

# Migration and the future of health care work: How to build back better

Margaret Walton-Roberts | Wilfrid Laurier University, Canada

# Outline

## 1. The future of health care work

- Human-robot interaction
- Automation and artificial intelligence
- Technology and restructuring the professions

## 2. Migrant health care labour -part of wider workplace changes

- Deteriorating and precarious working conditions
- Subcontracting and agency work
- Automation and mechanization
- Expanding care work
- Global production
- Segmentation and inequality

## 3. COVID-19 revealed and intensified Human Resources for Health HRH challenges

- Shortages, Stressors, mass trauma
- International health worker mobility
- System responses

## 4. Building back better

## 5. Conclusion

# 1. The Future of health care work

## Human-Robot interaction (HRI)

- Humans at the heart of health care:
  - “Technical solutions should also integrate social and ethical issues...This means that humans should be at the heart of production developments, with machinery (including robotics) used as supportive or assistive systems” (Moniz and Krings, 2016, 16).
- Task shifting not replacement of workers
  - “Care robots have the potential to open up new technologically-facilitated global care chains, further globalizing care at the local level, and serving as fulcrums for new assemblages of techno-welfare.” (Wright, 2019:349)

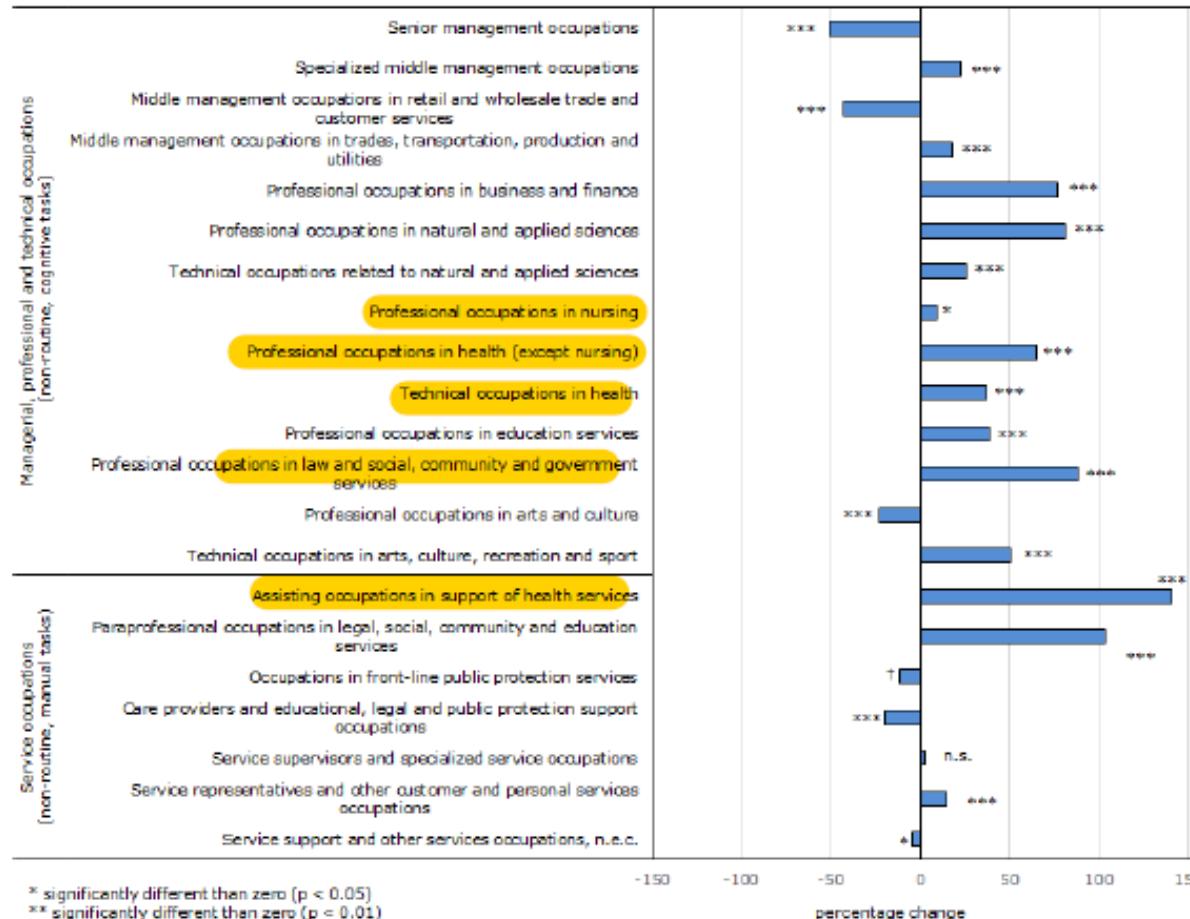


### Robotic nurses

<https://www.medgadget.com/2020/04/robotic-nurse-assistant-market-is-expected-to-reach-1486-3-million-by-2025-anticipating-a-cagr-of-21-5-bmrc.html>

# Automation and Artificial Intelligence

**Appendix Chart 1-1**  
**Percentage change in employment shares of Canadian workers between 1987 and 2018, by major occupation group — Part 1**



\* significantly different than zero ( $p < 0.05$ )

\*\* significantly different than zero ( $p < 0.01$ )

\*\*\* significantly different than zero ( $p < 0.001$ )

† significantly different than zero ( $p < 0.10$ )

n.s. not significantly different than zero

Source: Statistics Canada, Labour Force Survey, 1987 and 2018.

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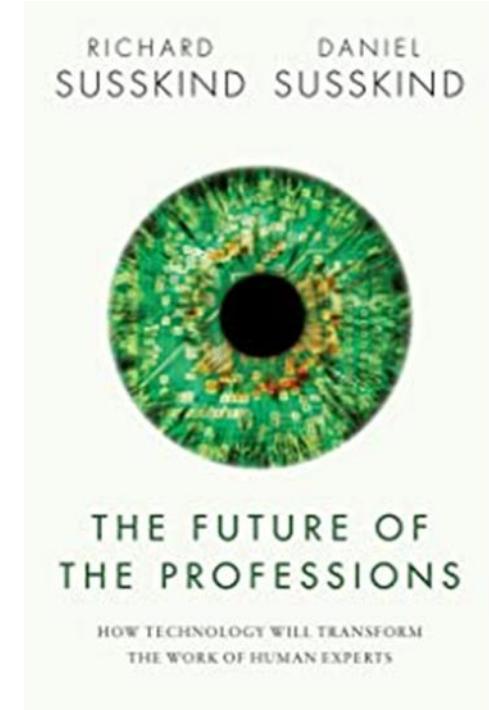
IntelyCare provides a better way for post-acute healthcare facilities to schedule their own staff or instantly connect with our pool of 15,000 high-quality, fully-credentialed per-diem nursing professionals that we call IntelyPros.

[For Nursing Facilities](#) [For Nursing Professionals](#)

“IntelyCare a Boston nursing staffing agency present in 20 US states, ended 2020 as the one of the **Fastest-Growing Companies in Massachusetts and U.S.** The company uses advanced algorithms in combination with **gig economics** to strategically allocate staffing resources and allow nurses smart control of their **own schedules**. Demand for their services increased 106% between 2019-2020” (Intelycare Press Release 2020).

# Technology and restructuring the professions.

- Tele-professionalism unrestrained by geography, **disintermediated** traditional professionals. Paraprofessionals step in and **re-intermediate** the interaction; surgeons who can decompose their work and bring in paraprofessionals to provide empathy and F2F guidance for patients (**medical tourism** has provided rich details on this level of intermediation (Kaspar 2019)).
- “many nurses will eventually become higher-level **delegators**. Overseeing patient care and **coordinating other workers** and technologies to ensure care is delivered appropriately will become the new nursing roles” (Glauser 2017).



# 2. Migrant health care labour-part of wider workplace changes

(cf Coe, Kelly and Yeung, 2020)

- Deteriorating and precarious working conditions
  - Increased patient workloads, long working hours, shift work, poor infrastructure and staff shortages, budgetary constraints negatively affect working conditions (Manyisa and van Aswegen, 2017) (migration driver).
  - Health workers in the US face '**moral injury**' (Talbot and Dean, 2018). (Negatively influencing retention).
- Subcontracting and agency work
  - nurses **choose agency** nursing for a variety of reasons (shift flexibility and avoidance of stressful responsibilities key among them) (Simpson and Simpson 2019). This has also been reported in the Canadian case (Picard 2021).

**Opinion**

February 16, 2021

TOP COLUMN



JONATHAN HAYWARD/THE CANADIAN PRESS

**Canada's nursing shortage is a gaping wound in our health care system**

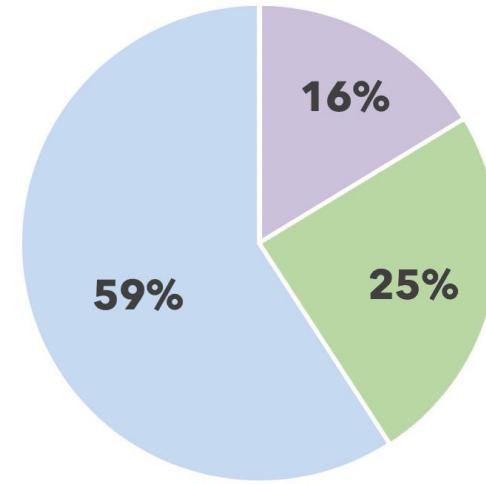
ANDRÉ PICARD

*"4,000 of Quebec's 61,000 nurses left their jobs between March and December, 2020. In the same period a year earlier, 2,800 nurses quit. That's a 43 per cent increase, year over year. Another 7,700 Quebec nurses are on sick leave - a 28 per cent increase in the past year."*  
*Globe and Mail February 16th 2021.*

## • Expanding care work - places of work

- About **half of regulated healthcare workers work in hospital settings**, NP more focused in **community care** (autonomous).
- Aging societies results in changes in the nature, sites and skill mix of those involved in care. PSWs in private homes and LTC with more **complex care cases**, but less and less time to provide care.

Breakdown of LTC Facility Ownership in Ontario  
(Source: Based on OLTCA data)



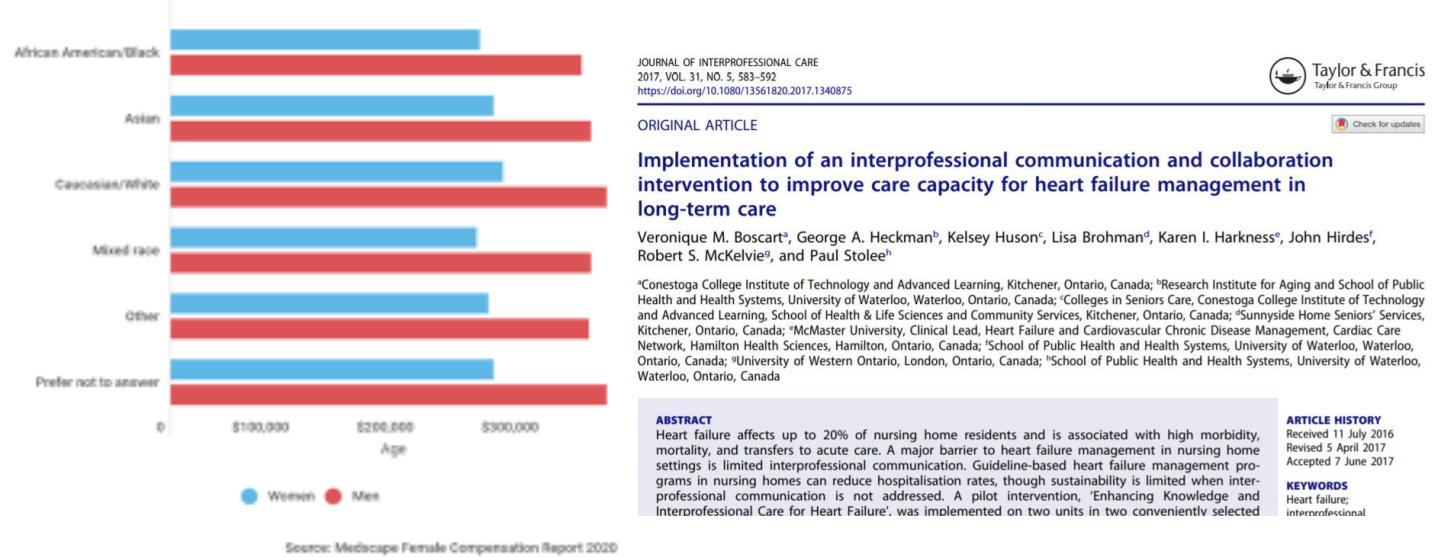
## • Globalization of health

- BPO offices for health services.
- “Health industry capital has found it increasingly difficult to generate profit internally in their home countries. ... key stimulus for attacks on wages and working conditions generally...with US and EU-based health providers coming dominate global markets.” (Public Service International 2020, 10).
- Private LTC

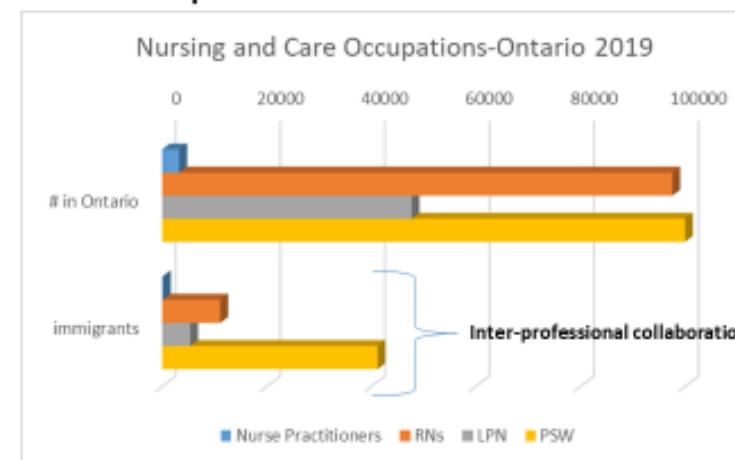
Type of Care Facility	Description of Care Provided	Mix of Workers Employed
Independent Living Communities	Housing communities for seniors who are able to care for themselves	No medical workers or PSWs, but these can be hired separately
Assisted Living Facilities	For individuals needing minimal assistance.	Employ PSWs to offer light support
Residential Care Facilities	For those needing moderate levels of assistance.	Employ PSWs and nurses.
Continuing Care Communities	Ranges from independent living to intensive medical care.	Employ PSWs and nurses. Doctors may be available
Nursing Homes	Care for very dependent patients and offer 24/7 assistance.	Employ PSWs and nurses. Doctors may be available

## • Segmentation and inequality

- **Medscapes' (2020) report on female Physician compensation-** men consistently received greater compensation than women across all racial groups.
- **Hierarchy-Hour glass** labour segmentation. Health care cadres, **(regulated/unregulated)** increasingly specialization, differentiation and **segmentation** of scope of work (see table 1).
- **Inter-professional collaboration** necessitates transcending negative stratification to improve care and develop “best practices to foster group **cohesion and interprofessional teamwork** in a **supportive environment.**” (Boscart et al 2017, 584).



## Hierarchies and hour glasses in nursing and care positions



Rank 2019 regulated <sup>1</sup> /unregulated <sup>2</sup>	# in Canada (Ontario)	% women (Ontario)	% Immigrants (Ontario)
Nurse Practitioner	6,159 (3,272)	93.2%	4.9%
Registered Nurse	300,668 (97,575)	92.3%	11.4%
Registered psychiatric nurses	6,050 (0)	—	—
Licensed practical nurses	127,097 (87,729)	90.5%	11.3%
nurse aides, orderlies and patient service associates <sup>3</sup> (2016) <sup>3</sup>	245,500 (100,000) <sup>3</sup>	88% (Canada)	41.2%

<sup>1</sup> Canadian Institute for Health Information, *Health Workforce in Canada, 2019 – Quick Stats*, Ottawa, ON: CIHI, 2020.

<sup>2</sup> Turnauer and Savage

<sup>3</sup> 95% employed in all sectors 2018 Long-Term Care Staffing Study Advisory Group, July 26 2020 <https://www.ontario.ca/ministry-long-term-care-staffing-study-en-3020-07-21.pdf>

# 3. COVID-19 revealed and intensified HRH challenges

- **Shortage** of health workers key to some of the **top service disruptions** during COVID19. (Pulse Survey)
  - 49% due to clinical staff deployment to other COVID-19 services, 44% lack of PPE.
- **Registered Practical Nurses Association** of Ontario (survey Dec 2020).
  - Nearly all respondents (96 %) said their daily experiences at work have become exponentially more stressful due to the presence of COVID-19.
  - 83% feel like their mental health has been adversely affected by their work,
  - 67 % say they don't have adequate mental health support to face the second wave of COVID-19.
- **Intl Council of Nurses**: “a global phenomenon of **mass trauma** experienced by nurses...”
  - **infections**: on average around 10% of all confirmed infections are of HCWs. (infections in nursing workforce: 45% Iran, 21% Mexico). Still lacking in standardized data collection.
  - **Burnout** mental health distress, isolation.
  - Inadequate PPE, violence, discrimination, PTSD, misinformation



## MASS TRAUMA EXPERIENCED BY THE GLOBAL NURSING WORKFORCE

It has been almost a year since the COVID-19 disease first emerged. Nurses and other healthcare workers around the world face enormous pressure at work, and the pandemic continues to take a heavy toll on the physical and mental wellbeing of front-line healthcare providers. Since the start of the pandemic, the International Council of Nurses (ICN) has been tracking its impact on health worker infections and nurse deaths, and calling for protection of the health workforce. In September 2020, ICN released a report, **Protecting Nurses from COVID-19 a top priority**, revealing the continuing and catastrophic increase in the number of deaths and infections among nurses due to COVID-19, and exposing the associated risks in the pandemic.

This report, based on information from our members up to the end of 2020, is intended to highlight the continued critical importance of protecting and retaining the nursing workforce in COVID-19 responses. It also provides an insight into how policy decision-makers in governments, healthcare facilities and health organisations can deliver on their responsibility to support and strengthen the nursing workforce, which is the backbone of health systems.

- Across OECD 24.2% doctors and 15.8% nurses are **foreign born**.
- OECD “During the #COVID-19 pandemic, many OECD countries have recognised #migrant health workers as **key assets** and introduced policies to help their arrival and the **recognition** of their qualifications.”

- **Philippines-Nurse Deployment bans. India emigration restrictions**

*While the lifting of the travel ban was a “welcome development”, Maristela Abenojar, President of Filipino Nurses United, challenged the government to make good on its commitment to give its nurses **better pay and benefits** if it wants them to stay. (Aljazeera.com 2020/11/21).*

**Mobilising foreign trained doctors and nurses in response to COVID-19**

In response to COVID-19, a number of OECD countries (or states and provinces in the United States and Canada, respectively) have taken action to enable migrant health professionals to help meet the surge in demand for health care. These actions may take the form of facilitating renewal of working authorisation or recruitment, temporary and/or restricted licensure, fast-track processing of recognition of foreign qualifications or access to some jobs in the health sector.

- International mobility and recruitment of foreign health workers
  - In April 2020, the European Commission called on “Member States to facilitate the smooth

**migrant nurses**

Category	Country	foreign-born	foreign-trained
EU	EU	237,700	39,130
	EU	37,821	70,323
US	US	34,114	22,807
	US	47,247	42,087
Canada	Canada	41,992	11,188
	Canada	1,698	213
Australia	Australia	1,611	161
	Australia	0	0

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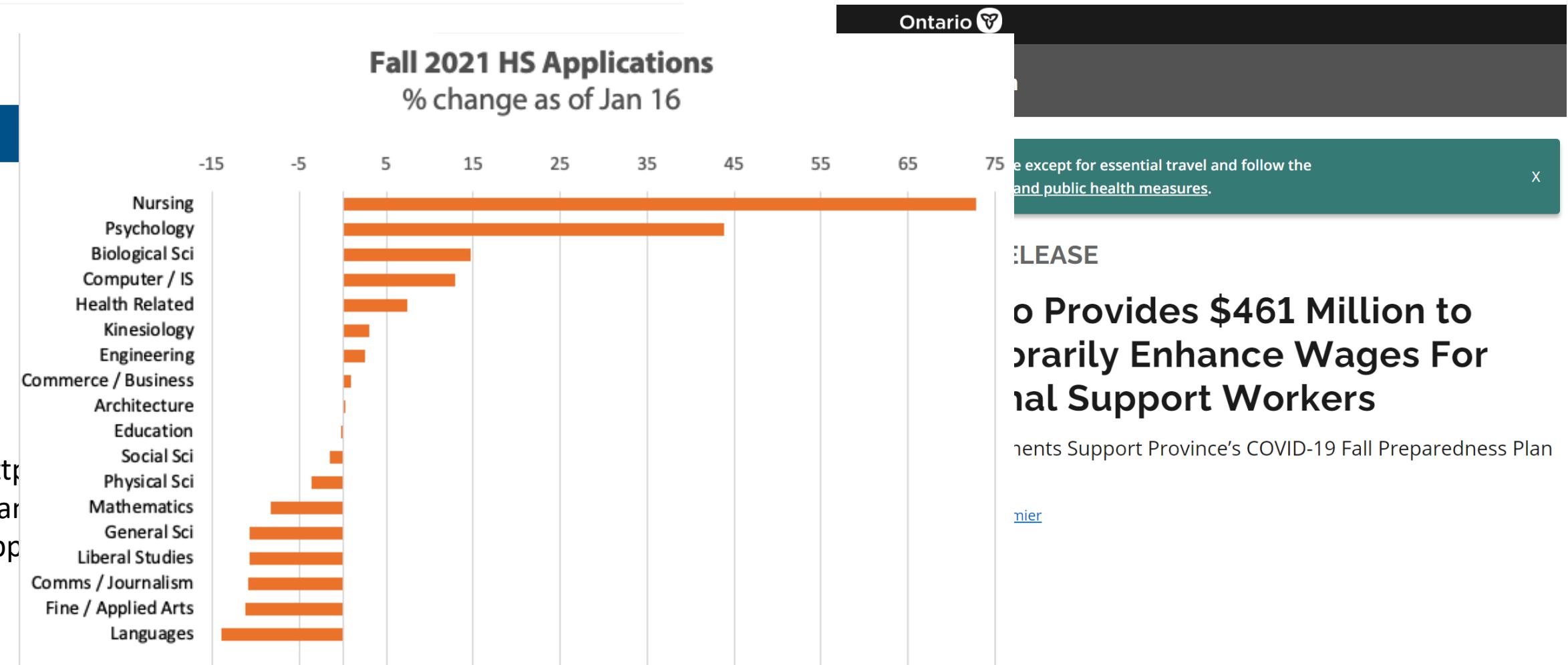
## Global Demand for Medical Professionals Drives Indians Abroad Despite Acute Domestic Health-Care Worker Shortages

JANUARY 23, 2020 FEATURE | By Margaret Walton-Roberts and S. Irudaya Rajan

India has been the world's largest source for immigrant physicians since the country gained independence in 1947. Around 69,000 Indian-trained physicians worked in the United States, United Kingdom, Canada, and Australia in 2017, according to the Organization for Economic Cooperation and Development (OECD), which is equivalent to

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System responses: PSW Recognition, increased RN enrolment



Graph of % change in HS direct FT FY applications to **Ontario university programs** for Fall 2021, as of Jan 16, based on OUAC data. <http://eduvation.ca/2021/02/the-amazon-fauci-effects/>

# 4. Building back better: re-commit to the code and ILO conventions

- COVID-19 has **reinforced** the significance of the work of the WHO High Level Commission on Health Employment and Economic Growth (2016).
- The commission called for the development of **The International Platform on Health Worker Mobility** objective: “To facilitate robust policy dialogue and action on health labour mobility through strengthened monitoring, country support, knowledge generation and sharing, and through strengthened support to implementation of the WHO Global Code and relevant ILO Conventions and Recommendations.”
- Ethical recruitment models, health solidarity, bilateral fair migration schemes, there are **several initiatives** that states can use to become better partners in global health and gender justice.
- Develop migrant **pathways** that include permanent settlement, career laddering, **gendered audits** of immigration processes and pathways. Continued focus on Fair access to professions.



<https://www.who.int/hrh/migration/int-platform-hw-mobility/en/>

# 5. Conclusion

- Health care is subject to technological change, but result is task shifting rather than displacement (will remain **labour and capital intensive**).
- Increased use of migrant health care workers part of wider system changes reflecting various **transformations in working conditions**.
- COVID-19 pandemic has **revealed and intensified** HRH challenges, but also precipitated some positive changes
- Building back better includes recognizing international health workers as part of domestic response. Must **connect the dots** between national and international labour supply and review the nature of internal occupational segmentation, enhance fair migration, fair access to professions, career laddering, decent work agendas.

# Thanks



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## Global Nurse Migration Pathways

GLOBAL NURSE MIGRATION  
PATHWAYS

CONTACT US:

Margaret Walton-Roberts

E: [mwaltonroberts@wlu.ca](mailto:mwaltonroberts@wlu.ca)  
T: 519 884 0710 x2967

 [@mwaltonroberts](https://twitter.com/mwaltonroberts)

Global Nurse Migration  
Pathways: Report Papers



### TWO STEPS, TRIPLE WINS AND BUS STOPS

Welcome! This project seeks to contrast three geographically and policy distinct nurse migration pathways that have been identified by Dr. Walton-Roberts as an outcome of [previous research](#): India-Canada (two-step), Vietnam-Germany (triple win) and Philippines-Singapore (bus stop). It highlights the skills assessment, language, training and integration pathways employed in each, and how they meet the spirit of the [Global Compact](#) on responsible migration and the [Sustainable Development Goals](#).

### RELATED PROJECTS

#### PSW pathways:

Personal Support Workers (PSW) and their employers are invited to participate in a survey on staffing shortages, migration and employment pathways in long-term-care. The study, led by Immigration Partnership

More info. Search [global-nurse-migration-pathways](#)