Permanent Secretary, Ministry of Health during the Part 1 mission.

Conduct a Comparative Study on Nurse Migration for CARICOM member states.

Part 2 of the Study

Based on the findings and analysis of the study, the following retention strategies were recommended and agreed by the workshop participants and the Honourable Dr. Leslie Ramsammy.

Retention Strategies

The intent of these strategies is to develop/strengthen and motivate the nursing workforce.

A. Conditions of Work

1. Improve workplace conditions such as staffing levels, safety, physical facilities, supplies and equipment.
2. Create positive practice work environments by putting in place the requirements.
3. Establish staffing patterns and blueprints for the health care facilities in line with identified needs and organizational philosophy.
4. Advance the achievement of national health systems strategic goals by staffing health care facilities with appropriate educationally prepared and experienced nurses.
5. Provide structures, systems and protocols to facilitate maintenance of standards of care.
6. Create Centres of Excellence in the hospitals, health centres, schools of nursing supported by evidence-based practice.

B. Conditions of Service

7. Improve conditions of service.
8. Improve the appointment process by reducing the 'wait period'.
9. Improve salaries commensurate with the level of nursing education and experience, outstanding performance, workplace location, and level of patient acuity.
10. Improve other benefits such as shift differentials and remote pay differentials.
11. Provide and/or support incentives, such as
    - Financial/soft bank loans for homes, cars, etc.
    - Non-financial /create protocols for best practice and award.
12. Enhance the education and professional development process of nurses by providing access and support to professional development activities based on the needs of the health services, as well as the needs of experienced nurses.

C. Professional Recognition

Nurses want to be valued.

13. Recognize the individual nurse merit and excellence.
14. Create work environments that foster professional accountability, allowing nurses autonomy in decision-making with respect to the nursing profession.
15. Develop career structures, which enable career mobility based on advanced education preparation and experience and tangible acknowledgement of advanced education prepared nurses.
16. Develop a cadre of nurse leaders.
17. Chart a strategic direction for the development/strengthening of nursing.

D. Other

18. Establish and manage a national dynamic health human resources information system that captures the total nursing workforce in Guyana.
19. Improve the information system in the Schools of Nursing and health care facilities.
20. Establish a national tracking system where each nurse graduate receives an identification number, which is kept during her/his career and provide a career and job movement record.

"Incentives, both financial & non-financial, provide one tool that governments and other employing bodies can use to develop retention strategies and sustain a workforce with the skills and experience to deliver required care." [and services] (ICN, 2008, p.33).

VII. Conclusions

With respect to the retention startegies, PAHO/WHO has agreed to provide technical cooperation in the following areas:

Conditions of Work

- #5. Provide structures, systems and protocols to facilitate maintenance of standards of care.
- #6. Create Centres of Excellence in the hospitals, health centres, schools of nursing supported by evidence-based practice.

Conditions of Service

- #5. Provide and/or support incentives, such as
  - Non-financial/create protocols for best practice and award.
- #6. Enhance the education and professional development process of nurses by providing access and support to professional development activities based on the needs of health services, as well as the needs of experienced nurses.

Professional Recognition

- #3. Develop career structures, which enable career mobility based on advanced education preparation and experience and tangible acknowledgement of advanced education prepared nurses.
- #4. Develop a cadre of nurse leaders.
- #5. Chart strategic direction for the development/strengthening of nursing.

Other

- #1. Establish and manage a national dynamic health human resources information system that captures the total nursing workforce.
- #2. Improve the information system in the Schools of Nursing and health care facilities.
- #3. Establish a national tracking system where each nurse graduate receives an identification number, which is kept during her/his career and provide a career and job movement record.

VIII. Summary

Part 1 of the Nurse Migration Study was an initiation of the survey process.

Part 2 further elaborated the study and included the following data collection instruments which were administered during the field visits to the Health Regions.

1. Tables

2. Comprehensive Questionnaire

3. *Positive Practice Environments Checklist*.

The findings indicated that workload, related job stress, inadequate equipment and supplies, poor physical conditions are important conditions of work push factors, while lack of opportunity for professional and personal development, and consideration for nurses welfare are important conditions of service push factors,.

Better salary, opportunity for professional development, better standards of living, personal and family social security are important pull factors.

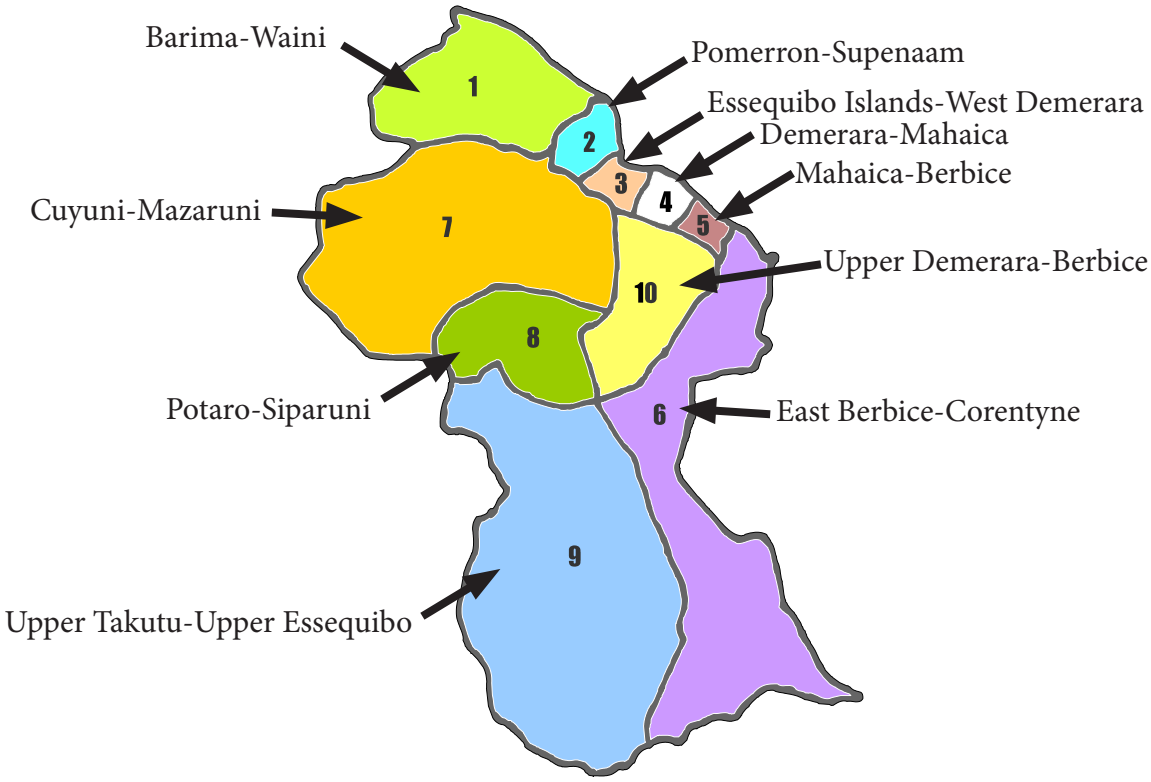
The data did not indicate marked increase of migration of nurses during the period of the study.

Generally, there was great participation and support from the nurses in all regions and the Schools of Nursing for the study. This was paramount in obtaining the results.

Appendix 1: Maps of Guyana

Map of Guyana

Guyana Health Regions



Appendix 2: Profile of the Registered Nurse/Registered Midwife (RN/RM), Guyana

Nurse Migration Study

Dr. Una V. Reid, HRD Consultant

November 2009

Revised January 2010

1. Age of entrance to Nursing School: 171/2 years (16 years under consideration)
2. Educational entrance requirements: 4 CXC at passes levels 1, 2, 3; English Language subject compulsory
3. Duration of training
   - 3 years basic Registered Nurse programme
   - 1 year post-basic midwifery
   - 2 years domiciliary (basic) midwifery
4. Cost of training a nurse/midwife: Free
5. Student stipend (basic student)
   - GY$15,000.00 monthly plus GY$1,800.00 monthly for meals
   - Accommodation not free
   - One month annual vacation

   Note: St. Joseph Mercy School of Nursing
   - GY$100,000.00 cost of the 3 years training, paid for by student
   - Refundable after satisfying the required 2-year Contract with St. Joseph Mercy Hospital
   - Stipend given for the 3 years of training:
     - GY$12,000.00 monthly for first year
     - GY$15,000.00 monthly for second year
     - GY$18,000.00 monthly for third year
   - Accommodation not provided
   - Uniforms provided
6. Training Regions

   Original Model
   - Georgetown School trains for Regions 1, 2, 3, 4, 7,8, 9
   - New Amsterdam School trains for Regions Region 6 and supplies Region 5
   - Charles Roza trains for itself, Region 10

This model was discontinued and the new model introduced. So far it is not very successful according to the nurses.

New Model

- Train from the Region for the Regions. Shortages are created because the graduates do not return to their Regions
- Region 4, the largest Region (Georgetown) and most nurses migrate from this Region.
- Regions 1, 2, 8, and 9 are remote areas. There is a financial incentive (rural pay) for these nurses because of living in these Regions is more expensive or more difficult to work and live
- Contract is for one year, then back to Region 4/Georgetown. The nurses can request an extension

7. Transcripts
   - Prepared and issued by the Schools of Nursing
   - Cost: US$250.00 payable to an account provided by the Guyana Nursing Council. The nurse also pays the School the required fee for the preparation and delivery of the transcript.
8. Age of retirement: 55 years
9. Composition of the profession
   - Female: 95%
   - Male ratio: 5%
10. Marital status: most single
11. Average age of RN/RM in the health service: 20 –35 years
12. Average age of nurses migrating: 30 – 35 years
    - Middle level age groups have left; the juniors enter the University of Guyana post-basic Bachelor of Science Degree in nursing programme. On return to health care facilities they are supervised by seniors (in age) who do not have the advanced education preparation leading to friction in the work situation and eventual migration of these juniors
13. Contract
    - Duration: Five (5) years
    - Breaking of the contract incurs a cost based on the cost of training and the year of entry into training, as calculated by an economist and is payable to the Ministry of Finance.
14. Working hours
    - Shift systems (3 shifts/24 hours)
      - a. 7am – 3pm
      - b. 1pm – 9pm
      - c. 8:30pm –7:30am
      - d. One month rotation
      - e. 2 days/3 nights off per week
      - f. Vacation: 1 month annually
15. Basic salary (ROE GY$200.00/US$1.00)
    - GY$47,000.00 monthly (gross)
    - GY$35,000.00 monthly (net, tax 33/3% of gross pay)
    - GY$4,000.00 for meals
    - Vacation allowance one month salary tax free
    - Uniforms given yearly

There is no annual increase to the basic salary. The basic salary remains the same until promotion, which may take 5 plus years. No additional benefits at this time

16. Monthly living expenses
    - Electricity: GY$7,000.00 – G$10,000.00
    - Phone: GY$3,000.00
    - Water: GY$1,000.00
    - Rent GY$35,000.00
17. University of Guyana Post-basic Bachelor of Science Degree in nursing programme
    - Duration of programme: 2 years fulltime study
    - Entrance requirements: RN/RM
    - Cost: GY$250,000.00 yearly tuition; GY$500,000.00 for the two (2) years
    - Books, etc. are extra

    There is no financial assistance from Government for this programme; there is no official recognition of the degree in the health service. It is not a requirement for the job.

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Appendix 3: Data Collection/ Sampling (Requested)

Nurse Migration Study, Guyana 1997-2007

Part 2: Data Collection/Sampling (Requested)

Dr. Una V. Reid, HRD Consultant

Region	Total Registered Nurses (RNs)	50% Sample	Interviewing Site	Comments
1	4	2	Mabaruma Regional Hospital (all hospital staff)	
2	11	6	5 Suddie Regional Hospital 1 Suddie Health Centre	
3	21	11	10 West Demerara Regional Hospital 1 Leonora Dx & Rx Centre	
4	131 (add Private Facilities, Schools of Nursing Staff)	67	65 Georgetown Pub. Hospital Corporation (GPHC) 1 Enmore Clinic 1 Herstelling Health Centre Georgetown School of Nursing St. Joseph Mercy Hospital (private) St. Joseph Mercy Hospital School of Nursing (private)	
5	5	3	2 Mahaicony District Hospital 1 Fort Wellington District Hospital	
6	52 (add Private Facilities, Schools of Nursing Staff)	24	18 New Amsterdam Regional Hospital 2 Skeldon District Hospital 1 National Psychiatric Hospital 2 Port Mourant District Hospital 1 Mibicuri District Hospital	
7	5	3	Bartica District Hospital (all hospital staff)	
8 (Merge with Region 10)	2	2	Madia District Hospital (all hospital staff) to merge with Region 10 at Linden Hospital)	
9	None	-	-	-
10	75 (add Private Facilities, School of Nursing Staff)	39	36 Mckenzie/Linden Regional Hospital 1 Kwakwani District Hospital 1 One Mile Health Centre 1 Christianburg Health Centre 1 Mahdia District Hospital Region 8) Charles Roza School of Nursing	

Uvr/nov/2009.

Appendix 4: Workshop Report

Nurse Migration Study, Guyana 2010

Dr. Una V. Reid
HRD Consultant
February 03, 2010

I. Introduction

The purpose of this workshop, which was held at the Cara Lodge, Georgetown February 02, 2010 was to report on the findings and recommended retention strategies of the Nurse Migration, Guyana study. Participants were asked to agree on these strategies and prepare a Road Map outlining related actions and way forward.

The Honourable Dr. Leslie Ramsammy, Minister of Health officially opened the workshop. He gave an overview of global issues influencing nurse migration.

Dr. Kathleen Israel, PAHO/WHO Representative spoke on the study as a landmark for the Caribbean and the poaching of professional nurses from the Region by developed countries.

Dr. Una V. Reid, HRD Consultant, and the PAHO/WHO Consultant for the Study and workshop expressed appreciation for the support from the Regions and specifically to the Matrons of the various hospitals, including the St. Joseph Mercy Hospital, a private institution in Georgetown, the Schools of Nursing, University of Guyana (nursing), and the National Insurance Scheme. She also outlined the programme and expectations of the day's proceedings.

All supporting documentation and workshop proceedings are attached.

II. Workshop Process and Proceedings

PowerPoint presentation and discussion were the format for presenting the survey results.

Four Small Groups were proposed to work on the following four major areas of the retention strategies.

1. Conditions of Work
2. Conditions of Service
3. Professional Recognition
4. Other (National Health Human Resources Information System).

However, due to the absence of some invited participants, three Small Groups were given the task of elaborating the actions for the retention strategies for the following:

1. Conditions of Work
2. Conditions of Service
3. Other (National Health Human Resources Information System).

The Groups assignments included agreement on the recommended retention strategies, and using a Road Map format outline actions, etc. to be undertaken for the selected strategy or strategies. Time did not

allow for work on all strategies. The Groups were therefore requested to select and complete the task on one. The unedited results of the Groups' assignment are also attached.

The plenary session for reporting on the assignments was lively and fruitful.

The Consultant gave a general wrap up of the day's activities and Dr. Kathleen Israel gave the closing remarks.

The participants were urged to continue work on the assignment, as well as on the remaining retention strategies.

Overall, the workshop was very interactive and very productive.

III. Debriefing

The results of the study, and the workshop proceedings were discussed with the Honourable Dr. Ramsammy, Minister of Health. The discussions were led by Dr. Israel. Dr. Javier Uribe, PAHO/WHO Health Systems and Health Services Advisor, and Miss Portia Dobson, Coordinator of the HRD Unit, Ministry of Health were also present.

There was general agreement on the strategies and the following areas for PAHO/WHO technical cooperation were selected.

Conditions of Work

- #5. Provide structures, systems and protocols to facilitate maintenance of standards of care.
- #6. Create Centres of Excellence in the hospitals, health centres, schools of nursing supported by evidence-based practice.

Conditions of Service

- #5. Provide and/or support incentives, such as
  - Non-financial/create protocols for best practice and award.
- #6. Enhance the education and professional development process of nurses by providing access and support to professional development activities based on the needs of health services, as well as the needs of experienced nurses.

Professional Recognition

- #3. Develop career structures, which enable career mobility based on advanced education preparation and experience and tangible acknowledgement of advanced education prepared nurses.
- #4. Develop a cadre of nurse leaders.
- #5. Chart strategic direction for the development/strengthening of nursing.

Other

- #1. Establish and manage a national dynamic health human resources information system that captures the total nursing workforce.
- #2. Improve the information system in the Schools of Nursing and health care facilities.

- #3. Establish a national tracking system where each nurse graduate receives an identification number, which is kept during her/his career and provide a career and job movement record.

Workshop Documents

Workshop Programme

Nurse Migration Study, Guyana

I. Introduction

The focus of this ten-year (1997 – 2010) study is nurse migration, Guyana. Three patterns of migration were studied: out-migration, internal migration, and return migration.

II. Purpose

The purpose of this Workshop is to present the findings, recommended retention strategies, and to approve and action these strategies.

III. Objectives

The objectives are:

1. Present the findings and retention strategies.
2. Discuss the findings and retention strategies.
3. Approve these strategies.
4. Prepare a Road Map to action the agreed retention strategies.

IV. Workshop Process

1. PowerPoint presentation
2. Plenary discussion
3. Small Group work

V. Presenter

Dr. Una V. Reid, HRD Consultant

VI. Date

Tuesday February 02, 2010

VII. Venue

Cara Lodge

VIII. Timetable

09:00 – 09:15	Registration
09:15 – 09:45	Opening Remarks
09:45 – 10:30	PowerPoint Presentation
10:30 – 11:00	REFRESHMENT

11:00 – 12:30	PowerPoint Presentation cont'd & Discussion
	Approval of Retention Strategies
12:30 – 13:30	LUNCH
13:30 – 14:30	Small Group Work: Preparation of Road Map
14:30 – 15:30	Plenary: Presentation of Groups' Work
15:30 – 16:00	Wrap-up & Closure

List of Invitees Nurse Migration Workshop

Name	Designation
Dr. Una Reid	Consultant, PAHO/WHO
Dr. Kathleen Israel	PWR, PAHO/WHO
Dr. Javier Uribe	Health Systems and Services Advisor, PAHO/WHO
Dr. Leslie Ramsammy	Minister of Health
Mr. Hydar Ally	Permanent Secretary
Ms. Portia Dodson	Coordinator, HRD Unit, MOH
Ms. Roshinee Latchina	Admin Assistant, HRD Unit, MOH
Ms. Karmattie Barker	Deputy Chief Nursing Officer, MOH
Dr. Shamdeo Persaud	Chief Medical Officer, MOH
Dr. Narine Singh	Director of Regional Health Services, MOH
Ms. Trevlyn Smith	Personnel Manager, MOH
Ms. Gloria Saygon	Registrar, General Nursing Council
Ms. Deborah Murphy	President, Guyana Nurses Association
	Representative, Public Service Ministry
Ms. Audrey Corry	Matron, Georgetown Pub. Hosp. Corporation
Ms. Annette Lyken	Matron, New Amsterdam Hospital
Ms. Allison Christopher	Matron, Linden Hospital Complex
Ms. Merona Pearson	Matron, Suddie Hospital
Ms. Rona Persaud	Matron, West Demerara Hospital
Ms. Laurel Daw	Matron, St. Joseph Mercy Hospital
Mr. Garfield Bryan	R.N, National Insurance Scheme
Ms. Winifred Razack	Head of Public Health Department, University of Guyana.
	Training Committee Members (TCM)
Hon. Dr. Bheri Ramsaran	TCM Chairman – Closing Remarks
Dr. Emanuel Cummings	Dean, Health Sciences – University of Guyana
Mr. Noel Holder	Director, Health Sciences, MOH
Mr. Baldeo James	Chief Medex – MOH

Small Groups and Assignment

Assignment

1. Agree on retention strategies
2. Select one strategy and elaborate using the Road Map format. Actions must be feasible and doable.
3. Select Chair and Rapporteur
4. Mage time (one hour for group work; 15 minutes including discussion)

Group 1

- Conditions of Service #s 1-6; Professional Recognition #5
- Audrey Corry, Matron, Georgetown Public Hospital Complex
- Winifred Razack, Head, Public Health Dept., University of Guyana
- Garfield Bryan, Registered Nurse, National Insurance Scheme
- Patricia Singh, representing the Director, Regional Health Services
- Deborah Murphy, President, Guyana Nurses Association

Group 2

- Conditions of Work: #s 1-6
- Merona Pearson, Matron, Suddie Hospital
- Allison Christopher, Linden Hospital Complex
- Rona Persaud, Matron, West Demerara Hospital
- Karmattie Barker, Deputy Chief Nursing Officer

Group 3

- Professional Recognition
- No members

Group 4

Other: #s 1–3

- Laurelle Daw, Matron, St. Joseph Mercy Hospital
- Trevlyn Smith, Personnel Manager, Ministry of Health
- Noel Holder, Director, Health Sciences, Ministry of Health
- Gloria Saygon, Registrar, Guyana Nursing Council

Summary of Retention Strategies

The focus of retention strategies is to retain current nursing workforce and to attract entry and re-entry into the workforce.

The aim of any workplace is satisfied workers and satisfied customers.

II. Conditions of Work

1. Improve workplace conditions such as staffing levels, safety, physical facilities, supplies and equipment.
2. Create positive practice work environments by putting in place the requirements.
3. Establish staffing patterns and blueprints for the health care facilities in line with identified needs and organizational philosophy.
4. Advance the achievement of national health systems strategic goals by staffing health care facilities with appropriate educationally prepared and experienced nurses.
5. Provide structures, systems and protocols to facilitate maintenance of standards of care.
6. Create Centres of Excellence in the hospitals, health centres, schools of nursing supported by evidence-based practice.

III. Conditions of Service

1. Improve conditions of service.
2. Improve the appointment process by reducing the 'wait period'.
3. Improve salaries commensurate with the level of nursing education and experience, outstanding performance, workplace location, and level of patient acuity.
4. Improve other benefits such as shift differentials and remote pay differentials.
5. Provide and/or support incentives, such as:
   - Financial/soft bank loans for homes, cars, etc.
   - Non-financial /create protocols for best practice and award.
6. Enhance the education and professional development process of nurses by providing access and support to professional development activities based on the needs of the health services, as well as the needs of experienced nurses.

IV. Professional Recognition

Nurses want to be valued.

1. Recognize the individual nurse merit and excellence.
2. Create work environments that foster professional accountability, allowing nurses autonomy in decision-making with respect to the nursing profession.
3. Develop career structures, which enable career mobility based on advanced education preparation and experience and tangible acknowledgement of advanced education prepared nurses.
4. Develop a cadre of nurse leaders.
5. Chart a strategic direction for the development/strengthening of nursing.

V. Other

1. Establish and manage a national dynamic health human resources information system that captures the total nursing workforce in Guyana.
2. Improve the information system in the Schools of Nursing and health care facilities.
3. Establish a national tracking system where each nurse graduate receives an identification number, which is kept during her/his career and provide a career and job movement record.

Uvr/jany/31/010

Road Map (February 02, 2010)

Strategies	Action	Time Frame	Required Resources	Responsible Person	Indicators	Remarks

Uvr/Jany 25/01

Road Map

Small Groups Presentations

Group 1- Conditions of Service

- **Members:** Audrey Corry, Winifred Razack, Garfield Bryan, Deborah Murphy, Patricia Singh
- **Retention Strategy 3:** Improve salaries, commensurate with the level of nursing education and experience, outstanding performance, workplace location and level of patient acuity.
- **Retention Strategy 5:** Provide and/ or support incentives, such as:
  - Financial/ soft bank loans for home, cares, etc.
  - Non financial/ create protocols for best practice and award

Strategies	Action	Time Frame	Required Resources	Responsible Person	Indicators	Remarks
Provide clearly defined job descriptions	Orientation package	August 2010	Nursing Administration, Staff representatives, MOH, GNC, Public Service Union, Funding (catered for)	Administrative staff	Orientation schedule, Packages, Staff evaluation	
Conditions of service, e.g. criteria, increment, salary increase						
Designing grading structure (e.g. A. B &C Based on education and performance)		2011	Administrative staff, etc., funding (from budget)		qualifications, continuing education, improved quality of care, appraisal	
Salary should be based on education and performance						
Develop in service training/ continuing education. And develop accredited programs by recognized bodies	Development of Curricula for programs, train trainers to implement programs	2011		GNA/ GNC, MOH, SON, Faculty of Health Sciences UG, MOE	Certification Quality of service	

Group 2: Conditions of Work

- **Members:** Merona Pearson, Allison Christopher, Rona Persaud, Karmattie Barker
- **Retention Strategy 1:** Improve workplace conditions such as staffing levels, safety, physical facilities, supplies and equipment

Strategies	Action	Time Frame	Required Resources	Responsible Person	Indicators	Remarks
Staffing Levels	Review staffing establishment, create new positions, recommendations for appointments (appointing of acting personnel)	February- April 2010		REO, RHO, Senior staff of each		

Strategies	Action	Time Frame	Required Resources	Responsible Person	Indicators	Remarks
Quality Assurance	Establish OH&S Committees, sensitize staff to OHS policies (comprise of HODs, the program workers education- infection control, body mechanics, stress; safety practices;		Facilitator to form committee, training materials	Medical Superintendent, RHO, Matron, REO	committee established, policies posted, training of staff	Should be a Quality assurance committee – IPS, OHS, TQM
	Sensitize all staff to OHS policy practices					
	Post OHS policies in all units					
	Provide safety equipment (ppe) and supplies					Needle stick injuries- reporting, treatment, counseling, protocol (WHO)
	Monitor and reinforce safety policies and practices					Reporting of injuries must be made; exposure to hazardous drugs such as chemo- specialized training, protocol setup
Physical safety	Transportation for staff on late shift for out lying regions.	February – April 2010, continuous	regional vehicle	MS, RHO, Matron, REO	Copy of document of request, transportation available.	Vehicle for transport: feasibility: pick up points, drop off at home (present in Linden)
Physical Facilities	Identify suitable areas for rest room, lunch room; make recommendation to relevant personnel for refurbishing areas; ensuring workstations are adequately furnished		Lunchroom, rest room and workstation furnishing	Matron, Administration	Upgraded facilities	
Supplies and equipment	Conduct inventory, review usage pattern of supplies	February – April 2010		Matron, nursing supervisors, Administration		

Strategies	Action	Time Frame	Required Resources	Responsible Person	Indicators	Remarks
	Make realistic requisition for supplies required on weekly basis, identify essential medical/ surgical supplies/ equipment not currently available; review maintenance schedule for equipment.					

Group 4: Other

- **Members:** Laurelle Daw, Trevelyn Smith, Noel Holder, Gloria Saygon
- **Retention Strategy 1:** Establish and manage a national dynamic health human resources information system that captures the total nursing workforce in Guyana

Strategies	Action	Time Frame	Required Resources	Responsible Person	Indicators	Remarks
	Submit a proposal to the political directorate (policy)	2 months	Human, financial, and material	HR, Health Sciences Education, GNC, Matrons, REOs, CEOs	Positive response from political directorate	
	Meeting with experts to select appropriate program (software)	3 months	Various software, i.e. data packages	MIS, HR	Appropriate Software selected	MIS- Management Information Systems
Already in existence: ITECH- pre service training database, hospitals- in patient data						
Improve the information system in the schools of nursing and health care facilities	Installation of software at selected sites, and training of data entry staff	1 month each	Computers, printers, data storage devices, stationery, office supplies	MIS, HR, DHSE	Trained persons generating accurate reports	human (trained tutors) and financial
Establish a national tracking system where each nurse graduating receives an identification number, which is kept during her/ his career and job movement record	Indexing of target population	On-going	Data entry clerks, list of recruits and in service staff	DHSE, Principal Tutors, GNC	Total population indexed	quarterly/ semi-annual/ annual reports

Rosh/Feby/010

Registration List - Nurse Migration Study Workshop
Facilitator: Dr. Una Reid

No.	Name of Participant	Designation	Facility/ Organization	Region	Tel. No.	Email Address
1	Tarramattie Barker	Deputy CMO (ag)	Ministry of Health	4	629-1368	tarramattie_barker@yahoo.com
2	Garfield Bryan	Medical Case Worker/RN	National Insurance Scheme	4	642-4510	garfield_bryan2008@yahoo.com
3	Allison Christopher	Matron	Linden Hospital Complex	10	444-3005	alpchris52@yahoo.com
4	Audrey Corry	Director Nursing Service	GPHC	4	226-6287	audrey_corry@hotmail.com
5	Emanuel Cummings	Principal Tutor	University of Guyana	4	644-5296	emanuelcummings598@yahoo.com
6	Laurelle Daw	Matron	St. Joseph Mercy Hospital	4	647-7114	laurelle_daw@yahoo.com
7	Noel Holder	Director, Health Sciences	Ministry of Health	4	222-4414	ketannah@yahoo.co.uk
8	Nicola Melville	Dots Coordinator	National Tuberculosis Prog.	4	621-9431	nicole_melville@yahoo.com
9	M. Deborah Murphy	Principal Tutor	G/Town School of Nursing	4	223-0700	-
10	Merona Pearson	Matron (ag)	Suddie Public Hospital	2	619-6067	-
11	Ronamerle Persaud	Matron	West Dem. Regional Hosp.	3	254-0309	-
12	Winifred Razack	Head of Public Health Department	University of Guyana		670-8916	winifredsmith@hotmail.com
13	Gloria Saygon	Registrar	General Nursing Council	4	623-3269	s_saygon@yahoo.com
14	Patricia Singh	Coordinator Indigenous Peoples' Communities	Regional Health Services/Ministry of Health	4	602-7052	cipc_rhs@yahoo.com
15	Trevlyn Smith	Human Resources Manager	Ministry of Health	4	226-2963	trevlynsmith@hotmail.com

Commonwealth Code of Practice for the International Recruitment of Health Workers

Introduction

1. Many Commonwealth countries, both developed and developing, are experiencing shortages of skilled health workers. These shortages, which tend to be more severe in small island states, remote and rural areas, and some African countries, reduce countries' capacity to provide good quality health services to their populations.
2. Some countries are responding to the problem by systematically recruiting nurses, midwives, doctors, pharmacists, and other health care workers from other countries, in particular from developing countries. Whilst this is helping some recipient countries to overcome their staff and skills shortages, it deprives source countries of knowledge, skills, and expertise for which large amounts of resources have been expended. Although this type of international recruitment provides many health

workers with opportunities to develop their careers, gain valuable experience, and improve living conditions for themselves and their families, it has also resulted in negative experiences for others.

3. Commonwealth Ministers of Health have agreed that, in keeping with Commonwealth values of cooperation, sharing and supporting each other, a consensus approach to dealing with the problem of international recruitment of health workers should be adopted.
4. This Code of Practice for the International Recruitment of Health Workers is intended to provide governments with a framework within which international recruitment should take place. The Code is sensitive to the needs of recipient countries and the migratory rights of individual health professionals. The Code does not propose that governments should limit or hinder the freedom of individuals to choose where they wish to live and work. Commonwealth governments may wish to supplement the Code with additional guidance particular to their own national needs and situations.
5. Commonwealth member states are encouraged to take into account existing arrangements, treaties between countries and within regions in the application of this Code, and any international guidelines relating to the movement of persons across borders.
6. The Commonwealth will seek to encourage the adoption of the Code by countries outside the Commonwealth. International organisations such as the International Labour Organisation (ILO), World Health Organisation (WHO), the International Council of Nurses (ICN), and the International Council of Midwives should be encouraged to promote the Code to their non-Commonwealth members.

Purpose

7. The Code provides guidelines for the international recruitment of health workers in a manner that takes into account the potential impact of such recruitment on services in the source country.
8. The Code is intended to discourage the targeted recruitment of health workers from countries which are themselves experiencing shortages.
9. The Code seeks to safeguard the rights of recruits, and the conditions relating to their profession in the recruiting countries.

Status

10. The Code is not a legal document. Within the context of Commonwealth principles of co-operation and consensus, it is hoped that governments will subscribe to it.

Guiding Principles

11. This Code applies the principles of transparency, fairness and mutuality of benefits as these relate to relations among Commonwealth countries, and between recruits and recruiters.

Transparency

12. Transparency should characterise any activities to recruit health care workers from one country to another. This would normally involve an agreement between recruiting countries and the source countries.
13. The Code requires recruiters to be transparent about the type of skills, expertise, the number of recruits, and grades being sought.

Fairness

14. Recruiters should not seek to recruit health care workers who have an outstanding obligation to their own country, for example, contract of service agreed to as a condition of training. However, it is the responsibility of recruits to disclose such information, right from the outset of indicating their interest in working outside their country of origin.
15. Fairness requires that recruiters provide full and accurate information to potential recruits on:
    - The nature and requirements of the job that recruits are expected to perform
    - Countries to which they are being recruited
    - Administrative and contractual requirements
    - Their rights
16. Fairness also requires that recruiters provide recruits with accurate information about selection procedures.
17. Recruiters should also ensure that, while working abroad, the recruits will be protected by the same employment regulations and have the same rights as equivalent grades of staff in the receiving country, for example rates of pay, professional development and continuing education, and, where possible, access to training.
18. The Code of Practice does not wish to undermine the right of health workers to migrate to countries that wish to admit and employ them. The Code seeks to encourage the establishment of a framework of responsibilities between governments—and the agencies accountable to them—and the recruits. This framework would balance the responsibilities of health workers to the countries, in which they were trained—whether of a legal kind, such as fulfilling contractual obligations, or of a moral kind, such as providing service to the country which had provided their training opportunities—and the right of health professionals to seek employment in other countries.

Mutuality of benefits

19. The capacities of countries that need to recruit staff and those which lose their skilled personnel vary significantly. Recruiters may be in a position to consider ways in which they could provide assistance to source countries.
20. The expression of the principle of mutuality of benefits should/could take the form of technical assistance from recruiting countries to those from which countries are recruiting (‘source’ countries).

Compensation/Reparation/Restitution

21. Governments recruiting from other Commonwealth countries should/may wish to] consider how to reciprocate for the advantages gained by doing so. This could include:
    - Programmes to reciprocate for the recruitment of a country’s health workers through the transfer of technology, skills and technical and financial assistance to the country concerned;
    - Training programmes to enable those who return to do so with enriched value
    - Arrangements to facilitate the return of recruitees (subject to application of the non-discrimination principle and to the rights of the workers concerned in accordance with immigration and other laws).

Selection Procedures

22. The recruit, prior to signing a contract, should ensure he/she fully understands details therein and is prepared to commit him/herself to honour the contract.

Registration

23. Registration/licensure to practise is the responsibility of the relevant regulatory body in each country and the specific requirements should be made known to recruits. It is the responsibility of the recruit to understand and comply with the jurisdictional requirements around registration/licensing and education.

Workforce Planning

24. In addition to managing migration, Commonwealth member countries should explore and pursue additional strategies for retaining trained personnel.

Adopted at the Pre-WHA Meeting of Commonwealth Health Ministers 2003, Geneva on Sunday 18 May 2003.

Source: http://www.thecommonwealth.org/shared_asp_files/uploadedfiles/%7B7BDD970B-53AE-441D-81DB-1B64C37E992A%7D_CommonwealthCodeofPractice.pdf

Resolutions and Decisions

WHA57.19 International migration of health personnel: a challenge for health systems in developing countries

The Fifty-seventh World Health Assembly,

Recalling United Nations General Assembly resolution 2417 (XXIII) of 17 December 1968;

Recalling United Nations General Assembly resolution 58/208 on International migration and development, and the decision therein that, in 2006, the General Assembly will devote a high-level dialogue to international migration and development;

Further recalling resolutions WHA22.51 (1969) and WHA25.42 (1972);

Noting that the African Union declared 2004 “Year for Development of Human Resources in Africa”;

Taking note of the Commonwealth Code of Practice for the International Recruitment of Health Workers, which was adopted at the meeting of Commonwealth health ministers (Geneva, 18 May 2003);

Noting the work in progress on international labour migration in the International Organization for Migration, the Global Commission on International Migration, and in other international bodies;

Recognizing the importance of human resources in strengthening health systems and in successful realization of the internationally agreed goals contained in the United Nations Millennium Declaration;

Noting with concern that highly trained and skilled health personnel from the developing countries continue to emigrate at an increasing rate to certain countries, which weakens health systems in the countries of origin;

Being aware of the work undertaken in United Nations organizations and in other international organizations with a view to strengthening the capacity of governments to manage migration flows at national and regional levels, and the need for further action to address, at both national and international levels, as an integrated part of the Sector Wide Approaches and other development plans, the issue of migration of trained health-care personnel;

Noting further that many developing countries are not yet technically equipped to assess adequately the magnitude and characteristics of the outflow of their health personnel;

Recognizing the significant efforts and investment made by developing countries in training and development of human resources for health;

Further recognizing the efforts made to reverse the migration of health personnel from developing countries and aware of the need to increase these efforts;

Concerned that HIV/AIDS, tuberculosis, malaria and other such communicable diseases are placing additional burdens on the health workforce;

1. URGES Member States:

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(1) to develop strategies to mitigate the adverse effects of migration of health personnel and minimize its negative impact on health systems;

(2) to frame and implement policies and strategies that could enhance effective retention of health personnel including, but not limited to, strengthening of human resources for health planning and management, and review of salaries and implementation of incentive schemes;

(3) to use government-to-government agreements to set up health-personnel exchange

programmes as a mechanism for managing their migration;

(4) to establish mechanisms to mitigate the adverse impact on developing countries of the loss of health personnel through migration, including means for the receiving countries to support the strengthening of health systems, in particular human resources development, in the countries of origin;

2. REQUESTS the Director-General:

(1) to establish and maintain, in collaboration with relevant countries, institutions or organizations, information systems which will enable the appropriate international bodies to monitor independently the movement of human resources for health;

(2) in cooperation with international organizations within their respective mandates, including the World Trade Organization, to conduct research on international migration of health personnel, including in relation to trade agreements and remittances, in order to determine any adverse effects and possible options to address them;

(3) to explore additional measures that might assist in developing fair practices in the international recruitment of health personnel, including the feasibility, cost and appropriateness of an international instrument;

(4) to support Member States in strengthening their planning mechanisms and processes in order to provide for adequate training of personnel to match their needs;

(5) to develop, in consultation with Member States and all relevant partners, including development agencies, a code of practice1 on the international recruitment of health personnel, especially from developing countries, and to report on progress to the Fifty-eighth World Health Assembly;

(6) to support efforts of countries by facilitating dialogue and raising awareness at the highest national and international levels and between stakeholders about migration of health personnel and its effects, including examination of modalities for receiving countries to offset the loss of health workers, such as investing in training of health professionals;

(7) to mobilize all relevant programme areas within WHO, in collaboration with Member States, in order to develop human-resources capability and to improve health support to developing countries by setting up appropriate mechanisms;

(8) to consult with the United Nations and specialized agencies on the possibility of declaring a year or a decade of “Human Resources for Health Development”;

(9) to declare the theme of World Health Day 2006 to be “Human Resources for Health Development”;

(10) to include human resources for health development as a top-priority programme area in WHO’s General Programme of Work 2006–2015;

(11) to report on implementation of this resolution to the Fifty-eighth World Health Assembly.

(Eighth plenary meeting, 22 May 2004 – Committee A, third report)

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1 It is understood that, within the United Nations system, the expression “code of practice” refers to instruments that are not legally binding.

Health Workers for All and All for Health Workers

The Kampala Declaration and Agenda for Global Action

Declaration

We, the participants at the first Global Forum on Human Resources for Health in

Kampala, 2-7 March 2008, and representing a diverse group of governments, multilateral, bilateral and academic institutions, civil society, the private sector, and health workers’ professional associations and unions;

Recognizing the devastating impact that HIV/AIDS has on health systems and the health workforce, which has compounded the effects of the already heavy global burden of communicable and non-communicable diseases, accidents and injuries and other health problems, and delayed progress in achieving the health-related Millennium Development Goals;

Recognizing that in addition to the effective health system, there are other determinants to health;

Acknowledging that the enjoyment of the highest attainable standard of health is one of the fundamental human rights;

Further recognizing the need for immediate action to resolve the accelerating crisis in the global health workforce, including the global shortage of over 4 million health workers needed to deliver essential health care;

Aware that we are building on existing commitments made by global and national leaders to address this crisis, and desirous and committed to see immediate and urgent actions taken;

Now call upon:

1. Government leaders to provide the stewardship to resolve the health worker crisis, involving all relevant stakeholders and providing political momentum to the process.

2. Leaders of bilateral and multilateral development partners to provide coordinated and coherent support to formulate and implement comprehensive country health workforce strategies and plans.

3. Governments to determine the appropriate health workforce skill mix and to institute coordinated policies, including through public private partnerships, for an immediate, massive scale-up of community and mid-level health workers, while also addressing the need for more highly trained and specialized staff.

4. Governments to devise rigorous accreditation systems for health worker education and training, complemented by stringent regulatory frameworks developed in close cooperation with health workers and their professional organizations.

5. Governments, civil society, private sector, and professional organizations to strengthen leadership and management capacity at all levels.

6. Governments to assure adequate incentives and an enabling and safe working environment for effective retention and equitable distribution of the health workforce.

7. While acknowledging that migration of health workers is a reality and has both positive and negative impact, countries to put appropriate mechanisms in place to shape the health workforce market in favour of retention. The World Health Organization will accelerate negotiations for a code of practice on the international recruitment of health personnel.

8. All countries will work collectively to address current and anticipated global health workforce shortages. Richer countries will give high priority and adequate funding to train and recruit sufficient health personnel from within their own country.

9. Governments to increase their own financing of the health workforce, with international institutions relaxing the macro-economic constraints on their doing so.

10. Multilateral and bilateral development partners to provide dependable, sustained and adequate financial support and immediately to fulfill existing pledges concerning health and development.

11. Countries to create health workforce information systems, to improve research and to develop capacity for data management in order to institutionalize evidence-based decision-making and enhance shared learning.

12. The Global Health Workforce Alliance to monitor the implementation of this Kampala Declaration and Agenda for Global Action and to re-convene this Forum in two years' time to report and evaluate progress.

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