

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)

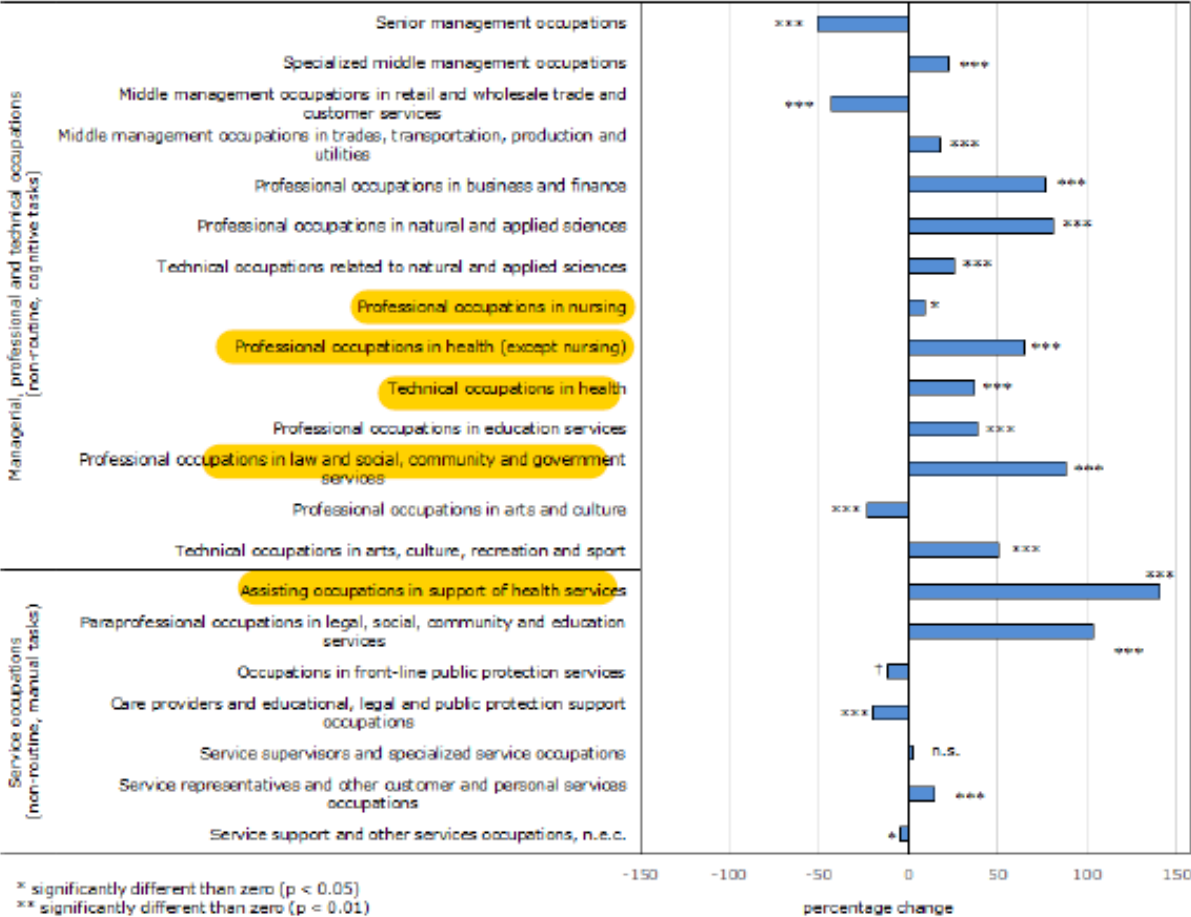


Robotic nurses


<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




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



[Nursing Facilities](#) [Nursing Professionals](#) [COVID-19](#) [Company](#) [Client Login](#) [Start Today](#)

IntelyCare is offering a free COVID-19 training course. Each participant will receive one contact hour, along with a personalized certification.

[REGISTER NOW](#)



A Smarter Healthcare Staffing & Scheduling Solution

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.

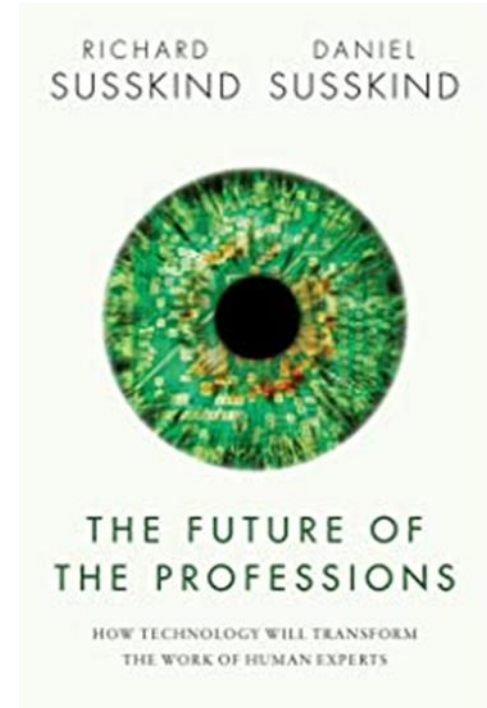
[For Nursing Facilities](#) [For Nursing Professionals](#)

“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).

Frank, K., Yang, Z., and Frenette, M. (2021) "The changing nature of work in Canada amid recent advances in automation technology, " Economic and Social Reports (36-28-0001). <https://doi.org/10.25318/36280001202100100004-eng>

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).

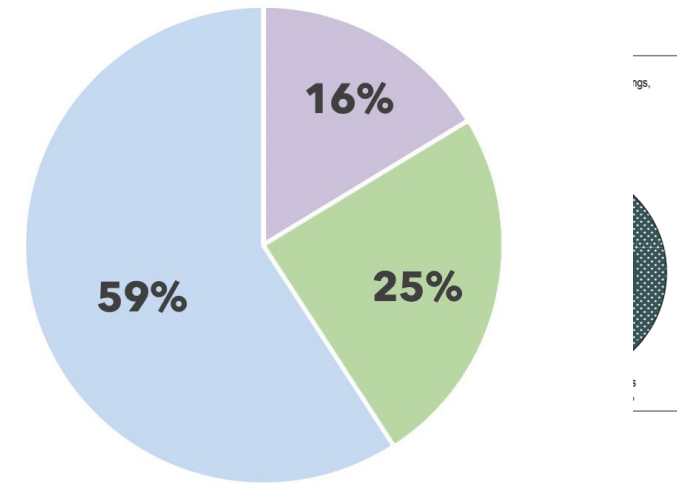


"4,000 of Quebec's 61,000 nurses left their jobs between March and December, 2020. In the same period a year earlier, 2,800 nurses quit. That's a 43 per cent increase, year over year. Another 7,700 Quebec nurses are on sick leave - a 28 per cent increase in the past year." Globe and Mail February 16th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

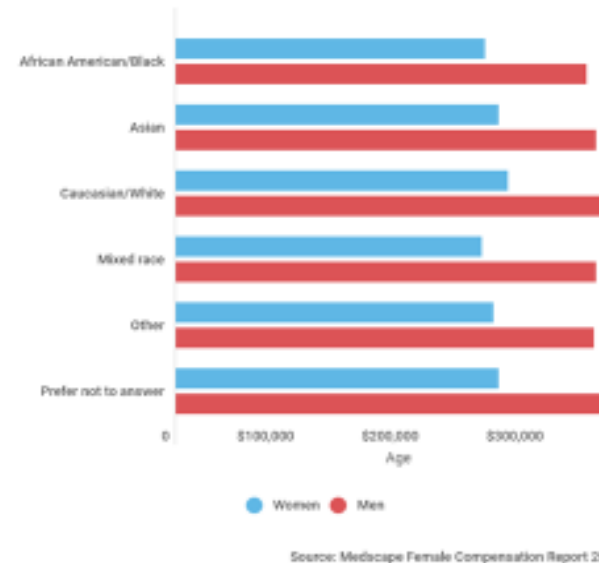
- BPO offices for health services.
- “Health industry capital has found it increasingly difficult to generate profit internally in their home countries. ... ke stimulus for attacks on wages and working conditions generally...with US and EU-based health providers coming dominate global markets.” (Public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

Types of Care Facilities, Description of Care and Workers Employed
(Source: Based on information from the National Caregivers Library and Barken and Armstrong 2018)

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 <u>PSWs</u> to offer light support
Residential Care Facilities	For those needing moderate levels of assistance.	Employ <u>PSWs</u> and nurses.
Continuing Care Communities	Ranges from independent living to intensive medical care.	Employ <u>PSWs</u> and nurses. Doctors may be available
Nursing Homes	Care for very dependent patients and offer 24/7 assistance.	Employ <u>PSWs</u> 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).



JOURNAL OF INTERPROFESSIONAL CARE
2017, VOL. 31, NO. 5, 583-592
<https://doi.org/10.1080/13561820.2017.1340875>



ORIGINAL ARTICLE

Implementation of an interprofessional communication and collaboration intervention to improve care capacity for heart failure management in long-term care

Veronique M. Boscart^a, George A. Heckman^b, Kelsey Huson^c, Lisa Brohman^d, Karen I. Harkness^e, John Hirdes^f, Robert S. McKelvie^g, and Paul Stolee^h

^aConestoga College Institute of Technology and Advanced Learning, Kitchener, Ontario, Canada; ^bResearch Institute for Aging and School of Public Health and Health Systems, University of Waterloo, Waterloo, Ontario, Canada; ^cColleges in Seniors Care, Conestoga College Institute of Technology and Advanced Learning, School of Health & Life Sciences and Community Services, Kitchener, Ontario, Canada; ^dSunnyside Home Seniors' Services, Kitchener, Ontario, Canada; ^eMcMaster University, Clinical Lead, Heart Failure and Cardiovascular Chronic Disease Management, Cardiac Care Network, Hamilton Health Sciences, Hamilton, Ontario, Canada; ^fSchool of Public Health and Health Systems, University of Waterloo, Waterloo, Ontario, Canada; ^gUniversity of Western Ontario, London, Ontario, Canada; ^hSchool of Public Health and Health Systems, University of Waterloo, Waterloo, Ontario, Canada

ABSTRACT

Heart failure affects up to 20% of nursing home residents and is associated with high morbidity, mortality, and transfers to acute care. A major barrier to heart failure management in nursing home settings is limited interprofessional communication. Guideline-based heart failure management programs in nursing homes can reduce hospitalisation rates, though sustainability is limited when interprofessional communication is not addressed. A pilot intervention, 'Enhancing Knowledge and Interprofessional Care for Heart Failure', was implemented on two units in two conveniently selected

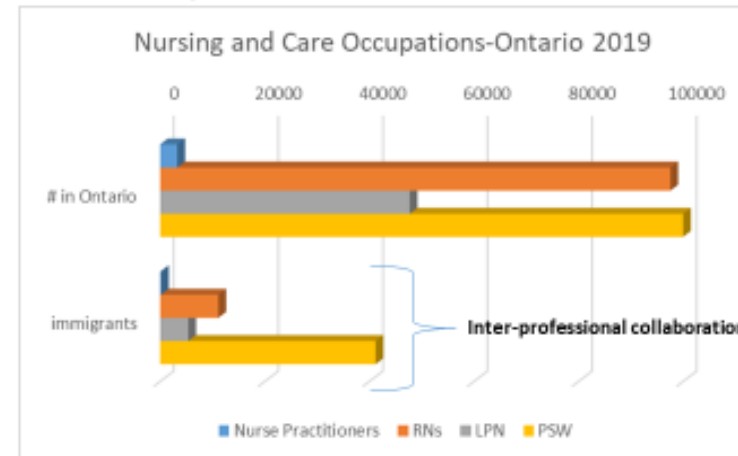
ARTICLE HISTORY

Received 11 July 2016
Revised 5 April 2017
Accepted 7 June 2017

KEYWORDS

Heart failure;
interprofessional

Hierarchies and hour glasses in nursing and care positions



Rank 2019 regulated ¹ /unregulated	# in Canada (Ontario)	% women (Ontario)	% Immigrants (Ontario)
Nurse Practitioner	6,159 (3,272)	93.2%	4.9%
Registered Nurse	300,669 (97,575)	92.3%	11.4%
Registered psychiatric nurses	6,050 (0)	—	—
Licensed practical nurses	127,097 (47,729)	90.5%	11.3%
nurse aides, orderlies and patient service associates (2016) ²	245,500 (100,000) ³	86% (Canada)	41.2%

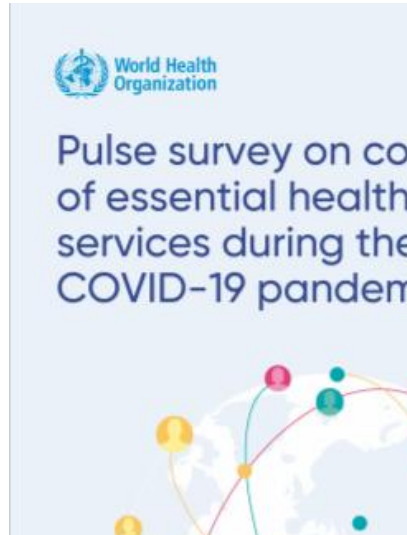
1. Canadian Institute for Health Information, Health Workforce in Canada, 2019 — Quick Stats. Ottawa, ON: CIHI; 2020.

2. Tavel and Savage

3. PSWs employed in all sectors (2018) Long-Term Care Staffing Study Advisory Group July 30 2020 <https://ltscc.on.ca/long-term-care-staffing-study-at-2020-07-31.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



INTERNATIONAL COUNCIL OF NURSES
COVID-19 UPDATE

13 January 2021



MASS TRAUMA EXPERIENCED BY THE GLOBAL NURSING WORKFORCE

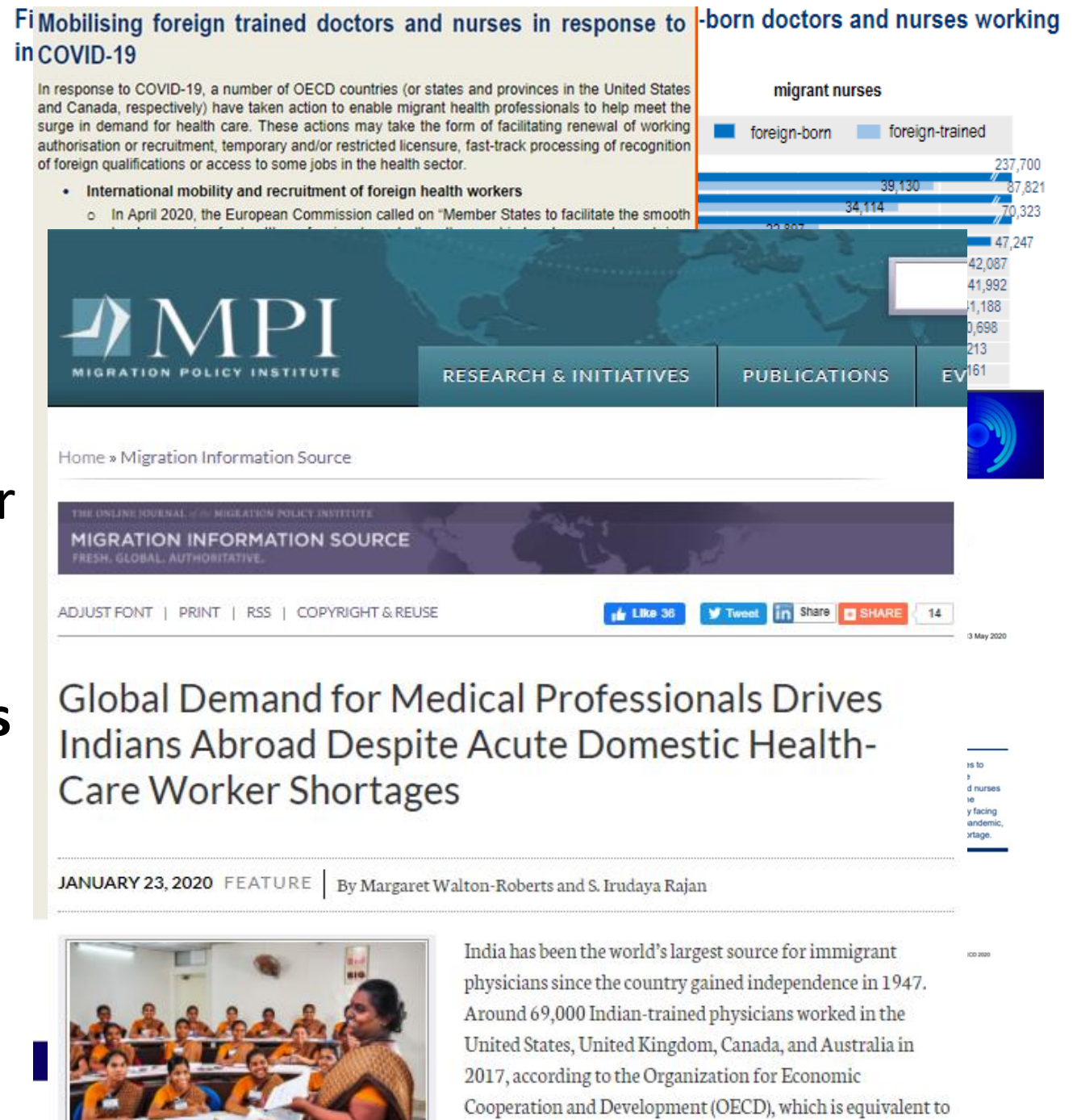
It has been almost a year since the COVID-19 disease first emerged. Nurses and other healthcare workers around the world face enormous pressure at work, and the pandemic continues to take a heavy toll on the physical and mental wellbeing of front-line healthcare providers. Since the start of the pandemic, 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.

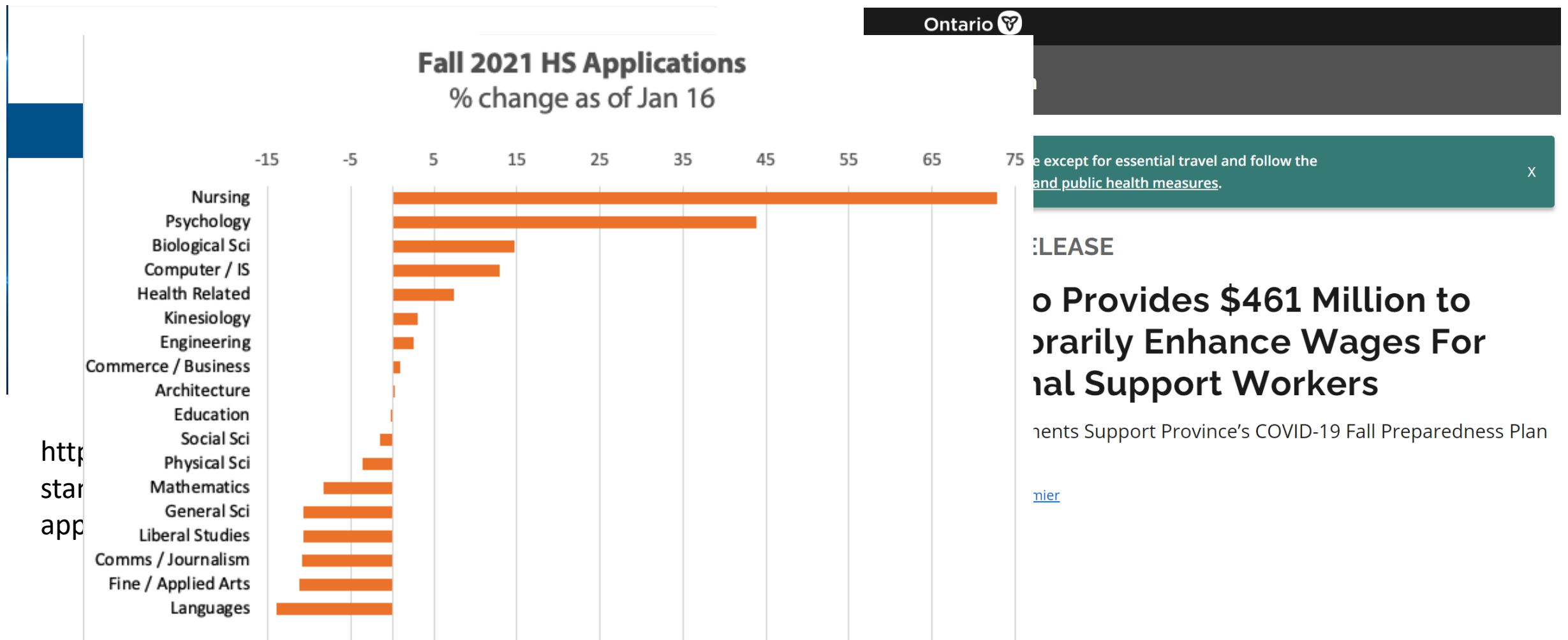
This report, based on information from our members up to the end of 2020, is intended to highlight the continued critical importance of protecting and retaining the nursing workforce in COVID-19 responses. It also provides an insight into how policy decision-makers in governments, healthcare facilities 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).*



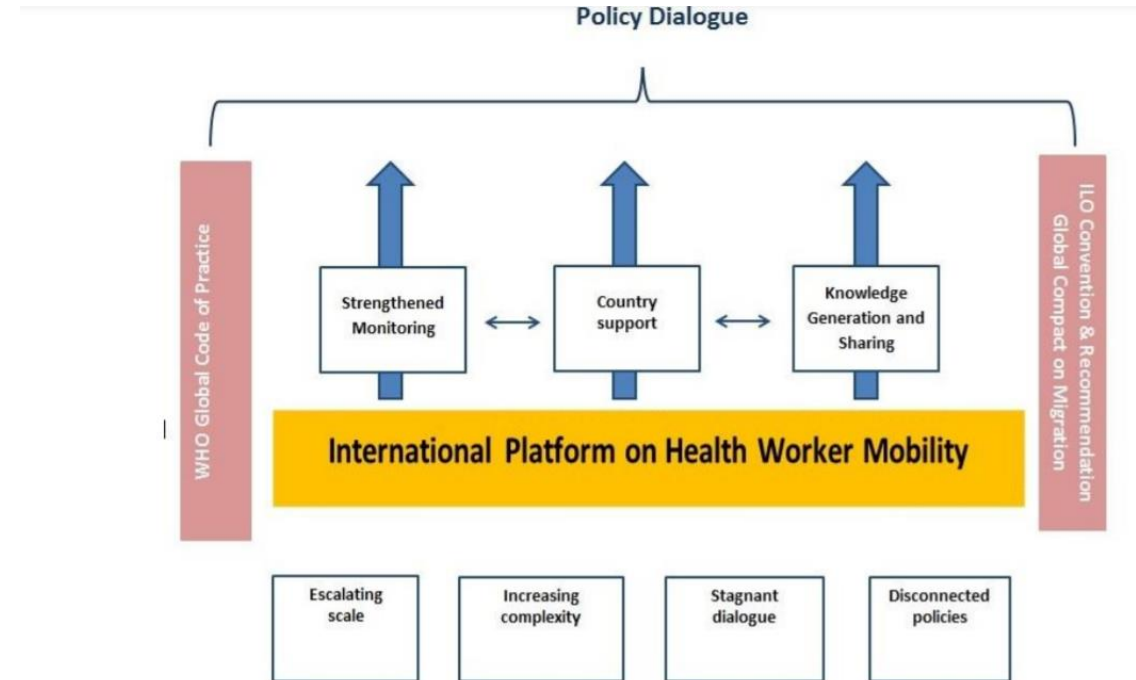
System responses: PSW Recognition, increased RN enrolment



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



IMRC
International Migration
Research Centre



**BALSILLIE SCHOOL
OF INTERNATIONAL AFFAIRS**



**Social Sciences and Humanities
Research Council of Canada**

**Conseil de recherches en
sciences humaines du Canada**

[Admissions](#)[COVID-19](#)[Future Students](#)[Current Students](#)[Faculty & Staff](#)[Alumni](#)[Donors](#)

LAURIER*Inspiring Lives.*

[MENU](#)

[Home](#) / [Academics and Research](#) / [Faculties](#) / [Arts](#) / [Margaret Walton-Roberts](#) / [Global Nurse Migration Pathways](#)

Global Nurse Migration Pathways

**GLOBAL NURSE MIGRATION
PATHWAYS**

CONTACT US:

Margaret Walton-Roberts

E: mwaltonroberts@wlu.ca

T: 519.884.0710 x2967

 [@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](#)