
Dual working

It is quite common in countries where there are both public and private health care systems that many doctors work in both sectors at the same time. There are few studies, however, that analyse the complex relationships that exist between the two sectors and, therefore, the conflicting interests that arise from the doctors' dual activity. Listed below are a number of suggested readings that address this issue.

Dual job holding by public sector health professionals in highly resource-constrained settings: problem or solution? analyses some possible policy options to regulate dual practice in low income countries.

The review **Multiple public-private jobholding of healthcare providers in developing countries**, by Peter Berman and Dexter Cuixon, examines the systemic and individual causes of multiple jobholding and evidence on its prevalence through an analysis of country-level conditions. It proposes more action in terms of research, innovative implementation and evaluation, and the participation of health workers in a varied strategy of policy development and implementation, in order to identify feasible ways forward.

The article **Who moonlights and why? Evidence from the SIPP** examines the characteristics of moonlighters and the length of their moonlighting episodes with the goal of understanding who moonlights and why. The analysis of data reveals that most moonlighters, in spite of working long hours, tend to be poorer than the average worker.

The dynamics of dual job holding and job mobility presents a model which seeks to explain why and when workers take on second jobs and presents new insights into the economics of dual job holding and labour mobility.

The economics of multiple job holding investigates the determinants of the moonlighting supply function in terms of demographic and market factors and describes the relationship between primary and secondary employment.

Should physicians' dual practice be limited? An incentive approach examines the specific implications that dual activity has for public health authorities. The main objective is to analyze the circumstances under which the health authorities benefit from the doctors' dual practice and those under which they lose. The article finds that physicians will have incentives to over-provide medical services when they use their public activity as a way of increasing their prestige as a private practitioner.

Recommended reading

The dynamics of dual job holding and job mobility

Presents a model which seeks to explain why and when workers take on second jobs
Paxson, C. H.; Sicherman, N. / National Bureau of Economic Research (NBER) (1994)

Most workers in the US experience dual job holding at some point during their working lives, and that there is a great deal of movement into and out of dual job holding. Mobility into and

out of second jobs is associated with large changes in weekly and annual hours and there is evidence that dual job holding is prompted by hours constraints on the main job.

The article has two main goals. The first is to characterise dual-jobs and dual-job holders, with a focus on dynamics. The aim is to understand why and when workers move into and out of second jobs. The second goal of the article is to examine models of dual-job holding. The article presents a dynamic model consistent with the findings of the research conducted by the authors, that seeks to explain why and when workers move into and out of second jobs. The model presents new insights into the economics of dual job holding and labour mobility. [adapted from author]

[This working paper is available free over the internet to readers in most developing or transition countries: if your internet connection does not automatically identify you as linking from one of these countries, you will be asked to fill in a registration form first. For those in other countries, either a series subscription or the purchase of individual reports is necessary]

Available online at: <http://www.nber.org/papers/w4968.pdf>

Should physicians' dual practice be limited?: an incentive approach

How do doctors working in both the private and public health sector impact upon health authorities?

Gonzalez, P.; CORE / Universidad de Alicante (2002)

It is quite common in countries where there are both public and private health care systems that many doctors work in both sectors at the same time. There are very few studies, however, that analyse the complex relationships that exist between the two sectors and, therefore, the conflicting interests that arise from the doctors' dual activity.

This article, produced by the Universidad de Alicante and CORE, examines the specific implications that such dual activity has for public health authorities. The main objective is to analyse the circumstances under which the health authorities benefit from the doctors' dual practice and those under which they lose. It develops a principal-agent model to analyse how the behaviour of physicians in the public sector is affected by their activities in the private sector. The article finds that physicians will have incentives to over-provide medical services when they use their public activity as a way of increasing their prestige as a private practitioner. [adapted from author]

Available online at: <http://www.econ.kuleuven.ac.be/smye/abstracts/p64.pdf>

Who moonlights and why?: evidence from the SIPP

Multiple job-holding is most often a result of economic hardship

Kimmel, J.; Conway, K. S. / W.E. Upjohn Institute for Employment Research (1995)

Multiple job-holding, or moonlighting, is a significant characteristic of the labour market, and reflects growing financial stress arising from declining earnings, as well as an increased need for flexibility to combine work and family. Moonlighting arises for at least two distinct reasons. First, many individuals hold multiple jobs due to some sort of constraint on the primary job that limits that job's earnings capacity. Second, moonlighting may arise because the labour supplied to the two jobs are not perfect substitutes.

Previous research on moonlighting acknowledges that multiple motives may exist, but focuses only on the constraint motive. This research, produced by the W. E. Upjohn Institute for Employment Research, examines the characteristics of moonlighters and the length of their moonlighting episodes with the goal of understanding who moonlights and why. The

analysis of data reveals that most moonlighters, in spite of working long hours, tend to be poorer than the average worker. [adapted from author]

Available online at: <http://www.upjohninstitute.org/publications/wp/95-40.pdf>

Multiple public-private job-holding of health care providers in developing countries: an exploration of theory and evidence

Increased participation of health workers needed to address issue of multiple jobholding

Berman, P.; Cuizon, D. / Department for International Development Health Systems Resource Centre (DFID HSRC) (2004)

This review examines the systemic and individual causes of multiple jobholding (MJH) and evidence on its prevalence through an analysis of country-level conditions. The paper places MJH in the context of health systems and government policies in low and middle-income countries, including Zambia, Indonesia, Egypt, Bangladesh, India, Poland, Kenya and Mexico. The paper then summarises recent evidence on the phenomenon and offers guidance on how policy makers can deal with both the positive and negative view of MJH.

A review of country-level conditions offers four conclusions: MJH is widespread; there is a wide range of responses to MJH by governments; government efforts to regulate MJH are not efficient or effective; and there is little quantitative national evidence on the extent or characteristics of MJH. The author argues that, despite the lack of evidence, more action is needed. This action should consist of research, innovative implementation and evaluation, and the participation of health workers in a varied strategy of policy development and implementation, in order to identify feasible ways forward. [adapted from author].

Available online at:

http://www.dfidhealthrc.org/publications/health_service_delivery/Berman_Cuizon.pdf
