



HEALTH PROFESSIONAL MIGRATIONS LA-UE
OPORTUNITIES FOR SHARED DEVELOPMENT

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EXECUTIVE SUMMARY



PRODUCT 1 RESULTS:

Analysis of the stock of migrants and internal migration flows of Medical and Nursing School graduates.

The number of Medical School graduates living abroad increased during the period 1987-2005, there being a slight fall from 2005. At the same time, the number of doctors from the interior of the country who live abroad has slightly increased, having its turning point in 2005. The foregoing suggests that there is some differential behaviour among graduates living in the capital and those from the interior of the country. Notwithstanding this, it is possible to establish that the relative weight of migrants on the total graduates currently working has decreased with time.

As for the countries of destination, a concentration of applications for Spain and Chile was observed, the first one being one of the main destinations among current Uruguayan emigration, whereas the latter is a country of attraction among health care professionals.

The percentage of migrant women is significantly higher than men's, especially among 28 and 24-year-olds. Notwithstanding this, the situation corresponds with the previous selectivity in relation to enrollment and graduation from university and not to migratory selectivity¹ whereas, on the other hand, selectivity by age is observed. The internal migrants from Medical School are concentrated in higher age groups than those migrants from Nursing School.

For both professional groups, the Departments that receive the highest number of internal migrants are Montevideo, Canelones and Maldonado. This pattern is similar to that of the country's recent internal migration. Labour mobility is only significant for Montevideo and Canelones, whereas for the rest of the countries' departments it does not seem to be relevant.

¹ In general terms there is selectivity by age, sex and educational level among international migrants. This means that working-age men with higher education levels are generally more prone to migrate. However, the overrepresentation of women we found it is not explained by the characteristics of the migration process but by an overrepresentation of women among recent university graduates from the University of the Republic.



PRODUCT 2 QUANTITATIVE RESULTS:

Descriptive and analytical report on the social, demographic and motivational characteristics of both migrants and non-migrants Medical and Nursing School graduates.

This study reveals that there does not seem to be a migratory selectivity by either age or sex among Medical and Nursing School graduates. However, a slight selectivity by labour profile is seen, particularly among Medical School graduates. All doctors with migratory experience work in health care positions and 3 out of 10 also work in teaching/research/consulting. As for nurses, no selectivity by this attribute is seen. At the same time, 3 out of 10 doctors with migratory experience work in private employment with a fixed term contract. Thus, it can be inferred from this data that maybe there is some migratory tendency among those doctors who do not have a permanent job. On the other hand, in relation to the number of working hours per week, a slight difference in the number of working hours per week can be observed in the doctor's case between those who have had migratory experience and those who have not. As for the case of nurses, the same trend may be seen although a little more subtle than for doctors.

The study also shows that recent Medical School graduates seem to have a longer migratory experience and a greater migratory tendency than Nursing School graduates. Overall, such tendency is greater among Medical School graduates, among men and the 30-34 age group. As for the job profile of said prospects, it is observed that graduates' type of labour contract affects their tendency to migrate: private employees with fixed term contract are the ones who show the highest tendency. At the same time, selectivity is observed in relation to the number of working hours per week: the more worked hours, the greater migratory tendency. Likewise, the percentage of graduates who work in teaching and/or research and/or consulting positions increases among those who have a tendency to emigrate. Moreover, there is a greater migratory tendency among those graduates with less work experience which shows that the more work experience, the less tendency to emigrate among these graduates. Finally, the study points out that having had some previous migratory experience increases the current migratory tendency of Medical and Nursing School graduates.

The analysis of the survey's open questions revealed that, comparatively, Medical School graduates more frequently indicated that they had greater difficulty than Nursing professionals in finding jobs after earning their degrees.

Among Medical School graduates, the most frequent response refers to the way of entering the workforce. For Nursing School graduates, the main response refers to the lack of work experience which makes it difficult for them to get their first job.

The responses about initiatives to reduce the impact of the emigration of Medical Nursing professionals can be related to elements of demand and complaint of the graduates. The main recorded responses for both professions are: better pay, better working conditions and labour legislation.



As for particular demands, doctors mention some discontent over the “lack of respect” towards the doctor’s image in the country. On the other hand, Nursing School graduates claim for some recognition for their job.

Finally, migration is seen as a valid option but as a last resort, and it is conceived as a means of getting a better quality of life.

PRODUCT 2 QUALITATIVE RESULTS (in-depth interviews):

From the qualitative analysis, three key aspects were identified in the interviews with Medical and Nursing School graduates and students. These are: a) Quality of life; b) Academic development and c) Migration.

The main reasons to emigrate have to do with: 1) low salaries, 2) multi-employment, 3) long working days, 4) long days on call and 5) lack of supply for specialization and limited quotas. These factors of dissatisfaction are perceived as the cause for a low quality of life. In that sense, the emigration is seen as a way of changing this situation.

The migratory project is conceived as something temporarily, in particular when it is on grounds of study and/or specialization.

Anyhow, the possibility of having a more ordered life style with a better quality of life does not seem enough reason to live abroad. The importance given by Uruguayan graduates to personal reasons, family and friends leads to emigration being conceived as something temporarily and with specific purposes such as accumulation of economic, cultural and academic capital. This way, the distinctive feature of the emigration of medical and nursing professionals is its temporary nature and its high rate and/or intention of return.

Chile is now becoming an important country of attraction for Medical and Nursing School Uruguayan graduates. This country has two very highly valued attributes: development levels of employment similar to that of the developed world such as high salaries and regulated work schedules, and secondly, geographic proximity to Uruguay.

For Uruguay, the emigration of its Medical and Nursing professionals becomes a profit when they return home, whereas it is a clear loss when the graduate emigrant does not return to the country. For Spain, the return of professionals who were educated there represents a loss and a challenge for the future.