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## **MEDICAL PROFESSIONALS' EMIGRATION: CONTEMPORARY TRENDS AND ALSO THREATS IN LITHUANIAN HEALTH CARE SECTOR**

**Antanas Janusauskas**

*Faculty of Public Security, Mykolas Romeris University*

### **Abstract**

*After Lithuania's independence restoration, emigration from this country started and is still one of the most important social phenomena in Lithuania. 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 might 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 might 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:** emigration, health care, medical personnel, EU, Lithuania

**JEL classification:** I1, J6, J8

### **Introduction**

After regaining independence, Lithuania started the reforms in the health care system focused on improving population's health, establishing consumer choice and improving the quality of care. In order to conduct the planned reforms, it was necessary to replace the old model based on narrow specialties with one of integrated primary care focused on general practitioners. The reforms of the health system occurred alongside major structural changes in Lithuania (see Veryga et al., 2009).

Migration might 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 might be increased. There might 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 thereby 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 (see Dussault et al., 2010). 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 might also decide to leave their country together. Therefore, migration appears in a context of a family. However, for young people it might be rather individual project, whereas the course of emigration episode might 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 (see Pukas, 2008). The policies, which indirectly influence health workers migration, are the following: labour policies (affecting the working conditions in general, job security, employees' rights, etc.); development policies (which affect labour 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).

Along with the EU enlargement a new phase in labor emigration from the East Europe States has started (see Glinos et al., 2011). As in other countries of the region official data on migration do not reflect the real scale of international mobility and this is mainly due to very restrictive definition of migrant applied. Similar to other countries of the region, there is no data available on exact numbers of health professionals who emigrated (see WHO report, 2006). Any estimation is extremely difficult due to illegal and legal flows of health professionals as well as legal and illegal involvement in work performance in destination countries (see Dussault, 2012). According to international databases, migration rates of Lithuanian physicians equalled 0.016% all registered and practising physicians in Lithuania. At the same time, migration rates for other countries of the region were much higher; in case of Poland it equalled 0.055%, for Hungary 0.064%, for Slovakia 0.039% and for the Czech Republic 0.036% (see European Commission 725 final report, 2008). Emigration of health professionals from Lithuania and from the East Europe States has become intensified in recent 5 years (see Siyam et al.).

This article focuses on the problem of medical professional's emigration from Lithuania. The objective of this paper is to highlight the complexity of the causes and the consequences of medical professional's emigration from Lithuania and present arguments of this phenomenon. The following methods of investigation have been applied: analysis of scientific literature, analysis of documents. In general, this study was divided into two main research problems. The first one was focused on the health care system in Lithuania as working environment. The second problem concerned the patterns of mobility of health professionals from Lithuania.

### **Essential health care system reforms in Lithuania**

Major problems faced by the Lithuanian health care system are the lack of funds for the health sector and the continued orientation of health services towards specialized and hospital

services, despite continuous efforts to attract attention of both patients and health service providers to the importance of primary health care. There is also a problem of disproportionate development of particular sectors in medicine, harmful competition between medical centers in the biggest Lithuanian cities and not effective management. Despite some positive changes, there is still lack of long-term vision of health system development and reforms. Due to changing governments many initiatives are discontinued, and in fact efforts are wasted. Health services delivered to patients are covered from Compulsory Health Insurance Fund by Patients' State Fund. Patients should not pay for health services from their pocket directly, since the health insurance tax they pay is directed to Patients' State Fund and these are health care units that claim money from this fund. Total expenditures on health constituted about 5.8 per cent of GDP. The health insurance system is based on a combination of insurance contributions and tax revenues. The private health care services are mostly outpatient services and they are paid for out-of-pocket. The health sector includes 5-7 per cent of private capital. Creating of opportunities for introduction of voluntary insurance and creating framework for establishing private health care units are regarded main challenges for the Lithuanian health system. This is believed to allow for increasing the level of health system funding, improvement of health services accessibility and quality. As for now, due to the lack of clear policy of health care financing as well as lack of private insurance, the health care system in Lithuania is expensive and to some extent irrationally managed and organized.

The condition of health system in Lithuania requires some improvements, especially in the area of management, organization, health service quality. Undoubtedly, this system is based on highly specialized personnel, which is a big advantage of the system, however not always used adequately. Disproportionate development of particular sectors of medicine might be regarded as a serious problem of Lithuanian health system. Another problem of the Lithuanian health system is the necessity to make difficult, painful choices between juridical, bureaucratic issues and patients' interests. In general, health professionals do not have problems with unemployment. Despite the low level of funding, insufficiently developed private health sector, persistence of factors inhibiting the introduction of voluntary health insurance, the health system in Lithuania has still several strong points distinguishing it against other European countries: higher than in the wealthiest EU countries level of involvement of patient organizations, well developed legislation regarding health system, respect for patients' rights (but underdeveloped legislation concerning health professionals' rights as employees). However, sometimes due to inadequate implementation of regulations or simply due to irrational organization and management of the health system, accessibility of medical services remains unsatisfactory (see Jankauskienė, 2009).

As far as admission of foreign health professionals is concerned, in theory Lithuanian authorities do not put any special entrance barriers, apart from the procedure of recognition of qualifications. Thus, if a person might be admitted to the territory of Lithuania, he or she may also start economic activity in the health sector in Lithuania as soon as his or her competences and qualifications are recognized according to the state and EU rules. Lithuanian language knowledge would be undoubtedly an asset, and without language competences practicing in the health care sector might be very difficult and may make contact with patients and being trusted impossible. Nevertheless, both the society and the authorities are not very much open towards immigrant health workforce. The key stakeholders interviewed in the project, are convinced that only migrants from the East would come to Lithuania, because only they would be able to accept very low salaries. Other foreign health professionals are present in the health care system only for a short time, or they decide on long-term engagement with the Lithuanian health care system if they have established families in Lithuania. In general, doctors are not satisfied with working conditions, they feel

insecure, especially if medical mistakes are concerned. Conditions of work depend on financial policy, and intention to save money usually affects working conditions. The managerial skills are also of importance in this context. Working time is not well regulated. The working hours are established but the real working time of physicians usually depends on the number of patients to be served. Physicians usually work more than they are required to do or they leave work earlier and provide medical service elsewhere. Since 1st October 2009 the minimum working time for full-time staff accounts for 38 hours a week. In fact, working time of physicians was lengthened but the salaries remained at the same level. The level of preparation, education of medical staff might be assessed positively. This might be confirmed by the fact of high interests in employing health professionals educated in Lithuania by employers from foreign countries. In the context of rapidly developing medicine, Lithuanian educational system relatively well manages to update and refresh the content of medical courses. Physicians have to renew the licenses every 5 years. Accreditation Office under the Ministry of Health issues the licenses. Due to the strict requirements for licensing, Lithuanian licensed health professionals are regarded highly-qualified. In Lithuania, there is an attitude towards medicine as a field of lifelong learning. Lithuania prepares sufficient number of health professionals. The minor exceptions would be mental health specialists, for whom the demand is higher than number of educated specialists of this kind. Also more public health specialists will be required in Lithuania in the nearest future. Due to the increasing significance of public health, resulting from high position that is granted to public health by the EU, the demand on public health specialists will increase.

With regard to the system used by policymakers for planning of the health professional workforce, it might be pointed to the “Strategic health care and pharmaceutical human resources in Lithuania planning programme for 2003-2020” approved in 2003 by the Order No. V-802 of the Minister of Health of 31 December 2003, amended in 2005. To date this planning programme is a key document on the basis of which health care staff planning policy is made. However, according to the key stakeholders there is no rational planning policy implemented. There are several inconsistencies within the system that make any planning activities difficult. For instance, universities offering education in medical or health care related subjects would like to be independent from the government and the Ministry of Health. Both universities and the governmental bodies do not necessarily agree upon the limits of admissions to medical studies and an expected demand for health professionals. There is also a lack of relevant tools to measure particular aspects of human resources in the health care sector. Nevertheless, there are some documents stating how health professional workforce should be planned. The main problems in the Lithuanian health care system are:

- inadequate organization and management of the system; lack of basic order and clarity; absence of systemic approach to health system in Lithuania; lack of adequate vertical but also horizontal management; lack of political will to make decisions; resistance to risk and take responsibility of particular decision; destabilizing work in progress through frequent changes of the government and heads of the Ministry of Health;
- disproportionate distribution of health professionals, especially physicians in the country: sufficient or even too high numbers in the cities, and shortages in the province, villages;
- relatively very low wages, making health professionals to take several jobs (which affects negatively the opportunities for professional development, further education, quality of services) or to accept informal payments; still to low level of financing and ineffective use of funds; savings on the expense of ordinary workers; too high pressure on family doctors, who are expected to have too many functions; their work makes sense only if they work with a team and in cooperation with different specialist;
- inadequate protection of doctors’ rights as employees’ rights; sense of insecurity in legal proceedings due to disproportionate law concerning physicians’ work and responsibility

(legal framework is much more favorable to the patient than to the employee); too much bureaucracy, paper work, especially in case of doctors and nurses;

- emigration of doctors and nurses, neglected by state institutions, emphasized by professional associations;

The main challenges for the health care system in Lithuania are as follows:

- introducing balanced system of health care financing; there must be an increase in the health system funding and the funds must be used and distributed rationally;
- there must be knowledge-based and empirical-based analysis of the available and required in the future human resources and technical resources in the system; applying systemic approach to the whole health care system: family medicine, ambulatory health care, nursing and hospitals;
- public policy should assure the harmonious development of all health sectors; better relationship between health specialist and the society, contributing to creating a better image of health care system should be created;
- the hospital network must be changed and there must be strengthen a primary health care; incentives for health professionals to encourage them to work in small towns should be created; the gap between elite medicine and daily health services of small towns must be decreased;
- there must be regulation of the scope of each profession's responsibilities; damage compensation law must be elaborated.

### **Reasons of migration and lessons learnt in foreign countries**

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 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 might be particularly observed in individual stories of migrants. This also prompted to study the strategies of migration (in terms of length, character, degree of organization, awareness of the future job before leaving) at individual level and all the factors (both personal and external) leading to changes of these strategies.

The EU framework within which Lithuanian health professionals move at the moment might 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 (see Padaiga et al., 2011).

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 might 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 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.

After Lithuania's independence restoration, emigration from this country started and is still one of the most important social phenomena in Lithuania. In many countries Lithuanian communities are established. Currently, the World Lithuanian Community involves 40 Lithuanian communities from various destinations. At present, more than one million people of Lithuanian origin are living abroad. There are Lithuanian communities in Poland, Belarus, and Kaliningrad Region of the Russian Federation with long traditions of cultivating the Lithuanian lifestyles in these countries. Communities of Lithuanians abroad have created a consistent system for preservation of national identity, Lithuanian schools, centers of Lithuanian culture, parish houses, various founts and archives. They also publish periodicals and books in their native language, organize ethnic festivals, and sport events. 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 (see Starkienė et al., 2008). 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 information 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 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 (much lower than number of certificates issues as well).

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. According to the experts' opinions, there should be some agreements worked out between the sending and receiving countries. Such an agreement would assume the reimbursement of education costs of health professionals (receiving country should pay to sending country). Thus health care system suffering from shortages of health professionals would pay for education of which cost is pre financed by the sending country. Among the factors encouraging migration of health professionals, there are:

- unsatisfactory wages (low wages in Lithuanian health care system in comparison to wages offered in destination countries);
- unsatisfactory workload (weak interface between workload and remuneration, particularly as compared to expectations concerning workload and wages abroad);
- unequal competitive opportunities and individual, subjective feeling that in foreign health care system the conditions are better; better funding of health care systems in other countries;
- insecure social guarantees and searching for better social conditions;

Sometimes situation of a family might 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 (see Janulyte et al., 2011). 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 might be also the established, secure position of health professionals in the health care system in Lithuania. As some experts claim, health professionals might 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 might be often involved in family life and

running homes along with professional career. This might be the reason why they are not very mobile in both internal and international terms.

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. Lithuanian health care system is not open towards students or health workers from abroad unless they know Lithuanian. In general the society is also not so open towards doctors from abroad. It is even resistant towards resident doctors. It is rather impossible to attract health professionals from abroad to periphery of Lithuania. Only single cases of health specialists from abroad, educated in Lithuania decide to stay after completing studies and residency. Usually they stay because of marriages.

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 (technician). The concrete professions and specializations are deficit in the destination countries, which mean that for instance anesthesiologist or surgeons will easily 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 (see Labanauskas, 2006).

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 might 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. 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 might 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.

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 might be also, as some interviewees claim, 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 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 profit-able 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 might be much bigger than in the case of young health professionals whose choices might be more spontaneous and based on their social capital. However, the latter one is not neglected by more experienced health professionals. Migration of health professionals might 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. 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. Extremely dangerous migration is migration of narrow medical specialty, like hematologist. Of importance might be also migration of those specialties, which are not represented sufficiently in the number of trained health specialists. For instance, Lithuania does not prepare enough mental health specialists for itself, and since this specialty is not prestigious, there is also demand for specialist in mental health abroad, in the UK or in the Scandinavian countries, which may mean that Lithuanian mental health professionals might be attracted by higher salaries and better development opportunities. Postponing or giving up return may also stem from the fact that health professionals coming from Lithuania become very attached to the new place of living, feel comfortable and see the future of their families just in the destination country. More often, though, Lithuanian health professionals would prefer to work abroad only, achieve some economic stability and be able to live in their home countries. Among factors preventing health professionals from migration, which was found in both phases of the study, there are mainly:

- entry barriers in Western European countries regarded as very high;
- established, secure position in the health care system in Lithuania;
- attachment to the country and/or family based in Lithuania.

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 might be also the established, secure position of health professionals in the health care system in Lithuania. As some experts claim, health professionals might 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 might be often involved in family life and running homes along with professional career. This might be the reason why they are not very mobile in both internal and international terms. According to some experts, the role of recruitment agencies is insignificant or not yet known as far as health professionals are concerned, however in personal health services delivered abroad such agencies seem to play quite an important role. The main sources of information about job offers abroad are members of the family of friends and former workmates, colleagues. Very often information about work opportunities abroad comes from medical media, such as magazines and papers. Job offers are addressed to various professions, i.e. nurses, family doctors, surgeons, anesthetists, gynecologists.

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. However, these are the potential migrants and persons encouraging them to live who are more initiative. Active recruitment has not appeared in this study a significant element of the mobility of Lithuanian health professionals. 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 might be much bigger than in the case of young health professionals whose choices might be more spontaneous and based on their social capital. However, the latter one is not neglected by more experienced health professionals. It seems that the most important factors attracting health professionals to decide on work abroad are the following:

- Possibility to earn more and focusing on fair performance of the tasks, without rushing from one place of work to another; well-balanced working time;
- Varied offers of professional development, e.g. for young health professionals, PhD students, qualification courses, languages courses;
- Emphasis put on development on individual and global (progress in medicine as a science) level felt in everyday work through putting efforts to enable both patients and the healthcare system benefit from work performed by individual health professionals;
- Emphasis on communication skills as important element of work performance and work organization; respect for medical professions, expressed by decisions makers and the society; orientation of the healthcare system towards guaranteeing the best conditions of work for health professionals who would do their best in the process of patients treatment;
- Treatment of each patient as a process agreed upon by group of specialists, which allows in exchange of experiences and extending practical knowledge faster; opportunity to attend high-level conferences, bringing new knowledge, not only possibility to meet others and have some food; possibility to have qualifications fully and efficiently applied through proper organization of the system and work of the personnel;
- Possibility to experience work in other cultures; possibility to look at the experiences from Lithuania from a new perspective of work abroad; possibility to contribute to the improvement of the management in the healthcare sector, which is still not very probable in Lithuania in general, since there management in the healthcare system is based on politics rather than on evidence-based knowledge.

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 (or dual citizenship) 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 too Lithuanian health professionals, who are usually adjusted (and often tired with) 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 might 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 might 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

The emigration of Lithuanian health professionals is caused by better job opportunities. First of all, health professionals go abroad to take up jobs for fixed term. Sometimes they go to another country for educational purposes and then they find a job. However, the outflow of Lithuanian health professionals was expected to increase dramatically after Lithuania joined the European Union in 2004, due to the forthcoming free movement of employees and economic gap between Lithuania and EU. As it was already mentioned, the accession raised fears of medical “brain drain” causing severe consequences for the functioning of national healthcare system. These concerns were partly motivated by surveys of health professionals’ intentions to emigrate, which were held before the enlargement. Importantly, emigration of health professionals from Lithuania is not a mass scale phenomenon. The stories of the interviewed health professionals confirm that economic motivation is an important factor taken into account in decision-making related to migration. Moreover, migration plans change often, which may cause that primarily assumed short-term emigration, becomes a permanent one, while the expected permanent stay of successful health professional from Lithuania finishes with return to Lithuania due to attachment to home country. Health professionals with migration experience followed various paths that finally led them to work abroad. However, these are usually acquaintances, friends, colleagues or members of the family who are very helpful in passing information about the offers of work or further training abroad. It seems that personal contacts are also the main source of information about work opportunities in Lithuania as well. Among the individual consequences of migration there might 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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#### **About the author:**

Antanas Janusauskas (antanasjanusauskas(at)mrni.eu) is an Associate Professor at Mykolas Romeris University, Faculty of Public Security, Putvinskio 70, LT-44211 Kaunas, Lithuania.