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REASONS FOR THE AUT-MIGRATION OF ROMANIAN DOCTORS AND THEIR PERCEPTION OF THE ADVANTAGES OF EMIGRATION

Case
Study

Keywords

*Emigration reasons,
Host country advantages,
Personal advantages,
Organizational values,
Organizational practices,
Decisions*

JEL Classification

M12, M14

Abstract

The emigration of highly qualified staff is an issue which has currently raised lively debates in specialized literature both in Romania and abroad. The paper includes a mixed quantitative research, based on a questionnaire applied to a group of 47 Romanian doctors involved in the emigration process, and also a qualitative approach, which relies on the experience and observations of one of the authors, who works in the healthcare system and who resorted to documentation, analysis and abstraction. The main goal of our study is to identify the Romanian doctors' perception of the personal and professional advantages of emigration and the reasons for this decision, as well as to suggest a set of measures able to convince highly qualified healthcare professionals not to leave the country. The findings of our survey may be useful both for healthcare decision-makers and managers, and for the doctors themselves and emigration phenomenon researchers.

INTRODUCTION

The movement of capitals, including work capital, has been a highly topical issue especially in the light of the globalization process triggered after the Second World War by the creation of institutions/mechanisms able to support it (the International Monetary Fund, the World Bank, etc.). The process has intensified these last decades, under the impulse of the new Internet-based information technologies and the fall of communism in Eastern Europe. In these circumstances, emigration as the decision of people to leave his country to live in another place (Dorling, 2011) and work there, especially of the highly qualified workforce, has raised much interest in the scientific world as a major preoccupation, since the effects of migration are quantified and perceived differently by various authors, governments, regions or professional categories.

ABOUT THE DOCTORS' MIGRATION AND ITS EFFECTS IN LITERATURE

Thus, several studies conducted in European countries claimed that the main factors generating emigration were related to the differences in the expected earnings of the human resources between the country of origin and the host country (in terms of gross domestic product – GDB or wages); these differences had to be significant to determine the workforce to leave their country (Harris and Toderò, 1970; Borjas, 1989, 1995; Baro and Sala-i-Martin, 1991; Layard et al., 1992 apud Galgóczi et al, 2016). According to the authors, the expectations related to employment opportunities in the country of origin also affect the intensity of migration, even when the differences are significant (GDP): the better the stability and forecasts in the host country, the lower the pressure for migration. The findings of another study conducted in Middle Eastern and North African countries on population mobility show that the main determinants of the highly qualified workforce are the level of wages, penchant for risk and level of education (Kadiri and Zouag, 2014). Other studies focus on the positive and negative effects of doctor's emigration on their country of origin. Thus, the doctors' emigration from their country of origin leads to poor healthcare services in Central and Eastern European countries and is due to low doctor distribution, to low domestic mobility and to a mix of inadequate skills (Boboc and Țițan, 2014). The possible advantages of doctor providing countries are discussed by Ahlam Fakhar, who shows, from the viewpoint of the potential benefits of cooperation due to globalization, the positive effects of their returning

to their country of origin and the contribution of "circular emigration" to the integration of knowledge into the emerging economy (Fakhar, 2014).

In subsequent approaches, researchers drew attention to the inequities generated by the massive doctors' emigration from certain countries, a phenomenon which they called *brain-drain*. From this point of view, they also tackled the issue of the existing differences as concerns people's access to healthcare services, materialized as indicators like the number of doctors /1000 inhabitants, GDP/inhabitant, etc. Australian and New Zealand authors define the notion of *brain-drain* as a phenomenon characterizing a high level of emigration of skilled workforce from developing countries to developed countries (Brock and Black, 2017), which involves major inequities and apparently leaves no alternatives to this phenomenon, since developed countries facilitate the doctors' access to jobs, training opportunities and professional careers in developed countries. The approach from the viewpoint of morality involved in this phenomenon includes the positive effects of emigration (the return of the money in the host country by various means, improvement of the technologies employed, etc.), as well as the mixed or totally negative effects (net losses for the exporting country). In an extensive articles published in 2006, Mullan argues that certain countries perceive this phenomenon as a negative one, whereas other countries providing doctors to developed countries (India, with about 10% of the doctors working abroad) assess both the negative (the brain-drain phenomenon) and the positive (the money received by their family members from doctors working in the USA, improved technology and practices if by any chance they decide to return to their country of origin, different career opportunities which the doctors could not enjoy in India) effects, and they militate in favor of increasing the number of export doctors as an asset to their mother country and they believe that the problems created by the lack of healthcare professionals is rather generated by their uneven distribution inside the country (Mullan, 2006). The issue of inequity is also dealt with in a study on the reasons why Australian and New Zealand doctors emigrate to the United States of America, a phenomenon which is considered to be a brain drain process (the emigrating doctors are not replaced by others coming from the USA) and the reasons of which seem to be the education and career opportunities in this field (Miller et al, 1998). Other authors distinguish between the factors which determine American and Canadian doctors to emigrate and they classify them as "push factors" (for instance, governmental policies) and "pull factors" (friendlier weather in the USA than in Canada); there are also factors that may be

influenced (facilities available in the doctor providing country) or that cannot be managed by decision makers in the field (being close to their family) (McKendry et al., 1996).

Doquier's research indicates a series of displacements of highly qualified personnel as flows which, geographically speaking, manifest themselves as a phenomenon and may be: from East to West (from Asia to the Middle East, from Asia to Europe and North America and North-Eastern Africa, from Europe to North America) from South to North (from Africa to Europe, from South America to North America), i.e. from less developed countries to economically developed ones, and also from certain developed countries (Germany) to the United States of America and Canada, a flow based on educational opportunities and potentially higher earnings (Doquier, 2014). Some researchers conceived their studies as a "snapshot" able to systematically determine the number of African doctors who work and live in developed countries, as there are no unified standards that may be used to collect such data (Clemens and Pettersson, 2008).

In the Romanian speciality literature, the authors have tried to identify the main causes of the doctors' emigration towards developed countries, emphasizing the fact that „*the decision to emigrate is taken due to the work conditions and the available facilities but also due to the opportunities regarding the career and education, it being less important the political stability or the personal factors*” (Boncea, 2014). Other authors have considered that the main causes for massive emigration of the medical personnel from Romania especially towards the developed countries (United Kingdom, USA) are linked to the low level of the salaries and the difficult working conditions in the Romanian medical system (Ramos et al., 2008). The mentioned authors' solutions refer to the international code of recruitment practice for the medical personnel, the improvement of the personnel management and of the working conditions, the career opportunities, investments in the medical equipment and the stimulation politics for the medical kept personnel to remain in the country. In an official announcement in November 2016, the president of the Romanian National College of Doctors stated that approximately 14 000 Romanian doctors work abroad, the preferred countries in terms of destination being France, Germany, Great Britain, Belgium Italy, Spain, USA and Canada (Filipescu, 2016). Presently, the adoption of a regulation which would stimulate the remaining in the country of the doctors is an important preoccupation and aims the increase of the amounts allocated as salaries and other financial rewards and benefits for this category.

Are the organisational values and the management practices, with one of the sources from the national

culture and the contextual organisation, a factor that can influence the emigration decision of the doctors? To what degree do these differ from the Romanian medical organisations and, if yes, can they contribute to the reduction of the Romanian doctors' emigration? It is a question to which this article proposes to formulate an answer based on the present research and the observations of one of the authors.

RESEARCH METHODOLOGY

The approach is of a mixed, interdisciplinary type, in which one of the researchers belongs to the medical system and the other from the management field. It is a mixed qualitative and quantitative approach, combining the qualitative method of observation, documentation, analysis, abstraction, with the quantitative one, the inquest based on a questioner in order to achieve the targeted objectives. The sample is made of 47 Romanian doctors who emigrated abroad or have returned in the country in order to practice their profession after a certain period spent in a clinic abroad.

The main aim of the paper is the identification of the Romanian doctors with regard to the main motivations for emigration, the managerial and professional practices in the medical field and the benefits involved in the emigration on a personal and organizational plan.

The objectives of research aim for the:

1. Identification of the main reasons which determine the Romanian doctors to emigrate to other countries;
2. Identification of the perceptions regarding the personal and organisational values of the Romanian doctors, compared to the doctors in the host country;
3. Identification of the doctors' perception regarding the organisational practices in the field within the host-countries compared to Romania;
4. Identification of the perception regarding the personal and the host-country's benefits following the doctors' emigration abroad.
5. Drafting of some proposals regarding the stimulation actions for remaining in the country for the Romanian doctors.

Hypothesis:

1. The main reason for the Romanian doctors' emigration is the expected financial reward;
2. The Romanian doctors wish to have their work and effort sustained in the work field recognised;
3. The main organizational values of the Romanian doctors are: the recognition of the effort sustained, equal opportunities of training and career advancement, other's respect, possibility to apply new ideas, work place safety;

4. Emigration contributes to the improvement of the medical standards following the medical practices brought from abroad;
5. The Romanian doctors wish to use the latest technology and materials in the field to ensure the highest level of quality in the services provided.

RESULTS

The sample was made up of 47 doctors (68 % women and 32 % men, mostly - namely 77 % - aged up to 45 years) who emigrated in countries within the European Union and doctors who returned after a period of time spent abroad in order to continue their work in the country, due to various reasons, and who have participated in the study during the period January-March 2017. The questions addressed aimed at the identification of their perspective with regard to the aspects such as the main reasons which have determined them to departure abroad in order to work, the benefits of the host-country and the personal benefits, the organizational values and practices with regard to the human resources and the differences between the Romanian medical system and the one abroad. The questionnaire included 10 closed questions and two open questions, the ones regarding the organisational practice at the workplace and the values having the form of some statements with the answers ranked on a Likert scale (1-5, 1-unimportant, 5- very important), and the ones regarding the benefits as well, yet having a different intensity, on a scale from 1 to 5 (1-total disagreement, 5- total agreement). The answers were introduced in an Excel database, processed later on with the help of the mentioned software.

For the questioned doctors, the reasons declared as basis for the decision to emigrate was (Table 1) field technology, level of the financial rewards, lack of advancement possibility and the possibility to better apply the knowledge and competences they hold, which partially confirms the above mentioned studies.

The level of the financial rewards was correlated with the stated net salary (according to the data provided, approximately 36 % of them gain monthly more than 4000 euros and 11 % more than 3501), but also with one of the reasons mentioned by the responds as being one that he/she did not desire to return in the country (Table 2), namely the salary level (47 % of the respondents).

Moreover, the reasons for which it is not intended to return in the country are linked to the "people's mentality" and others' recognition/esteem for the profession – cultural reasons of the medical system management (difficult access and the lack of advancement possibilities).

The main reasons for which the Romanian doctors declare that they would return in the country (Table 3) are family, friends (43 % of the respondents) and the feeling of being "home" and less that of contributing to the change of the medical system or the desire to share with others their experience (11 % of the respondents mentioned them), which are linked to the cultural aspects and feelings, not, however, to the material ones.

The benefits of the host-country perceived by the Romanian doctors (Table 4) refer to especially the long-term gains in terms of well-prepared and motivated human resources which cover an existing need in the job market, but also the financial ones (sometimes the salaries are perceived as being less than a native similar doctor, through the participation to the population increase in the host-country).

The personal benefits mentioned by the respondents are (Table n. 5), in their turn, linked to the new knowledge in the field and the work conditions (linked to the profession itself), these being correlated with the reasons for leaving the country (the high level of financial rewards – 85 % of the respondents), a better status - 79 % of the doctors and the other's esteem - 74 %).

In the next paragraph are presented the results to the question regarding the managerial practices and the organisational values of the employees in the clinics from the host-country compared to those in Romania and emphasizes the differences perceived by the doctors. Thus, the foreign managers behave similarly with regard to the implication of the employees in the decisions regarding the treatment of the patients, indicating their autonomy in their work in both countries; however, abroad, the doctors' tasks are communicated to them in a more concrete way, even though the doctors state that in the organisations from both countries they know very well what they have to do, reflecting a certain conduct and specific procedures for this type of services provided, implemented also in Romania following the integration in the European Union. The Romanian managers prefer to take decisions which affect the employees' work without their reference (47 % have partially agreed and totally agreed with the statement "my opinion is asked for in regard to the decisions which affect me" for the foreign clinics compared to a weight of 53 % of the respondents which have partially agreed and totally agreed with the statement that "the Romanian chiefs do not ask; they decide"). The good fellowship is an organisational value more important in the foreign rather than Romanian clinics (68 % of the respondents compared to 43 %), as well as the responsibility for work and results (85 % abroad, namely 47 % agree, yet the existence of 43 % of the respondents who do not agree with this statement indicate rather a change in the attitude in this regard), the results correlated

with the answers to the question regarding the respect for the rules (89 % agree and totally agree that in the European countries in which the respondents emigrated, compared with 74 % of the answers regarding the fact that in Romania the rules and procedures are not strictly followed). Furthermore, the results confirm the existence of better opportunities for career advancing, training and better work conditions (different level of used technologies, the existence of the necessary equipment for good unfolding of the activity.). In addition, the perception regarding the possibilities for advancement and certainty (value prized by the Romanians) are indicated as being part of the social and professional life in the host-country.

CONCLUSIONS

Emigration, as an important aspect of the presented economic and social life, is approached in the foreign and Romanian specialty literature, under the aspect of its positive and negative effects, finding itself in studies from various fields, especially under the shape of the generated effects. In this context, the emigration of the highly qualified personnel (including here especially the medical personnel) is ever more studied as a phenomenon named brain-drain, involving the benefits of the host-country and the losses for the countries of origin. As some authors showed, the recent migration of qualified people from the non-OECD countries contribute to increasing welfare of the most 22 richest OECD countries (Aubry, et. al., 2016).

In Romania, research related to this field is less numerous, even if the theme is highly debated in the public space, in media, since the solutions to the problem do not appear to be simple, even though, at the initial analysis, they can be summarized by the increase of the level for the financial reward for this professional category.

The study undertaken based on a mixed approach, constituted out of the quantitative method adapted to the social sciences, namely that of an inquest through the usage of a questionnaire constructed with this aim, but also of some qualitative-analysis methods, the observation, has reached its main aim, namely that of identifying the main reasons for emigration among the doctors, their perceptions regarding the host-country's benefits and the personal ones achieved, the differences existing in the managerial values and practices of the involved specific organisations. Thus, the results confirm that the reasons for doctors departing from the country have at their origins the financial rational, but also the career-related one, materialised under the form of the training opportunities, advancement, filling in with an increased ease a work position abroad, the work conditions

(technology in the field), while the organisational values such as good fellowship (favourable to the team work), respect for the rules, involvement in the decision making which might affect work and the managers' attitude are important in their evaluation regarding the choice made and the personal and professional achievement. On the other hand, the return in the country would have at its foundation human criteria which relate to the social relations and the feeling of being "home" and less with the professional ones, which were at the foundation for the decision to emigrate.

Consequently, the actions which can be considered in order to avoid the increase of the number of the emigrating medical personnel refers, mainly, to the level of the financial rewards, but also the creation of a legislative framework which would insure the removal of the barriers which prevents the existence of some real opportunities for employment, better training possibilities, equipment and material at acceptable standards. Moreover, the changes from the organisational culture perspective in the field institutions, the advocacy and implementation of some values according to the need to recognise the sustained effort, the involvement in the decision making which affect the doctors' work, the innovative spirit and a favourable work climate are essential for stopping this phenomenon with negative medium and long-term effects.

Future research in the field will concentrate itself on a more profound analysis of the organisational culture in the field in Romania compared to the host-countries of the Romanian doctors who emigrated.

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ANNEXES

Table no. 1
The main reasons for decision to emigrate

The main reasons of emigration	Percent
The technology in the field	47%
The level of financial rewards	36%
Lack of the possibilities to promote	32%
Lack of the equal opportunity for employment	26%
Possibilities of values my competencies	26%
Quality of the relationship with others	11%

Table no. 2
The doctors' reasons for decision to don't return

Reasons for decision to remain there	Percent
Working conditions	57%
"People mentality"	53%
Salary level	47%
Difficult access in the system	32%
Friends	21%
The feeling of being home in the receiving country	15%
Lack of the opportunity to promote	11%
The doctors' work is not recognised itself	11%
Family / Children	11%
Others (general standard of living)	4%

Table no. 3
The main doctors' reasons to return in the country

Reasons to return	Percent
Friends/Family	43%
Feeling of "being home"	36%
The desire to share to others their knowledge	11%
The desire to contribute to system change	11%
Other (studies)	4%
Cultural differences	4%

Table no. 4
Emigration benefits for the the receiving country

The perceptions of receiving-country benefits	Agree
Well-prepared specialists	89%
Motivated specialists	96%
Money	36%
Lack of specialists	89%
Needs caused by demographpic reasons	26%
Participation in economic growth	4%

Table no. 5
Personal benefits for doctors who emigrated

Perceptions of personal benefits	Very important and important
New medical knowledges	100%
Professional recognition	100%
Higher level of salary	85%
A better social status	79%
Respect of the others	74%
Possibility of applying better job practices	74%
A better future for children	57%
Other reasons	4%