

CASE STUDY 8



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- Ms. Elizabeth George

MS. ELIZABETH GEORGE works as a laboratory technician in Parathode, a small township in Kottayam district, Kerala, India. Born in Kerala, her parents were farmers and she was the youngest of 10 children. After completing her class 10th school education, she went on to receive training (from 1974-75) as a laboratory technician from a paramedical institute in a nearby city, through a one-year certificate course.

She started her career in a missionary hospital in Kerala immediately after her training. She worked there for two years. This position allowed the opportunity to sharpen her skills and expertise under the guidance and mentorship of her elder sister, who worked in the same hospital. In 1978, Ms. Elizabeth moved to Delhi to work at a private laboratory where she stayed for the next eight years. She then left India for work in Libya but returned in 1990 and has been here ever since.

PRE-MIGRATION

Working in Delhi was a pivotal experience for her. Ms. Elizabeth expressed that, “the fact that I went to Delhi, changed my personality”. It helped her gain confidence and interact better socially. It helped her improve her English conversational skills and ultimately move ahead in her career and work abroad. She added that if she had worked only in Kerala, speaking in English would have been a problem and she would not have cleared the interviews for jobs in other countries.

In Delhi, Ms. Elizabeth was doing well and her family could lead a fairly comfortable life with her salary. However, she was not able to save anything after taking care of the monthly bills and any family emergency would strain the situation even more. This fact compelled her to seriously think of options to earn a better income. Many of her colleagues had migrated abroad with better paying jobs. Ms. Elizabeth decided to follow the same course.

Interviews for foreign recruitments are held frequently in Delhi, as it is the capital of India. Where Ms. Elizabeth worked in Delhi, she had some interactions with Libyan patients and this basic familiarity with the country prompted her interest in

migrating there. She attended a recruitment interview for Laboratory Technicians conducted by officials from Libya's Ministry of Health. She was selected based on her merit and experience. The entire process of the interview, selection, and processing of documents was simple and it took only three months for her to get the visa for Libya.

MIGRATION

Ms. Elizabeth migrated to Libya in 1985. On reaching the new country, she stayed in a hotel that the hospital authorities had provided for. From there, she had to find her own, more permanent accommodation. With the help of some "Keralites" from her home state who lived in Libya, she was able to find a house for herself and after three months, her husband and child were able to join her. She was appointed to work in a clinic and manage it independently. She did not receive a proper induction when she joined the job, but nonetheless, was able to manage well with her experience

Ms. Elizabeth found the work environment to be comfortable. She felt that the workload at the clinic was appropriate and the salary was very good. When she joined, the clinic was in the process of being established and she had to take the lead in setting it up. She received a significant raise in her salary from what she had received in Delhi, which was her major motivation to continue working in Libya for nearly five years. During that time, she did not consider shifting to any other country in the Gulf. The cost of living in Libya was low and she spent only half her salary in taking care of her family and could save the rest. There were other Keralites living nearby, with whom she could spend time with and enjoy a social life. On Fridays, which was the weekly holiday, she and her family would visit their friends.

Overall, Ms. Elizabeth considers the experience of working in Libya a success due to the significant monetary gain. However, she did point out some negative elements in her professional experience. First of all, the clinic where she worked was very small and conducted only minor investigations. She missed doing a wider range of investigations and felt she was not growing professionally because of this limitation. Moreover, she did not receive any additional training while she was there. In retrospect, she feels that if she had worked in a bigger hospital, or in another Gulf country, she may have had more opportunities to learn and grow in her career.

Personally, she also faced challenges during this time. Since she was the only technician in the clinic and it was difficult to find short-term replacements, it was hard to get time off for vacations in India. Ultimately, she had only one vacation in the three years that she was there. The most unfortunate incident was that when her father died, she could not get leave to reach in time for his funeral. It remains in her heart as one of the greatest regrets of her life.

Another challenge in Libya was the access to a good education for her children. The closest Indian school was more than 500 km away from where her family lived. She felt it would be better if her children received their education in India.

When her contract ended in 1990, the authorities did not renew it, nor did they convey the information to her officially. Fortunately, she became aware of this through other sources so she was able to make arrangements for the future. She received a gratuity when her contract ended. Ms. Elizabeth returned to India in 1990.

RETURNING BACK

Initially, after coming back to India, Ms. Elizabeth did not return to working as a laboratory technician. She did not feel inclined to work in the laboratories in her town which offered a low salary and unsatisfactory working conditions. Her sister suggested that she should start her own pathology laboratory, but Ms. Elizabeth did not venture into it because of the risks involved in establishing a financially viable new business. Moreover, she wanted to take care of her children and elderly parents-in-law. She resumed her work several years later when her children had grown up.

The work environment in India is different, Ms. Elizabeth says. In general, there is gender disparity and women are not adequately respected for their abilities. In Libya, she had never experienced any such disparities and felt that women were more respected there. Patients' attitudes are also different between the two countries. In Libya, patients were very respectful to her but, in Kerala, she felt that patients tend to be more seemed to be sceptical. They often get tests repeated in 2 or 3 different laboratories, are reticent and often difficult to handle.

Ms. Elizabeth's current position is in a private laboratory, which conducts more tests and has more facilities than her clinic did in Libya. She has a busy schedule and receives the best salary package that this private laboratory could offer for her position and experience. At present, she receives respect from the authorities and clients and she feels happy and satisfied.

She has been working in her current position for the last five years and regrets the fact that she delayed rejoining the workforce in India. Had she joined earlier, there would not have been a loss in continuity and she could have gathered more experience and received a better salary because of more opportunities that would have been available to her.

LOOKING BACK

In India, Ms. Elizabeth was unable to get a government job because she had done a certificate course which was not recognised for jobs in this sector. She was not aware of this when she joined the course as a student. Ms. Elizabeth feels it is important for students to be careful when they choose a course or program. Students should pursue graduate or post-graduate courses only if the degrees are recognized, to ensure eligibility for government jobs. She suggests that the government should regulate such institutions which offer certificate courses, in order to maintain the requisite quality or else not allow them to run.

Ms. Elizabeth believes that health professionals can be encouraged to return to India if they are offered better job opportunities and good salaries. She says, "It is impossible to get a good salary in India and one cannot expect that in India". This, she feels, is the primary reason why professionals do not want to migrate back to India.

CONCLUDING

In Ms. Elizabeth's opinion, one's quality of life is better when with his or her family. Living away from family and community, in another country, deprives a person of these strong bonds. She urges the government to improve the work conditions at home so that "our professionals can return back to their families".

