

Rich countries lure health workers from low-income nations to fight shortages (1195 words)



Worksheet for written exams

This worksheet and the article are written in American English.

Pre-reading

Complete the following task.

The health systems of Western countries desperately need medical workers. One idea is to offer these jobs to people from developing nations.

What might be the advantages and disadvantages of recruiting health workers from developing nations? Try to answer the question from the standpoint of individual workers as well as the source and the destination countries.

Reading comprehension

Complete the following tasks.

- Outline the problems that are caused by the recruitment of medical staff from developing countries.
- Explain the WHO's Global Code of Practice on the International Recruitment of Health Personnel.
- Point out the steps that wealthy countries have taken which make it easier to recruit medical staff from developing countries.
- Summarize the reasons why medical staff from developing countries decide to work in wealthy countries.
- Are the following statements true (T), false (F), or not mentioned in the text (N)? Mark (✓) the correct box, and then correct the false statements.

Statement	T	F	N
a) Canada, the USA, Germany, and Finland have a long history of recruiting medical staff from developing countries.			
b) The demand for medical staff from abroad in the USA has increased over the past 30 years.			
c) The growing demand for medical staff is only somewhat related to the COVID pandemic but had been a constant problem before.			
d) Rich countries are trying to outdo each other by offering better conditions for foreign health workers.			
e) Countries and workers are following the "learn and return" guideline that WHO created in 2010.			
f) Zambia has fewer than 2,000 doctors.			
g) Dr. Brian Sampa might want to emigrate but has reasons why he can't.			

Corrections

Post-reading

1. Discuss whether or not it is fair that wealthy countries recruit medical staff from developing countries. Give reasons for your opinion.
2. Write a letter to the editor

In response to the article, you write a letter to the editor (approximately 300 words) and express your view. Do you oppose or support the current trend of wealthy countries recruiting health workers from developing nations?

Regardless of your position, include suggestions for how the situation could be improved. For this, think about what can be done to reduce the problems that recruitment creates in source countries. What suggestions do you have regarding how wealthier countries can increase their number of health workers without putting strain on developing countries?

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Answer key

Pre-reading

Sample points

Individual workers	
Advantages: <ul style="list-style-type: none"> • more money • better equipment and working conditions • probably safer environment • higher standard of living 	Disadvantages: <ul style="list-style-type: none"> • might have to leave family and friends behind • might not feel accepted by society or must face racism • need to learn new language and find their way in a new culture which can be difficult
Source country	
Advantages: <ul style="list-style-type: none"> • workers might return with more experience • workers send money home (good for places with high poverty rates) 	Disadvantages: <ul style="list-style-type: none"> • loss of skilled health workers to care for patients and to train new health workers • demographics change as younger and better educated people leave
Destination country	
Advantages: <ul style="list-style-type: none"> • better health system because it is sufficiently staffed • gains through multiculturalism • gains through multilingualism (e.g., communication with non-native patients) 	Disadvantages: <ul style="list-style-type: none"> • patients might be prejudiced • different education systems • language and cultural barriers

Reading comprehension

1. The main problem for the source countries is that they already tend to have weak, underfunded, and understaffed health systems, and they can't afford to lose their medical staff (paras. 2, 3). Many of these developing countries are already suffering from shortages themselves (paras. 2, 12, 13). The pandemic has resulted in a shortage of health workers everywhere (para. 7).

An example of the exodus of medical staff is a hospital unit in Manila, Philippines, where half the staff are planning to go abroad (para. 6). Many health workers also do not intend to return to their home countries (para. 11). This results in a ratio of doctors to patients in the source countries that is far below the WHO's recommendations of one doctor per 1,000 patients (para. 12). The lack of health workers consequently leads to overworked staff (para. 13).

Another problem for the source countries is that their public money is used to fund the universities that train doctors and nurses who then leave for other countries after they have

completed their education (para. 9). The overall brain drain means that developing countries invest money in the education of their citizens but are not benefitting from it.

2. The WHO’s Global Code of Practice on the International Recruitment of Health Personnel was introduced in 2010 to protect the health systems, especially those of African countries whose populations were suffering from AIDS (para. 9). The code states that although individuals have the right to migrate, the wealthier destination countries should only recruit through bilateral agreements (para. 10). Destination countries should support health programs in the source countries and offer a “learn and return” program that encourages health workers to return to their home countries with their newly learned skills (para. 10).
3. In Europe and North America, countries have created immigration fast tracks specifically for health care workers. They also have made the process of recognizing foreign qualifications faster. In 2020, the UK government created the “health and care visa” program that reduces visa costs and processes visas faster in order to fill vacancies with foreign health workers. Canada had also expedited the recognition of foreign qualifications and reduced the language requirements for residency permits to make it easier to recruit foreign nurses. Temporary health workers who care for the elderly in Japan can become eligible for residency. Germany now allows foreign-trained doctors to work as assistant physicians* (para 8)

*Background information: Germany allows foreign-trained doctors to work as assistant physicians for up to two years under two conditions: 1) they will return to their home countries at the end of the two years; or 2) they will work in a hospital while training in a specific field to become a medical specialist (*Facharzt*).

For more information, see “Als ausländischer Arzt in Deutschland arbeiten: So klappt die Anerkennung der Approbation” by Stefanie Hanke, June 2, 2021, <aerztestellen.aerzteblatt.de/de/redaktion/deutschland-approbation-auslaendische-aerzte>.

4. Medical staff from developing countries decide to work in wealthy countries because they earn a lot more money there than at home. They also want to create a new life for themselves and their families in countries with better living conditions. On top of that, wealthy countries have relaxed the rules so people can work and stay. This includes allowing them to work in certain positions right away (see task 3. above). Last but not least, the fact that so many of their colleagues are already leaving, makes the jobs at home even more demanding because the remaining workers have to take on the work of those who have left. (paras. 1, 8, 11, 3)

5.

Statement	T	F	N
a) Canada, the USA, Germany, and Finland have a long history of recruiting medical staff from developing countries.		✓ (\$2)	
b) The demand for medical staff from abroad in the USA has increased over the past 30 years.	✓ (\$4)		
c) The growing demand for medical staff only somewhat related to the COVID pandemic but had been a constant problem before.		✓ (\$7)	
d) Rich countries are trying to outdo each other by offering better conditions for foreign health workers.			✓
e) Countries and workers are following the “learn and return” guideline that WHO created in 2010.		✓ (\$11)	

f) Zambia has fewer than 2,000 doctors.		✓ (\$12)	
g) Dr. Brian Sampa might want to emigrate but has reasons why he can't.	✓ (\$13)		

Corrections

- a) Germany and Finland have just recently started this practice. (para. 2)
- c) The shortage of health workers worldwide is connected to the pandemic, especially the Omicron variant. (para. 7)
- e) According to Howard Catton (the CEO of the International Council Nurses), the current pattern is the opposite – health care workers do not plan to go back to their home countries. (para. 11)
- f) Fewer than 2,000 doctors work in Zambia's public health system, but there are 5,000 in the entire country. (para. 12)

Post-reading

1. **Individual student answers.** For their discussion, students can use the points they brought up in the pre-reading exercise and the reading comprehension section.

2. Sample points

The letter should have a proper structure:

- **Salutation:** Dear Sir or Madam, Dear Editor, ...
- **Opening:** purpose of your letter, reason for writing, etc. – “I have read your article ‘Rich countries lure health workers from low-income nations to fight shortages’ published in your 2nd October issue ... ”
- **Position statement:**
 - I am disappointed because of the current trend / because of how the issue of ... is handled by ...
 - The trend is not necessarily bad, but ..., etc.
 - It is / it is not okay to recruit ... because ...
- **Body:** should contain arguments as well as suggestions to reduce impact on developing countries and increase number of health workers in wealthy countries
- **Closing:** Sincerely, Yours truly, Respectfully, ...

Expressions to support your opinion:

- I really think we should take a different path ...
- how can we not have a system that ...
- I strongly advise / recommend / support the idea ...
- I am strongly against the notion that ...
- the way I see it ...
- on top of that
- furthermore
- on a different note
- I call for an end of / a new way of ...
- I cannot believe that for so long ...
- let's try to solve this issue by ...
- let's create a different ...
- let's appreciate ...

Sample points (ways to improve the situation with suggestions for reducing strain on developing countries with regard to recruitment while also increasing the number of health workers in wealthy countries)

Against recruitment

- stop active recruitment from developing countries that do not have enough health workers
- pay all health workers more to make professions in the health system more attractive in both source and destination countries
- improve working hours and promotion prospects to encourage more people to work in health care in both source and destination countries
- offer retraining as a health worker for people who are looking for a career change or are unemployed
- find ways to bring back health workers who have left the industry
- increase the number of people who go into the health care field through outreach programs
- ...

For recruitment

- find ways to engage in ethical recruitment
- for every foreign health worker recruited, permanently or temporarily, collaborative training programs should be put in place to train more health workers in the source country
- set a fixed amount of time in which foreign-trained health workers can work in the health industry of destination countries
- offer advanced training programs for foreign health workers to receive specialized training but are required to return home where they use their acquired knowledge and experience
- set limits on the number of foreign doctors allowed to be able to recruit staff but reduce the loss of skilled workers in the source countries
- ...

For more information, see the following publications.

WHO *User's Guide to the WHO Global Code of Practice on the International Recruitment of Health Personnel*. February 2010. <<https://apps.who.int/iris/rest/bitstreams/66783/retrieve>>, accessed April 29, 2022.

Department of Health and Social Care, UK Government. *Code of practice for the international recruitment of health and social care personnel in England*. Updated November 11, 2021. <<https://www.gov.uk/government/publications/code-of-practice-for-the-international-recruitment-of-health-and-social-care-personnel/code-of-practice-for-the-international-recruitment-of-health-and-social-care-personnel-in-england>>, accessed April 29, 2022.

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