

## **CHAIRE QUETELET 2008**

South-North International Migration. A Comparison of Policy, Research and NGO Perspectives: Conference Theme 4, Return Migration

### **Carry Go-Bring Come<sup>1</sup>: Circular Migration among Caribbean Professionals**

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#### **Introduction: The Immediate Problem**

A report released by the United Nations in September 2006 for its 61<sup>st</sup> General Assembly tells us that as much as 60 per cent of the most highly educated Jamaicans have emigrated - mainly to more developed countries such as the United States, Britain and others within the Organization for Economic Cooperation and Development (OECD). The report goes on to say that similar situations obtain in other Caribbean countries such as Trinidad and Tobago, Guyana and Haiti, as well as several countries in Africa. An IMF working paper “Emigration and Brain Drain: Evidence from the Caribbean”<sup>2</sup> provides figures that are even more disconcerting. According to this report, the tertiary educated workforce of Trinidad and Tobago has been reduced by 79 per cent between 1965 and 2000 due to emigration to the OECD countries. The paper cites the corresponding figures for Guyana and Jamaica as 85 and 89 per cent respectively.<sup>3</sup> The immediate problem that faces senior policy makers and technocrats in the public sectors of these countries is the high level of movement of their professional workforce to the advanced industrial countries and the negative effect this might have on the ability of the local public sector to provide good quality professional services to the population.<sup>4</sup>

This paper: a) presents a framework for understanding the nature of the migration process among professionals, using the nursing workforce as exemplification; b) identifies strategies that might serve to mediate the negative impacts on the provision of good quality professional services in these societies. Basically, therefore, the paper is framed by concerns with issues of conceptualization of the migration process and the ways in which these can inform sound policy.

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<sup>1</sup> A Jamaican folk term that suggests that the individual that takes something from one location to another invariably returns from the second location with something as well.

<sup>2</sup> Mishra, P. Emigration and Brain Drain: Evidence from the Caribbean, IMF, January 2006

<sup>3</sup> Cited in Mary King, “Innovation and the Brain Drain” in the Daily Express, Monday 9<sup>th</sup> October 2006.

<sup>4</sup> Although this vertical movement is being defined as the primary problem, note should be made that horizontal movement of nursing professionals also represents a serious health care policy issue. One instance of this type of movement is that between say, Britain and Norway. Indeed, the two types of movement are linked since vacancies created by the movement of nurses out of Britain to Norway might be filled by nurses from the less developed world.

In what follows, circular migration among professionals is viewed as a response to the changing global context within which these professionals operate. The case is made that migration is a complex, multifaceted process. Furthermore, the variant of circular migration that is spoken to is, it is suggested, a historically new phenomenon. This type of migration is deemed to be a function of: a) the advent of a new techno-economic dynamic that governs the relationship between the countries of the world and, b) attempts by professionals to balance the positives and negatives associated with living and working in their countries of origin and the countries of the Developed world. Empirically, the paper draws on the experiences of Jamaican nursing professionals to contest uncritical use of the notion of “brain-drain” to describe the movement of qualified personnel between the Southern and Northern hemispheres. It presents evidence to show that the outward movement of professionals from the countries of the South is invariably attended by a return flow of people, skills and material resources. The paper also makes policy recommendations relating to the ways in which the proclivity to return can be harnessed by administrators responsible for the provision of professional services for their countries.

## **Understanding the Migration Process**

### *Background*

Let us proceed by locating the movement of professionals in the context of migration in general and migration in the present era in particular. External migration, or the movement of people from one national location to another for varying durations of time, is one of the constant features of human social demography. Figures for 2005 indicate that as many as 191 million people were living outside of their country of birth during that year.<sup>5</sup> If the fact of movement between countries is constant, the character of this movement is variable. It is subject to variation across space and time because people’s decision to move from one physical location to another is, effectively, a function of the social context within which they reside as well as their perception of the conditions obtaining in places outside of their territory. The character of external migration is also shaped by the nature of the arrangements that govern the social, economic, cultural and political relations between countries. The process, therefore, is a transmutable one, so, correspondingly, are the ways of conceptualizing, or thinking about it.

Although external migration has always been an important part of the social demography of the countries of what is referred to as the Postcolonial world, scholars of the phenomenon trace the start of significant movements of the professional workforce from these countries to the latter years of the 1960s. The large scale movement of professional manpower from the postcolonial countries of the world is a historically recent phenomenon. If we understand the history and society of these places it is easy to see why. By and large, the countries to which reference is being made came into political independence starting somewhere in the middle of the 20<sup>th</sup> Century, following on the end of World War 2. Prior to this these countries had no existence of their own, but were a part of somebody’s empire. Colonial society was characterized by limited social mobility. Opportunities for accessing the training and education needed to enter any profession, were, somewhat restricted. Therefore, as a social category, native based professional

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<sup>5</sup> UNFPA-IOM, ‘Female Migrants: Bridging the Gaps throughout the Life Cycle’ Expert Group meeting, New York, May 2006

groupings of any substantial size are relatively new. Since they did not exist, they could not migrate.<sup>6</sup>

Not that these countries were strangers to the migration of their people overseas. In the historical period, the movement out of these countries consisted, in the main, of non-professional labour escaping the limited opportunity structures of economies dominated by colonial productive arrangements. These arrangements tended to be characterized by skewed resource distribution patterns and non-existent industrial sectors. The work overseas was usually contractual in nature, associated with some commercial or industrial project. Its terms and conditions were usually quite onerous and restrictive. In the Caribbean and Latin America, for example, the construction of the Panama Canal in Central America in the 19<sup>th</sup> Century is a case in point. In Africa there is a well established tradition of labour movement from Western, Eastern and Southern countries of the continent to South Africa.<sup>7</sup> The central point that is being made is that the movement of local professional manpower out of the Postcolonial countries of the world is a historically recent phenomenon.

### **Macro Policy Context of the External Movement**

The question of the movement of nurses out of the health care systems of many developing countries via the route of external migration has been a serious issue of public policy since at least the decade of the 1970s. It is in this decade that the state-led approach to social development that had characterized the efforts made by most of the countries of the Southern Hemisphere since political independence started to prove untenable. Political independence had been attended by an expansion of training and educational opportunities that provided the basis, for the first time, for a movement of substantial numbers of the native population into the ranks of the professions. The initial promise of independence disappointed as theoreticians and policy makers from Latin America to the Far East grappled with development strategies that would ensure levels of productivity sufficient to cater to the needs of the mass of new citizens that made up these populations. The reality of having to make their own way in the world brought home to these new nations the realization of the very real limitations and constraints associated with such a venture.

By the time of the 1970s, efforts by the governments of these newly independent countries to improve the quality of life of their citizens through the provision of social services and social infrastructure became hobbled by the duality of falling prices for their produce on the world market and spiraling prices of the oil that they imported to fuel their productive systems. The spiraling of oil prices and the almost simultaneous fall on the global market of the prices of the primary products exported by the countries of, what was then, the Third World was associated

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<sup>6</sup> In dialectical terms, the propensity to move out of these countries can, perhaps, be understood best through an analysis of the stagnancy associated with lack of opportunity for self development afforded its citizens by these societies.

<sup>7</sup> It is interesting to note that the other large scale movements of people at the same time in the 19<sup>th</sup> Century was characterized in many instances by a more intense quest for freedom of the human spirit and less restriction on the immigrants. I refer, of course to the movement between traditionalist Europe and new America in which people fled from religious and political persecution and famine. Although there was some return flow associated with this movement individuals were generally, not circumscribed by the terms and conditions of labour contracts and were at liberty to forge a new existence for themselves in North America.

with the build up of enormous debt on the part of these countries and the very real prospect of economic and social collapse. The decline in revenues created budgetary and fiscal deficits that drastically reduced social expenditures and removed the government from its accustomed role of provider to vulnerable groups in these societies. The eventual outcome of this state of affairs was the adoption by significant numbers of these countries of loans tied to the acceptance of Economic Neo-liberalism and Structural Adjustment under the auspices of the World Bank and the International Monetary Fund.

The central plank of these policies was the removal of the State from a position of dominance in the national economy and its replacement by a private sector led, free market economic arrangement. Proponents of this approach made the case that the economies and institutions of these countries were hampered in their proper functioning by traditionalist social and economic relations, attitudes and values, waste and inefficiency and most importantly, corruption. Removal of the state as the driving force in these economies was supposed to correct this situation. These are the parameters of the debate that has framed socioeconomic policy in the poor countries of the world for the past four decades.

In practical terms the adoption of these policies by perhaps a majority of countries in the Southern Hemisphere meant that Government revenues that had previously found their way into the provision of social services such as health and education now had to be shared with debt repayment to the international monetary system. Furthermore, the luxury of deficit financing as a means of dealing with the needs of the masses of people dependent on the social sector came to an end with the fiscal discipline imposed on these countries by the international financial institutions (IFIs). Increasingly, as the decade of the 1970s wore on, it became evident that the government would no longer be able to fulfill its traditional role of provider. As a consequence the social sector, health, education, suffered decline. The outward movement of professional manpower that had had its incipient stages in the 1960s gathered momentum as the professionals employed in the public sector responded to the threat to their accustomed standard of living and the quality of professional life posed by this crisis.

Two important points arise at this juncture. The first is that movement into the Developed countries on the part of nursing professionals from the less developed world is only possible because of the existence of vacancies in the health care system of these wealthy countries. This points to issues of planning and management in the health care systems of the Developed world that ultimately have to be factored into any tenable solutions that are forthcoming.

The second point is that a great deal of the information that informs policy in this area is posited on the notion of unidirectional travel. According to this understanding, the migration figures derived from official sources in the less developed and developed countries of the world speak of permanent loss to the sending countries of its professionals. The solutions proffered on the basis of this interpretation of the process center on increased training of professionals to replace those that have migrated; placing obstacles in the path of those who might be inclined to leave; seeking compensation from the receiving countries; addressing factors such as planning and the status of the professions in the receiving countries. In the remainder of the paper the assumption of unidirectional travel is challenged. The argument is put forward instead that migration in the present era has come to mean continuous movement between societal poles; between the so-

called developing and developed worlds. This process is captured by the use of terms such as return migration, circular migration and, more recently, transnationalism.

### **Theoretical Issues 1: conception of the process**

Return migration is a generic term that encapsulates different conceptualizations of travel from one's place of origin and return to it at some future point in time. The various definitions are distinguished by the emphasis that they place on some aspect of the process of travel and return. Thus, some conceptualizations highlight economic factors such as the attainment of certain income objectives abroad in order to achieve objectives in the place of origin.<sup>8</sup> Others highlight social networking as a determinant factor of the character of return migration. They do this through the provision of information and other kinds of resources that facilitate the prospect of movement between places through the reduction of risk.<sup>9</sup> Others, still, highlight the frequency of movement as the chief defining feature.<sup>10</sup> These approaches to the study of the phenomenon have been critiqued on the grounds that they provide a simplistic treatment of what is a much more complex phenomenon than is generally understood. They were usually based on an understanding of migration as representing movement within a world conceived in relatively static terms.

In fairness to these approaches, it is probably true to say that they are outmoded rather than merely inaccurate as a way of understanding the movement of people between the various countries of the world. There was a time when these conceptions did, capture important aspects of the dominant mode of movement of people between the countries of the world. However, external migration should be understood to be a transmutable concept since the process it describes is subject to change over time. This change, it is suggested, is directed by the tenure of the relationship that obtains between the countries of the world within particular historical epochs.<sup>11</sup> Return migration of the early industrial era was a distinctively different phenomenon from circular migration of the modern industrial era. This is in turn distinctive from transnational migration of the contemporary period. The latter differs from the former not only in terms of frequency, but also in terms of the nature of the flow of resources that take place between the countries involved in the process and issues of identity which arise out of the fact of belonging to more than one place.<sup>12</sup>

To argue for the transmutability of the process of return migration into circular migration into transnational migration is not to make the case for the total disappearance of any one of these as

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<sup>8</sup> See for example the Target Income Theory of Return Migration: Borjas 1994. (Quoted in Henry and Plaza)

<sup>9</sup> See Massey 1987, (Quoted in Henry and Plaza, *ibid*)

<sup>10</sup> See Zelinsky 1971. Quoted in Henry and Plaza

<sup>11</sup> Dennis A.V. Brown, 'Return migration: locating the concept in historical space,' in D. Plaza and Henry, H. (Eds) *Returning to the Source: The Final Stage of the Caribbean Migration Circuit*: University of the West Indies Press: Kingston, 2006.

<sup>12</sup> Two of the more noteworthy treatments of transnational migration and identity among Caribbean people are Mary Chamberlain's 1998 *Caribbean Migrations Globalized Identities*, London, Routledge and Elizabeth Thomas-Hope 2006, "Maximizing Migration: Caribbean Return Movements and the Organization of Transnational Space." In Plaza, D and Frances Henry, *Returning to the Source: The Final Stage of the Caribbean Migration Circuit*. Kingston, University of the West Indies Press

they recede in significance and yield place of dominance to the other. One of the interesting and potentially confusing aspects of external migration, especially in the contemporary period, is the fact that all three expressions of return migration coexist simultaneously. For our purposes this conceptual issue is a most important one. It holds implications for the strategies that we attempt to enact into policy as a means of managing the migration process so that it works to our benefit. The point that follows from this, therefore, is that, in the Caribbean, external migration in the contemporary era is a multifaceted process that is composed of at least three streams of movement. These have their genesis in various historical epochs and have changed over time in terms of the extent to which they dominate the general stream of people moving between countries.<sup>13</sup> Furthermore, the strategies to be deployed by the public sectors in developing countries as a means of negating the negative effects of external migration will depend on the particular kind of movement that is being addressed. Indeed, some scholars point to the movement of professional manpower from the countries of the less industrialized world as having net beneficial effects. Others highlight the negatives that follow from this movement. One important basis for this disagreement is the oft unspoken factor of multiplicity of stream.

## **Theoretical Issues 2: The Migratory Stream**

The migratory stream, of which the contemporary movement of professionals to the advanced industrial countries is a part, takes place in a world that has undergone fundamental changes in the past four decades. These changes have been labeled Globalization. Beginning in the last quarter of the twentieth century the world experienced a change in the technological basis of its productive activities. These changes form part of a process that is perhaps best characterized as a multidimensional phenomenon in which developments in the realms of information technology and telecommunications have been associated with the diminished significance of the spatial and temporal barriers to communication and production. This has been accompanied by the dissolution of the global geopolitical arrangements that emerged out of the post World War Two period and the institutionalization of economic neo-liberalism as the guiding principle for the conduct of economic activities across the globe.

These developments ought not to be seen merely as a continuation of the process of the expansion of the world capitalist economy started 500 years ago, rather they should be taken as representing a qualitatively distinctive era in the history of relations between the societies of the world.<sup>14</sup> As part of this process there has been a juxtaposing of societies and cultures as has never happened before. Associated with this there have been marked increases in the movement of people as tourists and as labour. This has been facilitated by the transnationalization of

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<sup>13</sup> See Brown, 2006

<sup>14</sup> In this argument a distinction is made between Globalization as an ideological and substantive process. The changes associated with the last three decades of the 20<sup>th</sup> Century are deemed to be distinct in an ideological sense, but to substantively represent a continuation of the process of capitalist expansion started 500 years ago in W. Europe. Such a categorization seems to run the risk of overlooking the qualitatively distinct features of the contemporary era. These features have produced a migratory pattern that is historically unique. See Girvan, Norman. "Globalisation and Counter-Globalisation: the Caribbean in the context of the South", in *Globalisation calculus of inequality*, eds. Dennis Benn and Kenneth Hall, Kingston: Ian Randle Publications, 2000.

production and integration of national economies, the increased availability and greater capacity of air transport and the greater permeability of national borders.

This latest pattern of travel has been described as a natural accompaniment to the transnationalization of the world that has been made possible with the advent of information and telecommunication technologies. The contemporary period is said to represent a new phase in global capitalist development characterized by flexible accumulation and a decrease in the significance of national borders in the production of and distribution of goods, ideas, and people.<sup>15</sup> Against this background the value of traditional, static notions of migration become questionable. In the new pattern that is emerging to match the changing world, movement of people and resources between countries is seen as a *continuing* process. Today's traveler is 'janus faced' belonging to no single country, but having active linkages and connections with economic, social and political institutions in both 'home' and 'host' societies.<sup>16</sup> Therefore, to assess the effects of migration using 'stock' or point-in-time data will not further our understanding of what is happening in this area. Rather, attention needs to be directed to the 'flow' of the stock if any proper comprehension of the causes and outcomes of the migration process is to be possible.

### **Case Study: migration of Caribbean nursing professionals**

We turn now to an examination of the migratory experiences of Caribbean nursing professionals in order to illustrate some of the issues raised by the framework outlined above.<sup>17</sup> In doing so the claim is being made that the experiences of Caribbean nurses have application to the situation as obtains in the less developed countries of the world. It is possible to make this claim because the character of the global setting tends to impose a commonality of experience in the midst of the insularity that must of necessity attend the examination of the circumstances of individual countries or regions of the world. The experiences of the various countries can be said to represent a variation on the theme exemplified by an examination of the Caribbean experience. The theme is one of disparity of living and working conditions between the major regions of the world. This takes place within the context of changing demographic dynamics among these regions and a historically new perviousness of national boundaries.

### **Methodology and Data**

Quantitative, qualitative, and secondary research methodologies were employed in the study of personnel and institution records. Nursing personnel, top administrators in the public healthcare system, institutions concerned with immigration, and institutions concerned with the regulation and enforcement standards in the nursing profession, both locally and abroad, were targeted for study.

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<sup>15</sup> Pessar, P. (Ed) 1997, *Caribbean Circuits: New Directions in the Study of Caribbean Migration*: New York, Center for Migration Studies. See also Ankie Hoogvelt, *Globalisation and the Postcolonial World: The New Political Economy of Development*: MacMillan Press, London, 1997.

<sup>16</sup> *ibid*

<sup>17</sup> See Brown, D. *Workforce Losses and Return Migration: A Case Study of Jamaican Nurses* in Pessar, P. (Ed), *ibid*.

The first category of nurses studied was chosen using 'snowball sampling' methodology. These nurses had been a part of Jamaica's public healthcare system and subsequently went abroad, worked, and returned. Initial contact was made with individuals in this group through the local nurses association. These nurses in turn identified others that had traveled and returned. In total eighty such nurses were identified and interviewed. The nurses that had traveled and returned embodied the essence of the process being studied. Attempts were made to ascertain the relative importance of the factors that impel these individuals to migrate and return, the pattern of their travel, the nature of their experiences abroad, their professional activities since their return to Jamaica and the manner in which they have expended incomes they might have earned abroad.

The second category of nurses was Jamaicans living and working on the East coast of the United States of America. Twenty seven such nurses were interviewed. They were also selected using the snowball sampling technique. In the case of this category, the factors that motivated these nurses to leave the country and remain for an extended period, if not permanently were the focus of study. The extent to which the decision to remain abroad represented a loss to Jamaican economy and society (given that the nurse might still send remittances of various sorts to Jamaica) was also addressed. The study of this group complements the first and tells us about the overall movement of this group of professionals out of the country. It tells us as well of the circumstances under which these persons might return to Jamaica and what are some of the factors that might work against such a return.

The third category of nurses formed part of a case study of two local hospitals. One of the study's areas of inquiry is the effect of the loss of professionals on the quality of health care provided by the country's medical institutions. A case study of two hospitals was undertaken. As part of this exercise a number of nurses affiliated with these institutions were interviewed. The extent to which the shortage affected their professional duties was investigated. This category also provided the opportunity for an investigation of the interaction of structural and individual factors. To what extent do the shortages of medical equipment, poor working conditions and inadequate salary associated with the government's macroeconomic policy hamper the professional in conducting their duties? Do these factors seriously contribute to migration? Can these factors alone account for migration as it exists among these professionals?

The fourth category of nurses studied was trainees. The rationale for the study of this group was twofold. First, their study allowed us to gain an appreciation of the prospective nurses' attitude toward migration and the extent to which this is influenced by work and pay conditions. Second, in conjunction with interviews of the administrators of the training institutions, it allowed for an assessment of the effectiveness of the strategy of increased training promulgated by the centrally placed administrators in the Ministry of Health as one of the solutions to the problem of professional workforce loss in the health sector. Nurses in the third and fourth categories numbered two hundred. They were chosen in a non-random manner from the institutional setting in which they worked and trained.

Qualitative interviews and discussions were also conducted with top administrators concerned with providing health care to the public. These included policy makers and centrally placed administrators at the level of government and in hospitals and training institutions. Their views provided some measure of understanding of the nature of government's macroeconomic policy

and its relation to the decrement of professions from the health sector and the country via the route of migration. The records of those institutions concerned with immigration and the enforcement of professional standards in the nursing profession, both locally and abroad, provided a source for assessment of the magnitude of the migration process. These records were provided by the United States Immigration and Naturalization Service, the Nursing Council of Jamaica, and the Commission on Graduates of Foreign Nursing Schools (CGFNS).

### **Circular Migration among Nursing Professionals: Its Magnitude and Nature**

#### The magnitude of the movement, 1975-1991

In examining external migration's role in the movement of nursing professionals out of the public health care sector cognizance has to be taken of the fact that the local private sector is also a source of decrement for these persons. Nonetheless, by juxtaposing data on the number of local nurses admitted to practice in the United States with resignations from the Jamaican public health care sector and the number admitted to practice locally it is possible to discern a trend over the period 1976-1990. This is done in Table 1. The close association between the numbers resigning from the Jamaican public health care sector and the number of nurses admitted to the United States of America is evident from the table

**Table 1. Movement of Nurses in Jamaican Public Sector and Role of External Migration in This Process**

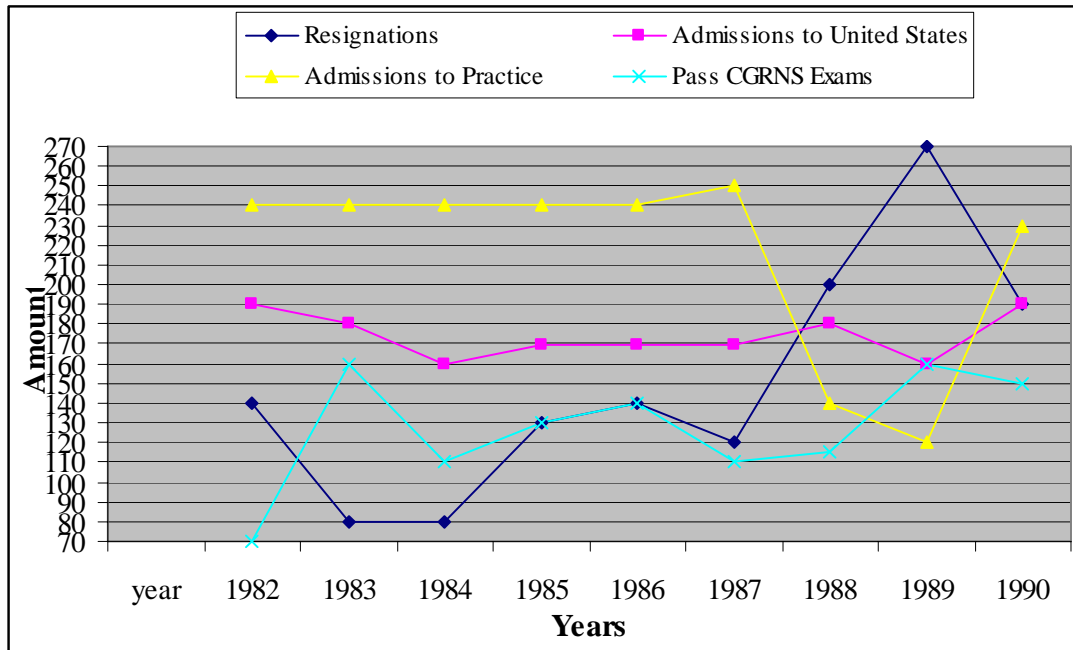
<b>Year</b>	<b>Number of Nurses Admitted to Practice</b>	<b>Number of Nurses Resigning from Public Sector</b>	<b>Number of Nurses Admitted to United States</b>
1976	305	107	106
1977	275	71	143
1978	303	117	167
1979	293	151	205
1980	211	148	N.A.
1981	308	119	N.A.
1982	245	135	186
1983	246	80	N.A.
1984	244	80	158
1985	245	133	175
1986	243	143	175
1987	248	120	174
1988	142	202	182
1989	115	270	170
1990	217	189	186
<b>TOTAL</b>	<b>3,640</b>	<b>2,065</b>	<b>2,027</b>

Source: Records of Immigration and Naturalization Service, U.S Department of Justice; The Nursing Council of Jamaica; The Nursing Section, Ministry of Health, Government of Jamaica.

Figure 1 is a graphical representation of the data in Table 1. The data on admissions to the United States are supplemented by data from the CGFNS on the number of Jamaican nurses who

were successful in their examinations<sup>18</sup>. The figure provides a synopsis of the occupational and spatial movement of Jamaican nurses between 1982 and 1990. These were years of economic crisis, especially the last three of the period. The movements depicted in the graph represent the societal and individual responses to these developments.

**Figure 1: The Jamaican Nursing Situation: 1982-1990**



A number of features depicted by the graphs are worth noting. The first is the close association between the movements in the numbers resigning from the Jamaican public sector and the numbers successful in the CGFNS examinations beginning in 1984. This is perhaps related to the increased demand for nurses in the United States associated with the AIDS epidemic, which in the early 1980s caused many American nurses to leave bedside nursing. The second feature of note is the dramatic decline in the numbers admitted to practice between 1987 and 1989. This was brought about by the closure of training schools and reduced intake of nursing trainees by the Seaga administration – an attempt to curtail the government’s expenditures in an effort to reduce the budget deficit. This was in keeping with the specifications of international lending agencies. The third trend depicted in the graph is the dramatic increase in the numbers resigning from the public sector during the 1987-1989 period. This was associated with tight fiscal policies and reduced government spending, which led to an imposed ceiling on wages in the civil service and a reduction in capital expenditures. These policies translated into inadequate salaries, shortage of medical equipment, and a deterioration of medical infrastructure.

<sup>18</sup> These exams are a prerequisite for nurses trained outside of the United States who wish to practice in that country. Successful candidates also have to satisfy the requirements of the state in which they wish to practice by passing State Board examinations.

These conditions in turn gave rise to an exodus by medical professionals from the government service. Finally, there seems to be a close association between the numbers resigning from the Jamaican public sector and the numbers successful in the CGFNS examinations from 1984 to 1990. This points to the fact that external migration is an important source of loss of nursing professionals.<sup>19</sup>

### **Nature of the Migration Process**

The circularity of the migration process is evidenced by the fact that in a relatively small professional group we were able to locate some eighty (80) respondents who had traveled abroad to work at least once and returned to Jamaica. (See Table 2) At the other end of the scale, approximately one-quarter (24%) of the respondents traveled abroad to work on at least five separate occasions. One-fifth of the respondents went abroad to work on at least six occasions. Eighty-eight percent indicated that they intended to travel abroad again to work - which means that the circular migration pattern continues for most of these respondents.

The circularity of the process is also borne out by the fact that 29 percent of the Jamaican nurses interviewed who live and work on the eastern seaboard of the United States, expressed their intention to return to Jamaica to live. Even though 58 percent of these respondents said they had no intention of returning to live in Jamaica, 80 percent of them had visited since living in the United States. Forty-three percent of the nurses who live abroad returned to Jamaica more than eight times; 20 percent had returned between twenty-four and forty-eight times since moving to the United States. Furthermore, nearly all of these respondents had other important linkages to their country of birth – a sign of their commitment even though they live abroad. All of them maintained contact with friends and relatives and, more tangibly, 70 percent of them provided support for relatives other than children. An outstanding 50 percent had savings accounts at local financial institutions and 33 percent owned a home in Jamaica. Ninety-three percent of these respondents migrated between 1975 and 1990. The pattern of travel among Jamaican nurses described here, I would argue, substantiates the notion of circular migration among this professional grouping.

By classifying the returnees on the basis of the length of time spent abroad and the number of occasions on which they have traveled it is possible to obtain a better picture of the nature of the circularity. Forty-seven percent of the respondents stayed abroad for a period of one year or less. Of the remaining 53 percent, 17 percent stayed abroad for between 5 and 8 years. If persons who traveled abroad on fewer than three occasions are categorized as infrequent travelers and those who have done so on three occasions or more are frequent travelers, a distinct pattern emerges. Respondents who traveled between three and six times tended to stay abroad for periods of one year or less. Smaller proportions of these travelers stayed abroad for more than one year than was the case with the less frequent travelers.

Some of the linkages between nurses' movement over the years and the prevailing socioeconomic conditions have already been made. There was a strong association between worsening conditions brought about by government policy and nurses' movement out of the

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<sup>19</sup> During the period 1984-1990 some 83 percent of the number nurses trained in Jamaica were admitted to the United States, either as immigrants or as holders of work permits.

health sector and country. Between 1975 and 1992, the 80 returnees interviewed traveled a total of 239 times or on average three times per person. The most traveled year was 1989, with 31 percent of the respondents traveling. During 1990, 26 percent of the respondents traveled. The least-traveled year was 1984, with only 12 percent traveling.

**Table 2. Travel Pattern of Return Migrant Nurses**

Number of Times Traveled Abroad At Least:	Respondents (%)	Maximum Stay (%)			
		3 Months	6 Months	12 months	1 Year +
1	100	25	54	72	28
2	69	45	58	78	22
3	46	57	81	95	5
4	33	59	74	93	7
5	24	50	70	85	15
6	21	53	70	94	6

### **Circular Migration among Nursing Professionals: Individual Factors**

#### Demographic Profile of Migrants

The modal age group of the nurses who had traveled abroad to work at least once and returned to Jamaica was 45 to 49. One-third of the nurses were below the age of 45 while two-thirds ranged in age from 45 to 60 plus. Most of the nurses interviewed were married (65 percent), and 73 percent had between one and three children. Only 9 percent had no children. The nurses interviewed abroad fit this profile except that their mean age was lower; a greater proportion fell below the age of 45. The modal age group was 45 to 49; 44 percent fell below the age of 45 whereas fifty-six percent were above the age of 45. Fifty-two percent were married; and 74% had between one and three children.

#### Motivation to Leave

Most of the return migrants (51%) cited financial reasons as the factor that motivated them to travel. Nearly one-third (30%) went because of family abroad, while one-fifth (19%) went because of professional reasons. Of those who reported financial motives some 48 percent cited insufficient income relative to daily expenses. Twenty-six percent in this category also cited the inability to purchase a home and 13 percent stated the inability to purchase a car. Of those who gave professional reasons as the factor that motivated them to travel, 61 percent cited no prospect for promotion; of this category, 31 percent spoke of the effects of the shortage of medical

equipment and inadequate infrastructure in the medical institutions in which they worked. Eight percent cited the need for further education. (See Table 3).

These findings are substantiated by the responses of the nurses working in the two hospitals that formed a part of the case study. This category of nurse provides a profile of the migrant nurses before travel and the opportunity to effectively alter their material circumstances. Seventy-three percent of these respondents indicated that they would emigrate provided with the opportunity. Many of them indicated that they really wished to stay in Jamaica but were being forced by the economic crisis to consider seriously doing otherwise. Seventy-two percent indicated that factors relating to poor pay, the high cost of living, and generally poor economic conditions would most influence their decision to migrate. Twenty-eight percent indicated that the desire for further study would be the factor responsible for their leaving the country.

**Table 3. Reasons for Respondent’s Travels**

<b>Motivation for Travel</b>	<b>Respondents (%)</b>
<b>Financial:</b>	51
• Insufficient income	61
• Inability to purchase home	26
• Inability to purchase car	13
<b>Professional:</b>	19
• No prospect of promotion	61
• Shortage of equipment and rundown infrastructure	30
• Further education	8
<b>Family</b>	30

### **Motivation to Return**

#### Family

Family is the most important of the variables that led respondents to return to Jamaica. Most of the nurses who regard themselves as living abroad maintained contact with family in Jamaica. Most of them visited these relatives and provided financial support. Fifty-nine percent cited family as the return for their return. Love of the country motivated some 24 percent. The rest returned for a variety of reasons, ranging from dislike of the American way of life to return for permanent visa and refused reentry.

#### Employment

The findings indicate that an overwhelming majority of the return migrant nurses who went abroad obtained employment without the aid of international recruiting agencies. Ninety-seven percent obtained employment directly from the hospital at which they worked, through

employment agencies or with the help of friends and relatives. Seventy-one percent worked as nurses while the rest engaged in other occupational pursuits. Fifty-five percent of these respondents enjoyed practicing nursing more in Jamaica than abroad. This was notwithstanding the bad working conditions locally and the greater availability of equipment abroad. Most gave reasons having to do with the fact that nursing abroad tended to be very impersonal. Local nursing left them with a greater feeling of appreciation by the patient. These nurses indicated that they would have preferred working for their own people. A minority (4%) cited racism on the part of foreign patients as their reason for preferring to practice nursing on Jamaica. One respondent explained that patient care in the United States is intensive and technologically sophisticated. Thus, notwithstanding the greater availability of equipment and the presence of more nurses, at the end of the day the respondent felt more tired than when she worked in Jamaica.

Of the nurses living and working in the United States, 64% indicated that they preferred to practice nursing in that country rather than in Jamaica. Most of these respondents gave salary and working conditions as the reason for their preference. Those who preferred nursing in Jamaica gave patient relations and love of the people and the country as the reasons for their preference.

#### Income

The income of the respondents varied with qualification and length of stay abroad. A registered nurse with a specialization earned about US\$2000 per month. (The equivalent in one week of four times what her counterpart in Jamaica earns in a month). The returnee with the highest income earned an annual salary of US\$60,000. The income earned by the returnees is illustrated by monthly income data collected from those respondents who live abroad. (See Table 4)

**Table 4: Income Earned by the Returnees**

<b>Income Range (USD)</b>	<b>Percentage (%)</b>
1,000 – 1,500	15
1,500 – 2,000	31
2,000 – 2,500	39
2,500 – 3,000	15

#### **Savings and Remittances**

The loss to the nation represented by the migration of its trained professionals is, to an extent, compensated by the savings they undertake and the remittances they make to the country. Eighty-three percent of the respondents were able to save some of the income they earned abroad. Twenty-six percent were able to save more than one-half. Sixty-seven percent made remittances to Jamaica. Of these, one-half did so at least once every two months. Twenty-six percent of the respondents who remitted monies sent less than US\$1,000 per year. Sixty percent

remitted between US\$1,000 and US\$2,000 per year. Twelve percent remitted between US\$2,000 and US\$3,000, and finally two percent remitted in excess of US\$3,000 per year.

Remittances were put to various uses. Fifty-three percent of the respondents used the remittances to support family, 36 percent for purposes of investment, and the rest for miscellaneous purposes. In addition, 59 percent of the respondents sent goods to Jamaica – these were mostly clothing, appliances, and foodstuff. Fifty-six percent of the respondents were able to bring home major appliances. Twenty-seven percent brought home a motor vehicle and twenty-four percent were able to bring home furniture. Comparison of the ownership pattern of the nurses before and after travel, and of travelers and non-travelers, points to the material benefits derived from migration. (See Table 5)

**Table 5: Comparison of Traveling Nurses and Non-Migrant Nurses**

Material Resources	Traveling Nurses		Non-migrant Nurses
	Change (%)		Percent (%)
<b>Home ownership</b>	40	70	24
<b>Business Owners</b>	5	14	-
<b>Motor Vehicles</b>	37	63	32

In terms of material resources, the return migrants are much better off because of their sojourn abroad. In addition, local society and economy have benefited from their experiences and the remittances they contributed while abroad.

### **Occupational Skills and Training of Returnees**

#### Occupation

Besides savings and remittances there are gains of skills and occupational activity. Seventy-six percent returned to the practice of bedside nursing. The remainder pursued occupations such as teachers, business people, administrators, pharmaceutical sales representatives, researchers, guidance counselors, and nursing tutors. Of those who returned to nursing, 65% returned to the public healthcare system. Respondents who chose not to return to nursing cite poor salary and bad working conditions as the main reasons. A number of the most highly qualified respondents fell into this category. These were women in their 40s who had succeeded in their new field, and most also had spouses at the top of the occupational scale. Their nursing qualifications were impressive and certainly ranked them with the most qualified in the field anywhere in the world. These respondents had a wealth of knowledge and experience to contribute and could, in most instances, even afford to do so voluntarily. They cited pay, family, working conditions, a decline in professionalism among nurses themselves, and a lack of appreciation by officials as reasons they have chosen to leave nursing. This sense of an uncaring and even indifferent Jamaican

government repeated itself in all categories of nurses interviewed and did much to fuel their sense of alienation.

### *Skills and Training*

Fifty-four percent of all respondents received additional training abroad. Of these respondents, 68 percent were able to apply this training locally. Those who were not able to do so gave reasons such as lack of equipment or the fact that they do not now work in the area in which they received this additional training.

### **Discussion**

The empirical data confirm the following: (1) The coexistence of more than one stream of return migration in the region; (2) The existence of a newly emergent trend of circularity related to the phenomenon of transnationalization; (3) The simultaneous existence of a strong urge to leave their country of origin to greener pastures because of dissatisfaction with conditions of work and living and a love for home, family and culture and a desire to serve one's own people; (4) The costs and benefits that derive to local economy and society from the activities of the professionals abroad.

The deepened crisis of the 1980s was associated with increasingly high levels of loss of nurses from the public healthcare system. The response of the nurses to the economic crisis to a large extent has been contingent on the range of opportunities open to them in the past. Three groups of travelers were identified from the data: nurses who have traveled abroad and worked and have no definite intention of doing so again (5%), nurses who live in Jamaica and travel abroad to work on regular basis (80%), nurses who decided to make the United States their home but maintain important business and family ties with Jamaica (15%).

The three categories have distinguishing features worthy of note. The multiple travelers can be further divided into those who at the time of the survey had gone abroad on at least three occasions and those who traveled less frequently. Most of the multiple travelers, or circular migrants, were trained abroad. Fifty-two percent of those who had traveled abroad on at least four occasions qualified and worked as nurses abroad before returning to Jamaica. Eighty percent of the respondents who traveled abroad to work on at least five occasions had qualified and worked abroad before returning to Jamaica.

The fact of having qualified and worked abroad gave these nurses a 'start' in life. It provided them with a base from which to contend with the economic misfortune later to beset them. These persons responded to harsh economic circumstances by establishing a niche in the international labor market as a means of maintaining their position at home. The nurses who have gone abroad to live are mostly those who have not had the benefit of living and working in the metropole anytime prior to their present experiences abroad. Provided with the opportunity, they left the country for greener pastures. Seventy-three percent of the respondents working in local hospitals indicated that they would migrate (live and work abroad) given the opportunity. Even those with strong family commitments and great love for their country indicated that social and economic conditions were forcing them to actively consider migration.

Most of the respondents living abroad are not particularly drawn by the allure of the American lifestyle. They usually go abroad with expectations of acquiring material goods unavailable to them in Jamaica and then returning home. Indeed, the physical and social ‘coldness’ of the society acts as a ‘push’ factor out of it.

The exodus has resulted in the deterioration of the quality of healthcare offered to the public. One of the mechanisms through which this has occurred is a breakdown in the social reproduction of the nurses. The loss of experienced senior nurses to the society and healthcare system of North America has robbed junior nurses of the benefit of their guidance. This is offset to some extent by the experience some of these ‘young’ nurses gain during their sojourn abroad. The other mechanisms are more direct and involve high patient-nurse ratios and tired, overworked nurses.

### **Policy Recommendations**

The recommendations for the effecting of policy to address the movement of the professional workforce out of the region should be bounded by concerns with the right of the individual to travel and the potentially negative impact that this movement could have on a society and polity that has expended resources on the training and development of these professionals. Furthermore, policy makers in the countries of the North Atlantic to which these professionals travel ought not to be unmindful of the ethical implications that attend the movement of these professionals to their shores. The fact is that because of deficiencies in its planning processes and structural and demographic changes in its societies, the Northern world is forced to lure away professionals whose services are of vital importance to the poorer countries of the South that have expended resources on their training. The world is one place and what is done in one part affects the others. The policies therefore ought to be global in scope seeking to create a win-win outcome for both major regions rather than a zero-sum outcome in favour of either one. Given the interconnected nature of today’s world and the innate reciprocity of the migration process it seems to have engendered, the following policy recommendations are made:

1. Establishment of a guest worker program under which Caribbean public sector professionals such as nurses and teachers who wish to work in the North Atlantic countries would be allowed to do so for up to six months per year, with the understanding that on their return to the region they will do a minimum period of work in the region’s public sector.
2. The provision of multilateral and bilateral debt relief to the countries of the indebted countries of the South with the understanding that the deferred repayments would be ploughed into the public sector of these countries
3. The declaration of the professionals that work in the countries of the North as international public sector servants whose training could be contributed to by Northern hemisphere countries
4. The outsourcing of health and educational services from the countries of the North to those in the South. This makes economic sense because of the cost differentials that obtain between these two areas of the world. This would provide sources of revenue and employment to the countries in the South and allow for accessing of these services at a

cheaper cost for those unable to afford them in the North.<sup>20</sup> The potential professional migrant would be able to obtain, locally, the working conditions and facilities for which they emigrate.

5. The drastic reduction, if not complete removal, of taxes on the automobiles of returning professionals.
6. The facilitation of home ownership among public sector professionals through the construction of houses for these categories of persons. These could be rented as well as sold to them at cheap rates and over long periods. Home ownership among these categories of persons could also be facilitated by the provision of long-term mortgages at reduced interest rates for the professionals selected for these houses.
7. The removal of nurses and teachers from the jurisdiction of civil service in order to facilitate the creation of salary differentials based on years of experience and level of qualification.
8. The expansion and upgrading of training facilities for public sector professionals, including those already qualified.
9. As a means of easing the burden on the public healthcare system the establishment of compulsory health insurance for all employed persons in the country.

## **Conclusion**

This study has addressed the question of the loss of the professional workforce from the Caribbean public sector and the role migration plays in this process. Its findings are that there are important return flows of migrants as well as resources to the region. External migration in these circumstances is best conceived, in reciprocal terms, as a circular process rather than a one-way drain of the country's intellectual resources. Viewed in these terms, the traditional notions of loss have to be complemented by the returns added to the economy and society from the activities of these travelers. Rather than trying to quantify these costs and benefits the paper has attempted to provide an analytical framework within which such costs and benefits can be properly considered. Even in the early 21<sup>st</sup> Century we are still not in a position to speak of a seamless world. Much asymmetry still characterizes the relationships that obtain between the countries of the Southern and Northern hemispheres. Yet the argument for the existence of a transnational world informed by the techno-economic developments of the late 20<sup>th</sup> and early 21<sup>st</sup> Centuries is still something of a compelling one. Proceeding from an understanding of migration as a historically transmutable process, the paper has sought to understand how the increased integration and interconnectedness associated with these most recent historical changes in the global societal context might affect the ways in which we think about migration as a source of decrement of the professional workforce from the public sector of Caribbean society.

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<sup>20</sup> Bernal, R. "The Globalization Of The HealthCare Industry: Opportunities For Developing Countries": Revised draft of a Paper presented at a Symposium on "Globalization: International Health Policy and Nursing," Philadelphia, October 31, 2001.

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