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The online version of this article can be found at:

Published by:
Expert Projects Publishing House

On behalf of:
„Alexandru Ioan Cuza” University,
Department of Sociology and Social Work
and
Holt Romania Foundation

REVISTA DE CERCETARE SI INTERVENTIE SOCIALA
is indexed by ISI Thomson Reuters - Social Sciences Citation Index
(Sociology and Social Work Domains)
The Medical Migration: Experiences and Perspectives of Medical Students for the Professional Career

Elena TOADER¹, Lucian SFETCU²

Abstract

The purpose of this paper is to present a short overview over the determinants and implications of medics’ international migration and to determine if the international migration of medics can be considered a predictable phenomenon, from the Romanian medical student’s perspective. The study has been conducted on a group of students from the University of Medicine and Pharmacy “Gr. T. Popa” from Iași, Romania. The research was conducted on an availability sample of 158 students from the 3rd to 6th year of study, which responded to an auto-administrated questionnaire. The results are in accordance with the results of other similar studies, namely that students are considering international migration to more developed countries as an option for their career development.

Keywords: international migration; medics’ migration; medical students; career perspectives; pull factors; push factors.

Introduction

Globalization, one of the most discussed and analyzed concepts of our days, refers to the economic exchanges between national states, the international exchange of ideas, products, cultural aspects etc. Financial transactions, exchange of goods and migration across national borders have been enhanced by the new communication technologies, demographic and social changes that took place at a rapid pace after the Second World War and, mostly, after the development of world wide web (Gardezi, 2011). The international migration of the workforce is

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considered to be a very important component in the process of globalization and, despite the fact that it is not a new phenomenon, it continues to raise problems both for the source and for the destination states. Therefore this phenomenon has a great impact on all the actors involved in the process. Consequently, a considerable rise of multilateral initiatives with the purpose of administrating the migration phenomenon has been noticed since the early 90’s (Nicolăescu, 2010).

In order to manage migration more effectively, policy makers in both the receiving and sending countries should change their view on the migration from the perception that migration is a one-way permanent flow from poor to rich countries, to a more accurate and actualized one, in which many migrants are willing to return home after a period of working abroad (VSO briefing: the perspective from Africa, 2010).

Background

In Romania, as much as in other states, people leave the country because of their economic difficulties. They choose to temporary or decisively emigrate in search for better working conditions and living standards, not only for them but also for their families; most of them are from 26 to 40 years old (Pivodă & Boarcă, 2009). Emigrants represent, most of the times, an achievement for the receiving states; for the sending countries, on the other hand, they are considered to be a deficiency that reflects the economic inability of that certain country to offer not only better workplaces, but also better earnings so as to reward their performance level (Toader, 2012). Romania is among the sending countries, its economy being less developed with a small offer of development opportunities. Specifically, the economic and political transition that Romania has encountered since 1990 lead to poverty growth, especially in certain regions; consequently this fact accelerated the illegal migration phenomenon towards western states (Nicolăescu, 2011). The negative consequences of outward migration, for Romania, are firstly economical, followed by social and demographical issues, all of these being particularly emphasized by the emigration of highly educated professionals. If measures were to be taken, the economic growth and certainly, the development of new workplaces if adequate rewarded, could diminish the emigrant’s number and could even encourage the arrival of those who already emigrated (Pivodă & Boarcă, 2009).

The international migration of medics and, in general, of the medical staff, has been getting a growing amount of attention in the last years, mainly because of the poor number of qualified specialists in this field. “Human resources for health are among the most important elements of the healthcare system of any country as the quality of delivering health services depends primarily on the performance of providers” (Deressa & Azazh, 2012: 69). In general, the most industrialized states
have an open-door policy and attract the medical staff from undeveloped countries (Bach, 2003). Because of its statistical dimensions, tendencies and socio-economic implications, the migration of medics’ topic got an increasing amount of attention, especially for the better acknowledgement and administration of the phenomenon, and established new research directions (Vlădescu & Astarastoae, 2012). The actual social context, where the information about the content and dynamics of the phenomenon is freely available to everyone, is playing an important role in the construction and development of representations about it (Cojocaru, 2012). An important number of studies that took place within the European Union, focusing on the resident doctor’s situation (Corea & Bacigaluppi, 2010; Hooker et al., 2003; Visser, Smets, Oort, & De Haes, 2003), revealed a poor level of work satisfaction in the Southeastern European states, due to the lack of resources from hospitals and universities, and also because of the non-concordance between the big amount of work required and low salaries. On the other hand, the answers from the Northwestern European countries confirmed a higher level of work satisfaction, even if the amount of work and stress does not differ significantly from the southeastern countries; in these states, the wage system, the professional development opportunities and the wellbeing levels are the factors that determine the difference in attitudes. One of the most decisive factors that leads to discontent among the resident doctors is the poor financial status (Corea & Bacigaluppi, 2010), the general work conditions, the health system or, simply, need of health professionals in the more developed countries (Vujicic, Zurn, Diallo, Adams, & Dal Poz, 2004).

In the last few years, the migration of young medics had a south to north direction within the European Union (Parsi, 2008), a tendency that lines up with the global trend of medical staff migration from the underdeveloped and developing countries to more developed ones (World Health Organization, 2006), a tendency that is similar to the general international migration flow, indifferent of profession or level of specialization.

In Romania, the migration of medics, due to its magnitude, is perceived as a complex impact social phenomenon, dominated by the growing number of physicians that chose to emigrate, while Romania is facing an acute lack of medical staff, being on the 31st position out of 33 states as number of medics, with a coverage of 1.9 medics per 1000 inhabitants (Vlădescu et al., 2008). The significant number of emigrant medics confirms the deficiencies found at the level of health policies, strategies and measures implemented by the decision makers; in conclusion, these measures, strategies and politics are not doing enough to convince the medical staff to practice medicine in the country (Gavrilovici, Cojocaru, & Astarastoae, 2012). All these considered, although Romania has a small number of physicians compared to the population, it only specializes 48% of the medical faculties’ graduates (Vlădescu et al., 2008). In 2008, the specialized physicians in Romania had a medium wage of 1.5 - 2 times more than the medium
national wage, while, at the international level, a proper income of a specialized physician was rated at about 3 times the national medium wage (Vlădescu et al., 2008). Romania’s integration in the European Union led to several challenges for the state and an important number of attempts have been made to address the problem of medics’ migration in an effort to control the phenomenon in the benefit of the country. Both, the present state of facts and the foreseeable future, are leading to the consideration of medic’s migration as being a natural phenomenon with major implications at the academic level, considering the growing interest of medical students for practicing abroad. In this context, we are trying to capture the way in which the medics’ migration is perceived among medical students, given the relevant existing information for this phenomenon. The approach of this theme in the academic space, at the student’s level, advances the debate on the migrating interest, the predictability and the perspectives, for constructing the medic’s career.

The purpose of this paper is to present a short overview of the determinants and implications of medics’ international migration and to determine if the international migration of medics can be considered a predictable phenomenon, from the Romanian medical students’ perspective. In order to maximize the importance of the obtained information, we systematized and analyzed the information offered by the students related to the option to migrate, so as to highlight the positive and negative meanings associated with the phenomenon.

The causes and implications of medics’ migration

There are many reasons for physicians’ migration to other countries, the economic ones being predominant. The perspective of a better life style, their own and their families security, the professional satisfaction and the career development possibilities are also important reasons when the decision to emigrate is being considered (Hallock, Seeling, & Norcini, 2013). Even though these reasons are not exclusively linked to medics, but are general determinants of migration, the physicians are looked at in a particular way due to their costly education, provided by their states, which they are receiving (Dwyer, 2007), this aspect being relevant especially for the underdeveloped or developing countries (Nullis-Kapp, 2005).

Some authors believe that „aside from the effects of physician migration on the health care systems in many developing countries, it is morally problematic that poor countries invest their scarce economic resources in the education of physicians who later emigrate to wealthier countries” (Astor et al., 2005, p. 2498); Dwyer categorizes as unfair this phenomenon: „although this global migration benefits the destination countries, it seems terribly unfair. Some of the wealthiest and healthiest societies are pulling health care professionals from poorer and
sicker countries, leaving them with substantially fewer health care workers to attend to enormous health needs” (Dwyer, 2007; Vujicic et al., 2004). In Romania, “the unsatisfactory working conditions, the lack of adequate stimulants and the professional promotion system are determinants of a discouraged work force, an important percent, mainly among the youth, wishing to emigrate” (Vlădescu et al., 2008, p. 52). There had been discussions and initiatives for adopting ethical recruitment codes to limit the damages caused by “brain drain”, initiatives that would have taken into account the negative impact of medics’ migration in the source countries. These initiatives had, unfortunately, no notable success in the recruiting countries due to no interest of making such formal commitment of compensating the source countries in any way, nor to repatriate the medical staff (Nullis-Kapp, 2005).

According to migration theories, there are two kinds of determinants that are pursuing people to emigrate, called „push” and „pull” factors (Ahmad, 2005; Buchan & Dovolo, 2004; Buchan, Parkin, & Sochalski, 2003; Rutten, 2007). According to Eastwood et al. (2005), among the push factors we can list the following: lack of opportunities for postgraduate training, underfunding of health-service facilities, absence of established posts and career opportunities, poor remuneration and conditions of service, including retirement provisions, governance and health-service management shortcomings, civil and personal security. Other authors are including in this category factors like poor working conditions (access to water, electricity, supplies, equipment and drugs), limited academic opportunities and political instability (Huntington, Shrestha, Reich, & Hagopian, 2012). In the pull factors category, Eastwood et al. (2005) are considering: opportunities for further training and career advancement, the attraction of centers of medical and educational excellence, greater financial rewards and improved working conditions, availability of positions, often combined with active recruitment by prospective employing countries.

For better understanding the pull and push factors that determine medics’ migration at the global level, a significant number of studies analyzed the opinion of medical students in donor countries (Akl et al., 2008; Ferrinho et al., 2011; Hagopian et al., 2005; Rao, Rao, & Cooper, 2006; Sousa, Schwalbach, Adam, Gonçalves, & Ferrinho, 2007). The main question of these studies and ours is: to what extent the option to migrate is taken into account by medicine students.

Methodology

As data gathering tool for exploring the importance of medics’ migration, from the medical students’ perspective, we used a questionnaire designed to collect data about the students’ knowledge, contexts, information sources and the most important aspects, from their perspective, regarding medics’ migration. The
answers provided us with data about the students’ information sources in their quest of accumulating information about medics’ migration, the degree of closeness to people which had direct experiences of medics’ migration (members of their nuclear and extended family who migrated, people from their group of friends and acquaintances who migrated). Moreover, the students counted down several terms which they associated with the Romanian medics’ migration.

The target population of our study consisted of the 3rd to 6th year students from the University of Medicine and Pharmacy “Gr. T. Popa”, Iasi. The sample consisted of 158 students from all 4 years of study. The justification of this group choice is sustained by the results of the job trade “Careers in white”, which show that the perspective of practicing medicine in another country is seriously considered by an important number of students which acquired some experience with the educational and health system in Romania. The students are credited with the capacity of understanding the information available in the public space about medics’ migration and with the capacity of transforming the scientific content of the information, becoming a source of information that can explain, to a certain extent, if and why the option to emigrate is considered by a large number of students. We tried to highlight the significations attached to this phenomenon by analyzing the positive and negative associations that students made about the medics’ migration phenomenon.

The data obtained was analyzed as to explore the suggestive meanings from the pool of terms associated by the students with the physicians’ migration phenomenon. The statistical data about the knowledge, context and information sources have been grouped into descriptive categories. The answers have been associated with positive or negative significations provided by the students, concerning the medics’ migration. In this sense, we aimed to analyze the terms associated by the students with this phenomenon, concerning their symbolic value, considering that the way in which the students process the information and formulate their opinion about medics’ migration is conditioning the signification of the details we obtained.

**Discussion**

**The students’ interest for the physicians’ migration phenomenon**

The study results reveal that medical students, from 3rd to 6th year of study have a proper, well informed opinion concerning the phenomenon; this conclusion is based on the fact that all respondents had a considerable amount of knowledge about the phenomenon. The students took their information about medics’ migration from different sources and in different contexts, the most important source
of information being the internet (56%). The personal context where the information about medics’ migration were received, emphasizes both the type of collectivity in which the student is integrated (the academic environment), and the impact of the reference group (family, friends, colleagues etc.) on the student. In the absence of personal experiences, the students learn the presented or suggested information about the phenomenon and, afterwards, they equally share information with other members of their groups. The close observation of the mode in which the information is gathered from the “common sense” space, offers a potential through which it can be explained how the students’ tendency to internalize certain kinds of comportment varies according to the comportment and characteristics of the group (Cojocaru, 2005). Therefore, in the figurative layout of medics’ migration, linking the information about the phenomenon to the cultural background of the students, transforms the perceptions extracted from the public space into representations with meanings similar to natural and predictable facts for the actual building of the medics’ career.

Students’ interactions with physicians’ migration

Most of the students (90%) achieve information about medics’ migration from their proximity, consisting of friends or relatives. Only 39% of the interviewed students have direct access to information about medics’ migration coming from theirs close family (parents, brothers/sisters, grandparents). Given the fact that the origin of medics’ migration representations is found within the context of existent relationships and the experiences concerning migration are often evoked, this leads to the representation of migration as a natural phenomenon. It can be affirmed that, in the process of constructing one’s personal representation layout about medics’ migration, one starts from the existence of certain influential factors (information, level of knowledge about medics’ migration and the valorization of others’ experiences with medics’ migration), taking also into account the effects that are linked to these factors’ presence.

Subjective meanings associated with the medics’ migration phenomenon

An important body of information has been obtained about medical students’ perception concerning the medics’ migration phenomenon by analyzing the answers to the open question through which they were asked to associate characteristics with the phenomenon of Romanian medics’ migration. In a medium period of 5 minutes, there have been expressed an average of 10 characteristics. The most frequent were those referring to the financial aspects, which were, in most cases, the first characteristics presented. These results are confirming the
universality of migration’s causes, both for medics (Bach, 2003), and for other professionals (Pivodă & Boarcăș, 2009).

In 79% of cases, we noted that the opinions regarding medics’ migration were expressed through similar words, words that correspond to the migration phenomenon, with significations corresponding to values, norms and cultural traditions that students relate to. Looking at the quantitative aspect of the symbolic values in the pool of expressed terms, the most prominent ones designate the central segments of the semantic field associated with the phenomenon through representative comportments for financial aspects, health system and professional career. Following what is important for students, linked with medics’ migration, we considered that the notions are more important for students as they are repeated more often and, thus, they are more representative for the phenomenon. As a result, by synthetizing the data, we obtained three descriptive categories:

- **Financial aspects** - 19 characteristics: money, lack of money, more money, less money, low wages, to earn more money, lack of funds, higher incomes, better living conditions in other countries, poverty, wages, better paid jobs, profit, attractive salary, bonuses, necessities, deficiencies, wealth, enrichment. Financial aspects is the best described category, with a frequency of 62% of the total expressed characteristics related to Romanian medics’ migration, with a centrality on money and income, with a heterogeneous descriptive area concerning financial aspects. The characteristics with an accent on salaries are expressing important values for medical students (higher incomes, better paid jobs, attractive salary, low wages), while the extremes: poverty, wealth, enrichment are illustrating variations for the financial aspects segment, which could be considered as being characteristics from the field of solutions linked to the medics’ migration phenomenon.

- **Health system** - 10 characteristics: poorly organized system, old and improper buildings, unrewarded work, better work conditions, work conditions, promotion chances, possibilities, organization policy, hospitals endowment, inexistence of work places. Health system is the second descriptive category, with a representation share of 28% of the total expressed characteristics. This category reflects the students’ dissatisfaction towards the reference health system, the one in Romania, compared to other health systems about which they have information saying that they are different, and the option toward these other health systems being obvious for the students.

- **Professional career** - 6 characteristics: education, performance, knowledge, satisfaction, practice, experience. The Professional career has a reduced representation (12%), but with a powerful signification provided by the power, force and universality of the expressed characteristics for
medical career. We consider that, through their structural values, these characteristics are not to be analyzed only by their frequency of appearance, but also by determining their importance in the pool of characteristics expressed. In any health and education system, words like education, performance, knowledge, practice, experience, are considered to be defining for professional career through their symbolic values. In this context, the professional career expresses the symbolic structure from which the sense of medics’ migration phenomenon takes its roots.

Furthermore, these characteristics, through their frequency, are designating the space of characteristic variables of the phenomenon’s representation, as seen by the students, which corresponds in theory to the pull and push factors.

The dominant categories associated with the push and pull factors, through their high frequencies, are indicating their capacity of highlighting the essence of the phenomenon’s representations and their symbolic values. The images represented by these categories have a suggestive force that expresses the links between information, knowledge and the social role of the phenomenon that implies persons, institutions and events.

Medics’ migration – positive and negative characteristics

In the last part of the analysis we grouped the characteristics expressed by students in two categories so as to describe positive and negative significations associated with Romanian medics’ migration phenomenon, by means of the importance given by the students to the phenomenon.

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<tr>
<th>Frequent characteristics</th>
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<tr>
<td>Financial aspects</td>
<td>dominant push</td>
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<tr>
<td>Professional career</td>
<td>dominant pull</td>
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<tr>
<td>Health system</td>
<td>dominant push</td>
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<tr>
<td>Spontaneous characteristics</td>
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<tr>
<td>Enrichment</td>
<td>attraction (pull)</td>
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<tr>
<td>Wealth</td>
<td>attraction (pull)</td>
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<tr>
<td>Property</td>
<td>attraction (pull)</td>
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<th>Pull factors</th>
<th>Push factors</th>
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<tr>
<td>Financial aspects</td>
<td>Financial aspects</td>
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<tr>
<td>money, more money, to earn more money, higher incomes, better living conditions in other countries, wages, better paid jobs, profit, attractive salary, bonuses, wealth, enrichment.</td>
<td>lack of money, low wages, less money, lack of funds, poverty, necessities, deficiencies.</td>
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<tr>
<td>Professional career</td>
<td>Health system</td>
</tr>
<tr>
<td>education, performance, knowledge, satisfaction, practice, experience.</td>
<td>poorly organized system, old and improper buildings, unrewarded work, better work conditions, work conditions, promotion chances, possibilities, organization policy, hospitals endowment, inexistence of work places.</td>
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</table>
In the above table it can be noticed the flexibility of the descriptive categories, which are exposed to contextual and/or temporal changes, and also to the type of event that generated the association type, found in the migration phenomenon’s causes. For this instance, the descriptive categories for the health system and the financial aspects generated the most negative characteristics associated to the medics’ migration. Transposed into the same theoretical interpretation of the pull and push factors through the pluses and minuses associated with the health systems as professional playground for the medics’ careers, it can be noticed that the information is polarized and is generating rejection attitudes for the origin country, in favor of the destination ones. Moreover, the double association, contradictory (both positive and negative), for the financial aspects, has a powerful signification for the context (the origin country vs. the destination country), which generates a shift of direction.

The significations about medics’ migration, through both the qualitative and quantitative analysis of data, are supporting the predictability of the phenomenon for the physician’s career. The importance given to medics’ migration, from the phenomenon’s predictability point of view, is developing two meanings: one of personal context, focused on professional development, and one that refers to the importance of the phenomenon at the community level. These two approaches are extending the institutional and social dimensions of the phenomenon towards ethical, moral and legal values attached to health.

### Study’s limits

The data has been collected through an auto-administrated survey, a method that could enhance the level of social desirable answers, ins and outs of the context, errors of remembering or difficulties of reproducing the events that took place in the past. Furthermore, our data should be prudently evaluated because it implies hypothetical situations and not facts. For these reasons we consider of importance the actualization of these data in time, in order to capture the evolution of students’ perceptions regarding medics’ migration because some aspects are susceptible of change over time. The sample has been constructed by the availability criterion, and is not statistically representative. Moreover, the study had an exploratory character, with the purpose of generating hypotheses for future, more ample and detailed studies.

### Conclusions

According to the examined data, the medics’ migration phenomenon has a specific representation among medical students, which sets the accent on aspects regarding the professional career and the socio-economic status of physicians.
The context and sources of information have an important role in the process of understanding this complex phenomenon, significantly contributing to the knowledge of students’ representations about medics’ migration. The attentive observation of the way in which information about medics’ migration is collected from the public space, allows for affirmations about the aspects that are important for students and designates the pool of characteristic variables for the phenomenon’s representation. The categorization of descriptive characteristics about medics’ migration designates, through the representative components for financial aspects, health system and professional career, those important aspects that are relevant for a medic’s career, related to the migration phenomenon. The analysis of the provided characteristics under the positive and negative significations associated to migration, is expressing a symbolic structure from which the sense of the phenomenon’s representations can be extracted, as predictable for the medic’s professional career, with the limitation for possible changes or nuances that could appear in their content or meaning, taking into account that our approach implies intentions and not facts. Our conclusions are confirming the findings of other studies conducted on this subject, which concluded that medics, the young ones especially, are taking into consideration the possibility of emigrating in more developed countries, mainly for economic reasons but also in search for better career advancement opportunities (Akl et al., 2007, 2008; Corea & Bacigaluppi, 2010; Vujicic et al., 2004). This study is a departure point for research in this thematic field, for the analysis of its social effects and also for developing a strategic plan both at national and international level in order to control this problem and its consequences now or in the future.

Acknowledgements

The work was supported by the project “Postdoctoral studies in the ethics of health policies” - POSDRU/89/1.5/S/61879, co-financed from the European Social Fund, the Operational Sectorial Program for Development of the Human Resources 2007-2013, beneficiary “Gr.T.Popă” University of Medicine and Pharmacy of Iasi, Romania.

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