



Factors Associated with the Migration of Libyan Healthcare Professionals: Qualitative Study

Nada Ab. Hweissa ¹, Hoda .M. Tawel ², Kaothar Abuokraa ³.

(1) Department of Public Health, Faculty of Medical Technology, University of Zawia, Libya

(2) Department of Pathology, Faculty of Medicine, University of Zawia, Zawia _ Libya

(3) Department of Anesthesia, Faculty of Medical Technology, University of Zawia, Zawia _ Libya.

Corresponding author: Nada Ab. Hweissa; Department of Public Health, Faculty of Medical Technology, University of Zawia, Libya. Email: n.hweissa@zu.edu.ly.

Abstract

Introduction:

Since the Libyan uprising in 2011, the health-care system of Libya has been heavily affected by armed conflict. The health-care professionals regard as one of the most significant contributions to the health-care system. Nevertheless, health care professionals have been migrating from all developing nations in greater numbers in recent years. This study aims to assess the reasons of migration of Libyan health-care professionals and to distinguish the important attractiveness factors that pull those professionals to migrate.

Methodology:

A qualitative in-depth, telephone interview was performed with Libyan health-care professionals living abroad. Finally, thematic analysis was used for qualitative research analysis to fully convey the nuanced meaning included in the textual data set.

Results:

The participants in this study were eight females and four males who live in America, Germany, Canada, the UK and Qatar. More than half of the participants were had a scholarship from Libyan government, then they had got a job with high wages. The safety and security, psychological stability in the welcoming country, effortlessness managerial procedure of getting job and ease of obtaining citizenship were the most mention factors pulled Libyan health-care provides to migrate.

Conclusion:

Libyan health-care providers migrated to seek greater pay and working conditions compared to their home nations. Therefore, improving Libya's healthcare system may encourage those doctors who left the country to return and continue practicing medicine, mostly for financial and educational reasons.

Introduction

The health-care professionals regard as one of the most significant contributions to the healthcare system. Health care providers have been migrating more frequently in recent years (Asadi et. al, 2018). The World Health Organization (WHO) has determined that doctors, nurses, and midwives are important indicators of positive health outcomes and a benchmark for evaluating the standard of treatment for all populations (World Health Organization, 2010). Local health-care providers are inescapable part of the health-care system, since they make up majority of the work force.

Since the Libyan uprising in 2011, the health-care system of Libya has been heavily affected by armed conflict. Attacks against medical personnel and institutions during conflict and revolution are increasing and have become a significant humanitarian challenge. The United Nations Support Mission in Libya clarified in a report released in 2018 that there were 36 attacks throughout the reviewed period on medical facilities, staff, or patients; however, it is thought that the true number of attacks was far higher (The United Nations Support Mission in Libya, 2018).

Many hospital executives and medical personnel in various parts of Libya attributed the majority of security events at hospitals on inadequate care and a lack of resources, as irate patients and frequently their armed relatives direct their resentment toward staff (The United Nations Support Mission in Libya, 2018) . The violence directed towards healthcare professionals and medical facilities has resulted in collapse in health-care services and contributed to the migration of qualified medical personnel, which has a negative impact on the standard of healthcare provided in Libya (The United Nations Support Mission in Libya, 2018).

On the other hand, providing high-quality healthcare requires effective human resource management, and achieving better outcomes from and access to health care around the world (Hongoro & McPake, 2004). In developing countries, the healthcare sector neglected the significance of human resources (Asadi et. al, 2018). People who relocate to wealthier nations from underdeveloped ones usually look for: Better wages, favorable working conditions and professional options, excellent family and individual educational opportunities, and money to send home all contribute to the attractiveness of such migration (Watkins, 2005). Financial incentives, whether in the form of direct allowances and incentives or income-generating alternatives, are a crucial tactic for attracting and keeping health workers in their hometowns (Malema & Muthelo, 2018).

An editorial, published in 2009, clarified that around 1,250 to 1,500 Libyan doctors practicing outside Libya (Benamer et al., 2009). According to the Society of Canadians Studying Medicine Abroad (SOCASMA), a large number of doctors who were paid by the Libyan government to receive specialized training in Canada after graduation choose to remain behind, they violate their own government's agreements, causing "enormous harm" to the nation's healthcare system. Consequently, a concerning decline has been observed in the number of physicians going back to Libya.

The German Medical Syndicate revealed that the number of Libyan doctors in Germany increased by 2.2% from last year, as their number reached 909, which means that Libya is the third largest exporter of doctors in Germany after America and Egypt (Toboulib, 2021). That regards a disastrous number compared to the very simple population of Libya, which reveals the bad conditions that Libyan doctors suffer from, in terms of the low level of services and salaries provided to them. In addition to, the assault on medical staff during the pandemic, civil war and before, which pushes them to migrate abroad (Toboulib, 2021).

According to quantitative study performed in 2009 to assess a few potential explanations for Libyan doctors' migration, found that 50% of the respondents were looking for better education and research, and 31% stated that economic factors were the primary factor (Benamer , et al. 2009).

Migrants are motivated by push factors in their home countries and pull factors in receiving countries. While some countries are capitalizing on the global market demand to facilitate export of their workers, some poor countries who lose their skilled workers to more developed countries are concerned about "brain drain.". The reasons of migration could be economic, educational, administrative, professional, social and cultural factors, besides the phenomenon of globalization.

When health care workers migrate, there are typically negative effects that include a decrease in the number of healthcare workers, a disruption in services, increased dissatisfaction, letting go of other staff members, longer wait times for patients seeking care, an increase in healthcare costs, the loss of experienced teachers, a decline in the number of active people, and an increase in dependency (Drăgoi, 2015; Munga & Mwangu, 2013).

The purpose of this study is to evaluate the reasons of migration of Libyan health-care professionals and to distinguish the important attractiveness factors that pull those

professionals to migrate. Moreover, to identify the factors that might motivate the migrated Libyan health-care professionals to return.

Methodology

One of the primary techniques for gathering data in qualitative research was the key informant interview, which was chosen as the method for this study. When a researcher wants comprehensive and in-depth details regarding an individual's beliefs and actions, key informant interviews might be helpful. An in-depth interview is conducted with informed and expressive individuals, and it can aid in developing a deeper comprehension of a situation, offer insights into the nature of the issues being studied, and point toward viable solutions. This study was able to gather significant and helpful information about the breadth and specifics of data in a little amount of time without requiring a big sample size by way of key informant interviews. In-depth one-on-one interviews are typically conducted as a qualitative research method with a limited number of participants to investigate their viewpoints regarding a specific concept, initiative, or circumstance (Boddy, 2016; Sandelowski, 1995).

A qualitative in-depth, telephone interview was performed with fourteen Libyan healthcare professionals living abroad. Data was conducted through social media applications from the month of April 2022 until September 2022. The study objective was accomplished and the data saturation point was reached with just those fourteen key informants. A Guidelines for semi-structured interviews were created to sought the participant's opinion about and reasons of migration. The researcher gave a brief introduction to each interview, outlining the purpose of the study. Subsequently, further inquiries were made in order to facilitate the key informant's sharing of information about their migration journey.

Snowball sampling was used to define the key informants, a person or two who the researchers would like to involve in the study were identified, and then, relies on those first-time participants to help identifying extra subjects in the study.

Since Arabic is the most widely spoken language in Libya, the interviews were first conducted in Arabic before being translated into English for analysis. With consent, ten discussions were recorded, and field notes were collected concurrently. While, the other four refused to record and notes were taken precisely by the interviewee. The textual data was obtained by verbatim transcription of the interviews. After that, the consistency of these data was verified against the field notes. Finally, thematic analysis

was used for qualitative research analysis to fully convey the complex meaning included in the textual data set. The coding procedure consisted of two steps: Axial coding, which includes conceptual ordering, and basic coding were applied after the data description was completed.

Results

In-depth interviews were conducted with eight female participants and four male individuals. The health-care providers had at least five years of living abroad. Four in America, three in Germany, three in Canada, one in the UK and one in Qatar. In addition, eight of participants are medical doctors, two are medical technologists, one is a pharmacist and one is a dentist.

Overall, there wasn't much of a difference seen between the healthcare practitioners' remarks from different countries and different backgrounds. The following subsections explain the health-care provider's attitude about migration from Libya.

Pushing and pulling factors

Seven of the participants were had a scholarship from Libyan government to study abroad, and they supposed to get back after finishing their study. Those people found that the welcoming country is attractive in terms of getting a job with high wages and joining high level training courses. The working environment was also important factor that pulled Libyan doctors to migrate.

On the other hand, most of participants were mentioned about the study and training efficacy for them and their children too. Self-development of health-care providers is an important issue that helps them to raise their efficiency, which encouraged them to leave their country in search of a place for training and development. A participant was living in Qatar and was accompanying her husband clarified that job chances with high wages were one of the important factors pushing them to migrate.

" I could not achieve my dreams in Libya and my husband's travel to study abroad was a great opportunity for me to achieve my goal" (Female, five years in Qatar)

The safety and security were stated by all of the key informants. Security conditions were one of the important factors that prompted health-care provides to leave the country. A participant live in Germany since 2010 mentioned that she went back to Libya after completing her post graduate study, but the situation in Tripoli was in war.

"After living in Germany, I went back to stay in my hometown. But unfortunately the situation was very bad and my children did not feel safe at all, therefore we decided to go back, especially since I have a great job opportunity there"
(Female, 12 years in Germany)

In the same time, those people found the security and psychological stability in the welcoming country. Moreover, effortless managerial procedure of getting job. Furthermore, ease of obtaining citizenship, especially for those residing in Germany.

"The thing that I missed in my country is that I cannot get my full rights, as is urged here in UK. Corruption has spread in the management, which has obstructed any managerial action that I take". (Male, 19 years in Canada)

Consequences:

The thing that mentioned by all participants was the homesickness and living away from family and friends. Five doctors were worried about the future of their children; for sure the children would get high level of education and English language learning in comparison with education in Libya, but they worried about different culture and religion may affect the kids after a while.

"Easy and decent life here in America, may affect the children's attitude about Libya, they may hate to return to Libya in future" (Male 14 years in America)

Racial discrimination was stated by key informants living in America and Germany. Those participants clarified that they live persecuted and they suffered from treatment of a foreigner in streets, places of study and places of work too. This issue always makes them thinking about return to the homeland.

"We face a racial discrimination even against children, the privileges granted to their children are different from ours" (Male 14 years in America)

"..., I am a gynecologist, and I am a foreigner, I have to check patients in our department. It more than one time I face patients who refuse me to check them because I am a foreigner, I am a Muslim and I am wearing a scarf on my head!"
(Female, 12 years in Germany)

The number of Libyan doctors working in different countries over the world is rising every day, and for sure that cause a shortage of Libyan health-care providers in Libya.

"I know many Libyan doctors live and work here in America, and most of them now have high level of experience, if Libyan government could reverse those doctor, there will be a great effect on Libyan health care system" (Female, 13 years in America)

Motivators

Three of key informants clarified that they are really thinking about return to Libya because of different reasons such as homesickness and different culture and religion. Another three mentioned that they never think about returning back, as they found the life they look for themselves and their children too. Other participants stated number of factors may motivate them to return.

"I am not happy, here in Germany, but I stay and work only for my children"
(Female, 13 years in Germany)

"I will not return at the present time unless the living conditions in Libya improve, and I rule it out" (Male, 19 years in Canada)

Providing security and safety to Libya was nearly the first mentioned factor. In addition to, activating the laws and regulations of the health system in Libya as it is in the developed countries. Moreover, establishing an integrated medical system in the public and private sectors.

"....putting the right person in the right place, which means a person working to build and develop the health sector in Libya" (Male 14 years in America)

And most importantly, providing security, financial and administrative stability for the Libyan doctor and ensuring a decent life for him and his family members.

"I expect the development of the health system in Libya and raising the wages of health care providers to provide them with a decent life will encourage many doctors to return" (Male, 20 years in the UK)

Discussion

Health workers are migrating and moving across borders more frequently, and their movements are becoming more complex. Today, health systems around the world struggle to control the influx and outflow of medical personnel (WHO). More than a decade of conflict left Libya's health system on the verge of collapse. This study highlighted the factors pushed Libyan health-care providers to leave their hometown and factors pulled them in the welcoming countries.

The common desire of health workers to specialize and self-development, pushed Libyan health-care providers to migrate. That was clearly highlighted in previous studies, whereas career advancement, specialization and training for health care workers regard as the most important factors pushed them to migrate (Adhikari & Melia, 2015; Ballard et al., 2004; Drăgoi, 2015; Likupe, 2013; Zander et al., 2013).

This study clarified that Libyan health-care providers migrated to look for pay and working conditions that are superior to those in their home nations. Economic benefits are significant reasons that attract health-care providers to migrate (Adhikari & Melia, 2015; Ballard et al., 2004; Drăgoi, 2015; Likupe, 2013; Zander et al., 2013). Therefore, a respectable life in one's hometown can be guaranteed for a health worker by providing support for appropriate living conditions, financial incentives, access to electricity, sanitation, and connectivity, as well as fulfilling the educational needs of their children (Malema & Muthelo, 2018).

Due to the security situation in Libya in the last decade, many doctors left the homeland in search of a better environment for themselves and their children. Safety and security were reported by all participants in this study, and that was one of the weighty reasons to migrate and thoughtlessness of returning back as what happened in other undeveloped and developing countries (Adhikari & Melia, 2015; Alexis et al., 2007; Davda et al., 2018).

The spread of administrative corruption and the lack of infrastructure for the health system in Libya are among the most important reasons that hinder the work of health-care providers. These people have found rules and regulations in countries that have welcomed them. (Aboderin, 2007; Likupe, 2013; Zander et al., 2013)

Study limitations

The study aimed to collect data from health-care provider who migrated from Libya to developed countries and assessed the factors those pushed and pulled them to migrate, in addition to evaluation of consequences and motivators. The study limitation was the refusal of Libyan health-care providers to take a part in this study. For example, some of migrated Libyan health-care providers left the country for political situation and preferred to not give any information about their migration, those asked to end the call after knowing the purpose of the study

Conclusion

The findings of this study emphasize the significance of the economic, social, and political factors in which decisions about health-care provider immigration are made. Opportunities for training have proven to be crucial factor for migration. Retaining health professionals in their hometown appears to be positively impacted by improving health worker management as well as the support and expertise of human resource health managers. The return of migrated doctors to Libya will help in building an

efficient health-care system. It is expected that; reforming the health-care system in Libya may persuade a few doctors who emigrated primarily for financial and educational reasons to return to Libya to continue practicing medicine.

Funding

There was no funding provided to the writers for this study.

Conflict of Interest

There are no disclosed conflicts of interest for the authors.

References

- Aboderin, I. (2007). Contexts, motives and experiences of Nigerian overseas nurses: Understanding links to globalization. *Journal of Clinical Nursing, 16*(12), 2237–2245.
- Adhikari, R., & Melia, K. M. (2015). The (mis) management of migrant nurses in the UK: a sociological study. *Journal of Nursing Management, 23*(3), 359–367.
- Alexis, O., Vydelingum, V., & Robbins, I. (2007). Engaging with a new reality: Experiences of overseas minority ethnic nurses in the NHS. *Journal of Clinical Nursing, 16*(12), 2221–2228.
- Asadi, H., Ahmadi, B., Nejat, S., Akbari Sari, A., Garavand, A., Almasian Kia, A., & Hasoumi, M. (2018). Factors influencing the migration of Iranian healthcare professionals: A qualitative study. *PloS One, 13*(6), e0199613.
- Ballard, K. D., Robinson, S. I., & Laurence, P. B. (2004). Why do general practitioners from France choose to work in London practices? A qualitative study. *British Journal of General Practice, 54*(507), 747–752.
- Benamer, H. T., Bredan, A., & Bakoush, O. (2009). The Libyan doctors' brain drain: An exploratory study. *BMC Research Notes, 2*(1), 1–6.
- Boddy, C. R. (2016). Sample size for qualitative research. *Qualitative Market Research: An International Journal*.
- Davda, L. S., Gallagher, J. E., & Radford, D. R. (2018). Migration motives and integration of international human resources of health in the United Kingdom: Systematic review and meta-synthesis of qualitative studies using framework analysis. *Human Resources for Health, 16*(1), 1–13.
- Drăgoi, M. C. (2015). The health work force migration: Economic and social effects. *Farmacia, 63*(4), 593–600.
- Hongoro, C., & McPake, B. (2004). How to bridge the gap in human resources for health. *The Lancet, 364*(9443), 1451–1456.
- Likupe, G. (2013). The skills and brain drain what nurses say. *Journal of Clinical Nursing, 22*(9–10), 1372–1381.
- Malema, R. N., & Muthelo, L. (2018). Literature review: Strategies for recruitment and retention of skilled healthcare workers in remote rural areas. *EQUINET (Harare) and University of Limpopo (South Africa) Report, (115)*.

- Munga, M. A., & Mwangu, M. A. (2013). Comprehensive health workforce planning: Re-consideration of the primary health care approach as a tool for addressing the human resource for health crisis in low and middle income countries. *Tanzania Journal of Health Research*, 15(2), Article 2.
- Sandelowski, M. (1995). Sample size in qualitative research. *Research in Nursing & Health*, 18(2), 179–183.
- The United Nations Support Mission in Libya. (2018). *Libya: Health-Care under Attack*.
- Toboulib. (n.d.). <https://www.toboulib.com/new-blog/2021/5/28/dlpyzv8geywogjdynt2ukhn4xy0rrt>.
- Watkins, S. (2005). Migration of healthcare professionals: Practical and ethical considerations. *Clinical Medicine*, 5(3), 240.
- WHO. (n.d.). <https://www.who.int/activities/addressing-the-international-migration-of-health-workers>.
- World Health Organization. (2010). *Increasing access to health workers in remote and rural areas through improved retention: Global policy recommendations*. World Health Organization.
- Zander, B., Blümel, M., & Busse, R. (2013). Nurse migration in Europe—Can expectations really be met? Combining qualitative and quantitative data from Germany and eight of its destination and source countries. *International Journal of Nursing Studies*, 50(2), 210–218.