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## CONTEMPORARY EMIGRATION THREAT TO THE COUNTRY'S HEALTH CARE SYSTEM

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**Annotation.** Migration of health professionals has been an object of much policy discussion in the global context for many years, however, in Lithuania it is a new phenomenon. This article discusses the migration of health professionals issue in the context of free movement of persons after the EU enlargement. On the one hand, free movement of persons is an optimum condition for political, economic, social and cultural transformations within a society, but, on the other hand, the loss of human capital because of emigration of highly-skilled people and migration of health professionals can have a negative long-term impact on the further development of the country. The consequences of migration of health professionals in Lithuania are perceived rather negatively. External migration of Lithuanian health professionals is seen as a loss of investments made in the process of preparing healthcare personnel. Medical or healthcare related studies are expensive and they are offered to Lithuanian citizens for free, whereas the skills and knowledge passed to students may be used in other countries, where work opportunities are much better than in Lithuania. The EU framework within which Lithuanian health professionals move at the moment may be also treated as a facilitator of decisions about mobility. However, the economic reason still prevails. Health professionals want to work and get such remuneration for their work that will allow them to live on a quite good level, without daily worries about bills, money for clothes, money to support the family, to invest in professional development. Salary of our physicians is not low, but keeping in mind, that physician's work is very hard, responsible, requiring permanent training and skills development, the salary should be yet higher. In other countries the medical professions are respected, have higher position in the hierarchy of respected professions. It is partly not the case in Lithuania, since only specific categories of health professions are respected, while others seem to occupy much lower positions in the social hierarchy.

**Keywords:** migration, health care, medical personnel.

### INTRODUCTION

Migration may be regarded rather beneficiary for Lithuanian health care system than damaging. The experience of short-term work abroad brings into Lithuania new ideas, knowledge and strong motivation to work in Lithuania as a home country after working abroad. The negative impact of migration is the fact that usually young people migrate, while older people stay, and this means higher level of expenses in the health system. If migration of health professionals does not stop, there will be a problem of the lack of specialist in the future, for the next generations. The negative impact has also migration which is one way, and which in fact deprives Lithuanian health system of qualified workers. And according to some of the experts, this is the problem of emigration of health professionals from Lithuania. The

lack of particular qualifications in the health care system cause that those who stayed work more, because they want or have to in order to achieve higher salaries, and the risk of mistakes, accidents at work may be increased<sup>1</sup>.

There may be various patterns distinguished while observing migration of Lithuanian health professionals. However, leaving Lithuania in order to work abroad also took place before the EU enlargement in 2004. Of importance was also the economic aspect of this mobility, however, the cost of emigration at that time might be higher, and thus the expected profits from migration could be not as much attractive as in the framework of freedom of movement and work within the EU after the accession<sup>2</sup>. One of the patterns assumes that health professionals join their families or spouses already settled abroad or spouses who found work abroad. Another scenario assumes that spouses performing the same or similar (medical) profession accompany their partners. They may also decide to leave their country together. Therefore, migration appears in a context of a family. However, for young people it may be rather individual project, whereas the course of emigration episode may strictly depend on whether a young health professional decides to establish a family abroad or not and whether the relationship is built with a co-national or natives from the country of destination<sup>3</sup>.

The policies, which indirect influence health workers migration, are the following: labor policies; affecting the working conditions in general, job security, employees' rights, etc.; development policies; which affect labor market and economic development in the country; health care policies; health care reforms, which affect numbers of health care personnel and also health workers content with health system organization and management.

**Purpose** of this article – to threats posed by emigration to the country's health sector. The **object** of the present research is the emigration of health professionals and present arguments of this phenomenon. Scientific **methods** are applied, these are: systematic analysis, historical, synthesis, comparative, philosophical.

## EMIGRATION OF HEALTH CARE PROFESSIONALS

Similarly as in other countries of the region, there is no data on exact numbers of emigrated health professionals available. Any estimation is extremely difficult due to, among

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<sup>1</sup> International Migration of the Lithuanian Population. The Department of Statistics to the Government of the Republic of Lithuania. Vilnius, 2009.

<sup>2</sup> Dussault G.B., James Sermeus W., Padaiga Ž. Assessing future health workforce needs. Copenhagen : World Health Organization; The European Observatory on Health Systems and Policies, 2010. 35 p.

<sup>3</sup> Pukas M. Lithuanian Health-Care Professionals Migration Study [thesis]. Kaunas, Kaunas University of Medicine, 2008.

others, unregistered flows of health professionals as well as legal and illegal involvement in work performance in countries of destination. The most popular destinations for Lithuanian health professionals include Sweden, Norway, Denmark, Germany, the United Kingdom, and the USA. These countries are characterized by high level of wages, perceived better social security, satisfactory working hours, clearer organization of work and more attractive opportunities to increase qualifications. Recruitment agencies, family and friendship ties as well as social networks in these countries play a significant role, too. It is important to emphasize the role of family status, professional experience, previous migration experience or experience of studies abroad in decisions on migrating or not, which may be particularly observed in individual stories of migrants.

The EU framework within which Lithuanian health professionals move at the moment may be also treated as a facilitator of decisions about mobility. However, the economic reason still prevails. Health professionals want to work and get such remuneration for their work that will allow them to live on a quite good level, without daily worries about bills, money for clothes, money to support the family, to invest in professional development. Salary of our physicians is not low, but keeping in mind, that physician's work is very hard, responsible, requiring permanent training and skills development, the salary should be yet higher. Physician's expenditure are higher, because they should buy new literature, look decent, attend cultural events, finally, they need the own home here and now. Inadequate, since too low, remuneration for medical professionals is accompanied by insufficient respect for some medical specialists. In other countries the medical professions, such as physicians and nurses, are respected, have higher position in the hierarchy of respected professions. It is partly not the case in Lithuania, since only specific categories of health professions are respected, while others seem to occupy much lower positions in the social hierarchy. Although medical field is regarded professional area requiring high qualifications, some occupations are respected to a significantly lower extent than others, like surgeons or oncologists. The only thing that "spoils" the prestigious image of physicians is actually bribe taking that is frequently associated with this medical profession. In general, the low respect for medical professions may also affect the atmosphere of work in the country and motivation to migrate and start working abroad. In case of nurses, more responsibilities followed by higher salary may mean more respect expressed by the decision makers and patients.

According to the Economic migration regulation strategy, competence of the Ministry of Health in the migration policy implementation includes two tasks: increasing of health care

workers' wages and development of health care professionals working conditions. The Ministry of Health aims to decrease emigration of medical workers. On 15 October 2004 the Minister of Health signed an order approving the Strategy for Implementation of Goals and Objectives of the Health Care Reform. The vision of strategy anticipates that with the improvement of the overall economic situation in the country and development of the EU integration processes, funding of the health care system will increase, medical equipment would be upgraded and working conditions for health care workers would improve as well as their remuneration would increase. This plan provides for the increase of salaries of medical workers as one of the four priority activities. The remaining three activities are the public, especially children and youth, health promotion, education, disease prevention; improving health care quality and early diagnosis of diseases; restructuring of health care system. In 2008 the new Health Care Institutions bill version as well as amendment projects of separate articles of the Health System Law were prepared. These projects aim to fill the gaps in the legislation related to functioning of health care institutions work in order to eliminate ineffective and impracticable provisions of the legal acts. The Health Insurance Law's amendment bill was also prepared in 2008 and this project introduces a separate health insurance contribution through the separation of this contribution from the formerly personal income tax. The above mentioned policies may have an impact on the condition of the health system in Lithuania and consequently on the conditions of work experienced by health professionals, their salaries and possibly their decisions on migration<sup>4</sup>.

In general, migration of health professionals is a loss for the Lithuanian society and the healthcare system, since educating health professionals was very expensive, and if they emigrate, the investments made to qualify health professionals are perceived as lost. In some areas of healthcare there are also shortages of specialists. Migration of health professionals may be also the result of the lack of adequate calculation of the demand for health professionals. The universities in Lithuania prepare too many new physicians and other medical specialists, who then cannot find the job or who are dissatisfied with the salary and then they decide to migrate. It seems that entering the profession after completing studies or other levels of education may not be easy for the health professionals. Emigration of health professionals from Lithuania has become intensified in recent 5 years, which is rather linked

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<sup>4</sup> Padaiga Ž., Pukas M., Starkienė L. Awareness, planning and retention: Lithuania's approach to 395 managing health professional mobility: Chapter 14 / in Health Professional Mobility and Health Systems: Evidence from 17 European countries / Edited by Matthias Wismar, Claudia B. Maier, Irene A. Glinos, Gilles Dussault, Josep Figueras; World Health Organization - WHO. Regional Office for Europe; Observatory Studies Series 23. Copenhagen: WHO Regional Office for Europe, 2011.p. 395-417.

to the Lithuania's accession to the EU. Health professionals in Lithuania noticed that in this period their colleagues and acquaintances started thinking about migration and some of them actually left Lithuania. In many cases this was supposed to last relatively short and was aimed to earn money that would then constitute a reserve after the return to Lithuania. However, in some cases this experience was prolonged and not planned long-term or permanent migration became the part of health professionals' lives. All in all, despite many disadvantages migration seems to be not the very first measure to improve someone's living condition or professional status. Migration is not so simple process, when during one day you pack the luggage and go. It is a whole process beginning in the head. Till physical act of migration there is a very long period. The period of thought is very hard. And this is why foreign healthcare system offering much more attractive conditions of work must also wait for Lithuanian health professionals and will be attractive enough for the minority only.

According to available data and qualitative research the most popular destination countries for Lithuanian health professionals include Sweden, Norway, Germany, and the United Kingdom. These countries are characterized by high level of wages, better social security, satisfactory working hours, clearer organization of work and better opportunities to increase qualifications. Recruitment agencies from these countries are playing a significant role as well. They are looking for health professionals through job offers in specialized medical journals and websites as well as through direct contacts with health professionals who might be interested in taking up jobs in other countries<sup>5</sup>. The mentioned destination countries are also developed countries with high living standards. Norway became a country of destination quite recently, however its role as a receiver of health professionals is increasing in global terms. Of significance in decisions on migration or not as well as on decisions where to migrate are also family and friendship ties, social networks, which serve as a channel of in-formation and experience exchange. The experience of health professionals in the country of destination may play an important role in final decision making of health professionals still practicing in their countries of origin. In this context it is important to note recent activities of Lithuanian government aimed at significant increase of earnings of medical professionals. The fact that salaries were apparently raised sharply meant that the

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<sup>5</sup> Starkienė L., Padaiga Ž., Reamy J. Pukas M. Emigration of Lithuanian Physicians: The Result of EU Membership? / National health workforce: The growth of challenging trends: Papers contributed Lisbon International Symposium on health workforce (October 2008) and published with the support of the World Health Organization (headquarters and Regional office for Europe) / edited by: Jean M. Moore, Mario Roberto Dal Poz, Galina Perfilieva, Bui Dang Ha Doan. Paris: Centre de sociologie et de démographie médicales, 2008. p. 147-159.

authorities are willing not only to encourage a sufficient number of health professionals to stay in Lithuania, but also to stay in the profession. In fact, migration to other professions, also in the health care system, has constituted a significant problem for the sector. One of the trends of the mobility within the sector was related to leaving, for instance, public health sector and moving to pharmaceutical one, where the salaries and conditions of work seemed to be more attractive for health professionals. And, actually, the estimated maximum flow concern the medical drain by the pharmaceutical sector, where work is better paid and where a very active recruitment approach is applied. However, the flow to pharmaceutical sector concerns more young specialists who do not have workplace yet and are still searching for suboptimal, "the best", in terms of workload, payment etc., place of work. It should be noted that maximum of that flow took place about the year 2000 and presently such a direction in mobility of health professionals is almost invisible. Gradual increase in earnings is probably one of most important factors responsible for the fact that despite of very high migration potential as stated before the EU-enlargement, recent mobility of Lithuanian medical professionals remains at very low level.

An attractive factor pulling Lithuanian health professionals to work abroad may be some organizational solutions that limits the workload and make the work performance more pleasant. For instance, it is usually thought that there is too much paper work in Lithuania. In many countries there is software used, there are templates and documentation does not take so much time. There is sometimes lack of managerial skills visible. There is no need for separate migration policy encouraging or inhibiting migration of health professionals in Lithuania and there is no such existing. The issue of migration of health professionals should be addressed by the overall social policy, and this rather influences the migration processes. Primarily, the working conditions and salaries must be improved in order to make Lithuanian health professionals more attached to the health system in Lithuania. Sometimes situation of a family may be an important factor (marriage, reunification, children's well-being). If a potential destination country, having shortages in health care professionals, performs active recruitment, there are also bigger chances that Lithuanian health worker will be attracted by such actions. Additionally, physicians justify their preference for migration through motivation to work as a physician, and not as an administrator or an office worker. However, the economic motives seem to be the most important.

International migration in Lithuania is rather not a significant, high or topical, because proportion between numbers of issued certificates and numbers of health professionals who

declared their departure is low. Taking into account how many persons take certificates, how many persons are graduated yearly, how many persons retire or die, this number of emigrants is regarded ridiculous. The number of physicians who retire or die during a year is higher than number of physicians who leave Lithuania. On average 1-2 percent of all doctors leaves Lithuania per year. This number is insignificant. According to the statement of the representative of Ministry of Health, there are no data on exact numbers of emigrated health professionals, and any estimation are extremely difficult due to illegal and legal flows of health professionals as well as legal and illegal involvement in work performance in countries of origin. As a consequence, situation with statistics on mobility of health professionals in Lithuania is similarly bad as in other countries of the region<sup>6</sup>.

The main obstacles preventing migration are very high requirements in destination countries, exceeding even good qualifications obtained on Lithuanian universities. Lack of language knowledge seems to be one of the most important factors making people rather stay than leave for another country. The entry barriers for Lithuanian health professionals in Western countries of Europe are rather high, since the license itself is not enough and professional qualifications must be recognized. Of importance may be also the established, secure position of health professionals in the health care system in Lithuania. As some experts claim, health professionals may be also attached to their home country, are patriots and share idealistic vision of work in health sector. Importantly, 90 per cent of health professionals in Lithuania are women and they may be often involved in family life and running homes along with professional career. This may be the reason why they are not very mobile in both internal and international terms. After Lithuania's accession to the EU, the volume of emigration from Lithuania to EU countries increased. The main destinations are Ireland, United Kingdom, Scandinavian countries - Denmark, Sweden, Norway. These countries are characterized by high level of wages, perceived better social security, satisfactory working hours, clearer organization of work and more attractive opportunities to increase qualifications. Recruitment agencies, family and friendship ties as well as social networks in these countries play a significant role, too. The most mobile are health professionals for whom the requirement of knowledge of the foreign language is minimal: anesthesiologists, rescue specialists, surgeons, radiologist, laboratory assistant. The concrete professions and specializations are deficit in the destination countries, which mean that for instance anesthesiologist or surgeons will easily

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<sup>6</sup>Janulyte V, Puriene A, Petrauskiene J, Peciuliene V, Benzian H. International migration of Lithuanian oral health professionals: a survey of graduates. *Int Dent J.* 2011 Aug;61(4):224-30.

find a job in their profession. Other specialists prone to migration are cardiologists, surgeons, good midwives, deontologists, pathology specialists. The fact that those who migrate are usually the best qualified health professionals is very painful for the health system in Lithuania. Moreover, those who migrate are also young health specialist which is an additional loss for the Lithuanian health system. They do not see good opportunities for further development in Lithuania and are not very welcomed by older specialists who achieved some top points in their professional careers and with established position in the system they do not have so many reasons to complain on the salaries and conditions of work. In theory, young physicians are equal actors on the labour market. The problem of brain drain in the context of migration is present in reflections about health care system in Lithuania, however to a much lesser extent in the state authority representatives, who do not see any problems with brain drain if Lithuanian health professionals decide to migrate, but return, and the volume of migration to other countries is very low. Medical studies are usually free and graduates are interested in going abroad which means that money invested in their education are not returned through medical services they deliver, because they are delivered abroad. There was a plan to enforce an obligation for residents to work for some time in Lithuania until they will return the cost of education. This idea was, however, heavily criticized by young people<sup>7</sup>.

After the reduction of funding of the health system and cuts in salaries, the recruitment companies intensified their operations in Lithuania. For instance, recruitment agencies from Norway, Germany search for German-speaking mental health practitioners and family doctors. Also France and Austria answered immediately to worsened condition of the health section in Lithuania, and lowered salaries of health professionals. The issue of emigration of doctors and nurses from Lithuania is neglected by state institutions, but professional organizations tend to emphasize this subject. International migration of doctors may have positive impact on doctor's experience. International experience of returned migrant health professionals may improve working conditions and efficiency of work performance due to sharing good practices and experiences acquired abroad. Among factors encouraging Lithuanian health professionals to consider external migration there may be also the media releases in which successful stories of Lithuanian health professionals working abroad are presented. The state should control migration flows. From the state's point view, migration of

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<sup>7</sup> Labanauskas L. "Brain drain" phenomenon in Lithuania: emigration of medical professionals. *Filosofija. Sociologija - Philosophy. Sociology*. 2006, No.2, p.27-34 [in Lithuanian].



health professionals is the waste of brain and money. Interestingly, Lithuanians who migrated abroad return sometimes to Lithuania if they need medical treatment, since the standard of health care is regarded by them as satisfactory. Existing social networks play an important role in taking decisions on migration in case of health professionals. Health care workers usually run a stable, settled life, but they may decide to go abroad if they are invited by their former colleagues, already settled in foreign countries. Among factors encouraging Lithuanian health professionals to consider external migration there may be also the media releases in which successful stories of Lithuanian health professionals working abroad are presented. The state should control migration flows. From the state' point view, migration of health professionals is the waste of brain and money. Interestingly, Lithuanians who migrated abroad return sometimes to Lithuania if they need medical treatment, since the standard of health care is regarded by them as satisfactory.

Emigration of health professionals from Lithuania has become intensified in recent 5 years, which is rather linked to the Lithuania's accession to the EU. Health professionals in Lithuania noticed that in this period their colleagues and acquaintances started thinking about migration and some of them actually left Lithuania. In many cases this was supposed to last relatively short and was aimed to earn money that would then constitute a reserve after the return to Lithuania. However, in some cases this experience was prolonged and not planned long-term or permanent migration became the part of health professionals' lives. Young health professionals are often very well informed about work opportunities, salaries and conditions of work abroad. Thus, they try to make rational choices. They are goal oriented; they want to achieve stability and financial security faster and in better conditions. However, they may also be 'trapped', if they decide to use special schemes of employment abroad. It is better to be employed according to the law of the destination country and directly by the foreign employer, without intermediation of recruitment agencies, for which sending health professionals to other countries is just a profitable business, not always very beneficiary for individual health professionals. Working directly for foreign employer may guarantee better conditions of work, higher salary, and full social security due to local laws. On the other hand, among migrating health professionals from Lithuania there are persons with relatively stable and satisfactory position in the native health care system, middle-aged, with adult children. For them migration, especially short-term, to a particular destination, on a known basis, is a kind of valuable experience and a way to acquire savings. It seems that in the case of this group the role of recruitment agencies may be much bigger than in the case of young health

professionals whose choices may be more spontaneous and based on their social capital. However, the latter one is not neglected by more experienced health professionals.

One of the pulling factors for Lithuanian health professionals could be also the legal and organizational aspect of taking up jobs in healthcare systems abroad. Along with the Lithuania's accession to the EU, work opportunities abroad became much wider for Lithuanian health professionals. The procedure of recognition of qualifications took much less time, which made work abroad more attractive. Possibility to find job on someone's own seemed also very promising and might encourage people to start changes in their professional careers, even if they seemed to be not so intensive. Young health professionals are sometimes encouraged by their friends and acquaintances to migrate. They are informed about great opportunities of work and professional development abroad. Simultaneously, they are encouraged to learn languages and to use the services of recommended recruitment agencies.

In some cases these are family reasons that constitute the most important factors prompting health professionals to leave their country. Thus, spouses, siblings or parents already based abroad or having residence permits in particular countries were sometimes the reason of decisions made by health professionals on staying abroad rather than coming back to Lithuania. Although such decisions assumed only short-term stay, it often occurred that health professionals stayed abroad much longer. It was primarily assumed that Lithuanian health professionals decide to leave for another country if they had a very concrete, attractive job offer abroad. If their spouses also worked in the health care sector, it was more probable that they decided to migrate together or with the company of their families, namely children. Young people who have "nothing to lose" did not search for jobs in Lithuania and tried to initiate their professional career abroad. They usually migrated alone and were ready to stay longer. Simultaneously, opposite patterns could be observed among older health professionals, with established professional position and with one's own families based in Lithuania.

The most important positive aspects of work abroad are usually salaries along with satisfactory working conditions, including time of work. Lithuanian health professionals appreciate the fact that they may work on regular basis, e.g. 7.5 hours a day, having good conditions and atmosphere of work. Relationships and mutual respect among the healthcare personnel abroad means also much to Lithuanian health professionals, who are usually adjusted to certain hierarchy in healthcare system in Lithuania and to very low respect for other professions than physicians. Health professionals who decided to work abroad

permanently describe their experiences from work in the Lithuanian healthcare system from their new perspective. Importantly, the picture of these experiences is often not positive. Practical and political aspects of this system functioning seem ridiculous. Irrational distribution of healthcare staff and irrational organization appear as the main disadvantages of the system. For the Lithuanian health professionals, first months in healthcare system abroad may be quite difficult. What is usually seen by them later as advantages, it is usually shocking at the beginning. It often relates to organization of work, hierarchy and communication channels in the system. Nevertheless, it should be emphasized that despite all the factors that seem to be very attractive abroad may not mean more than attachment to the home country. Importantly, one of the lessons learnt abroad is the fact that staying away from the home country may be an exhaustingly hard emotional work. Thus, the conditions of work and stay abroad must be really encouraging in order to compensate the missing home country, friends, family, mentality and habits.

## CONCLUSIONS

Basing on the analysis of information, it can be concluded that the healthcare system in Lithuania as a working environment is permanently improving, however the changes are not intensive enough to discourage motivated health professionals from migration. Importantly, emigration of health professionals from Lithuania is not a mass scale phenomenon. Economic motivation is an important factor taken into account in decision-making related to migration. However, of a great importance are also social, and to be more precise – family ties. Simple, individually based, calculation of potential gains and loss with regard to professional career and private life is usually an element preceding departure. Among the individual consequences of migration there may be indicated the following: financial stability, important experience acquired, improved language and communication skills and possibility of increasing specialist qualification. In a systemic perspective, the consequences of migration of health professionals in Lithuania are perceived rather negatively.

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## ŠIUOLAIKINĖS MIGRACIJOS GRĖSMĖ ŠALIES SVEIKATOS PRIEŽIŪROS SISTEMAI

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### Anotacija

Straipsnyje Lietuvai aktuali sveikatos priežiūros specialistų emigravimo problema nagrinėjama Europos Sąjungos plėtros ir laisvo asmenų judėjimo kontekste. Nors narystė ES skatina teigiamus politinius, ekonominius, socialinius ir kultūrinius pasikeitimus Lietuvoje, aukščiausios kvalifikacijos specialistų emigracija gali turėti ilgalaikį neigiamą poveikį šalies plėtrai, todėl Lietuvos sveikatos priežiūros specialistų migracijos pasekmės yra suvokiamos gana neigiamai, nes prarandamos investicijos, kurios buvo skirtos sveikatos priežiūros personalo rengimui šalies poreikių tenkinimui. Sveikatos priežiūros specialistų rengimas yra gana brangus, o studentų įgytos žinios, įgūdžiai ir kompetencijos gali būti panaudojamos kitose šalyse, kur medicinos specialistams yra sudaromos geresnės ekonominės-socialinės sąlygos savo profesinių galimybių realizacijai. Lietuvos sveikatos priežiūros specialistų migraciją dalinai sąlygoja ir Europos Sąjungos direktyvų remiamas specialistų mobilumo tarp šalių principas. Lietuvoje parengti sveikatos priežiūros specialistai kitose šalyse yra laukiami, jiems sudaromos geros darbo ir gyvenimo sąlygos, jie gerbiami ir turi aukštesnę poziciją visuomenėje. Šiuo metu sveikatos priežiūros specialistų atlyginimai nėra maži, tačiau turint omenyje, kad medikų darbas yra labai sunkus, atsakingas, reikalaujantis nuolatinio mokymo ir įgūdžių plėtojimo, atlyginimas turėtų būti dar didesnis. Sveikatos priežiūros specialistai nori dirbti ir gauti tokį atlyginimą už savo darbą, kuris leistų jiems gyventi pakankamai oriai, galėtų išlaikyti šeimą ir dar investuoti į profesinį tobulėjimą. Tai ypač svarbu jauniems specialistams, todėl ir tikėtina, kad ekonominės priežastys dažnai ir lemia specialistų emigraciją.

**Pagrindinės sąvokos:** migracija, sveikatos priežiūra, medicinos personalas.

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