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European Union Mobility, Income and Brain Drain. The Attitudes towards Migration of Romanian Psychiatric Trainees

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Abstract

In general, a country's human capital represents one of its most valuable assets. This issue becomes all the more significant, when considering that highly qualified and expert staff is hard to find, particularly in certain under-resourced areas, such as mental health care. A current trend, worldwide, involves medical

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professionals that are becoming increasingly mobile, pursuing jobs that can offer the utmost, in terms of income and overall quality of life. The present study aims to highlight the magnitude of the brain drain of Romanian psychiatrists and to shed light on some of the reasons behind it. The study was developed by the European Federation of Psychiatric Trainees and was carried out during 2013-2014, as part of the international Brain Drain study. The only inclusion criterion was being a psychiatric trainee that had to be enrolled in a national training program, at the time. This paper aimed to analyze the available data about demographics, past experiences of short-term mobility, long-term migration and attitudes towards migration of psychiatric trainees, by means of a semi-structured, 61-item, self-report survey. The results showed that a significant percentage of the Romanian psychiatric trainees were dissatisfied with their income. The majority of the 14% of psychiatric trainees, who had previous experiences of mobility, had done so by traveling to high-income European countries, thus making the probability of working in another country, 5 years from now, seem higher, due to the multitude of economic and social advantages associated with such an environment. Half of all the respondents answered in favor of working in another state, while more than a third made actual practical steps towards achieving this. Additionally, it was noted that the more practical the steps they took, the more likely they were to migrate in the future.

Keywords: brain drain, migration, psychiatric trainees, Romania, income.

Introduction

Brain drain represents the situation where large numbers of educated and highly skilled individuals leave their country of origin, in order to live and work in countries that offer better pay and living conditions (Cambridge University Press, 2008). The term was first used in 1964 in a British Royal Society Report that described the massive emigration of English scientists towards the United States of America (Balmer, Godwin & Gregory, 2008). This phenomenon is particularly important for the health care community in the current globalized employment market, where medical professionals, from across the world, are becoming increasingly mobile, connected and aware of available opportunities in other, more developed countries, and should be interpreted within the context of a global shortage of health care professionals (Walter, 1968; Aluttis, Bishaw, & Frank, 2014).

In 2006, the World Health Organization (WHO) estimated a shortage of more than 4 million health workers across the world, threatening the quality and sustainability of health systems worldwide (World Health Organization, 2006). In order to alleviate this deficiency, highly resourceful countries started recruiting foreign health care professionals. The percentage of non-indigenous doctors,

enrolled in the local health care services, increased up to 33% in the UK and 25% in the USA (Mej'ia, Pizurki, & Royston, 1979). Most recent data show little proof of moderation in the ongoing trend (Dumont & Spielvogel, 2008), therefore the migration of medical doctors towards high-income countries continues to widen the gap in health inequities, worldwide (Kakuma *et al.*, 2018; Pang, Lansang, & Haines, 2002). The report of the United Nations (2007) states that the developing worlds' healthcare system is negatively affected by the significant number of health care professionals trained in these countries that are choosing to move abroad after qualifying (United Nations, 2007). In order to regulate this issue, the WHO developed a code of practice, with regards to the migration of health care workers, which offered a framework for governments to implement in their national policies towards the development of human resources for health care systems, through all aspects of education, improved retention and fair recruitment practices, while encouraging technical collaboration and financial support (Siyam & Poz, 2014; Klein, Hofmeister & Lockyer, 2009; McDaid, Knapp & Raja, 2008; Hagopian *et al.*, 2005; Ndtei, Karim, & Mbbashar, 2004; Kupfer *et al.*, 2004;).

The movement of health care professionals away from low-income countries results from a combination of "push" factors from the "donor" countries and "pull" factors from the "host" countries, which have been extensively explored. Push factors for doctors include: low income, poor occupational safety, inadequacy of facilities and supply of medicines, lack of post graduate training, absence of continuing professional development and research funding opportunities, poor research facilities, threats of violence and social turmoil, lack of adequate education prospects for children. On the other hand, pull factors include: effective recruitment strategies, job vacancies with associated higher wages, superior working conditions and facilities, as well as better access to advanced training and continuing professional development available in most high-income countries (Dovlo, 2004; Buchan & Dovlo, 2004; Pang, 2002; Alem, Hofman, & Hanlon, 2008).

Considering the state of most mental health care systems, it is a well-known fact that they are already fraught with significant levels of scarcity, in terms of human resources, in the majority of low and middle-income countries. In the current economic context, this situation is most likely only going to worsen, unless substantial resources will be invested and effective strategies will be implemented (Kakuma *et al.*, 2018). These statistics contribute to further highlighting the issue that brain drain represents a great concern, specifically in relation to psychiatry (Murthy, 2005; Ndtei, Karim, & Mbbashar, 2004). One study documented the large number of psychiatrists that originate from low and middle-income countries, who are currently registered to practice in high-income countries, and reported on the possibility that some countries would have had twice or even 5 to 8 times more psychiatrists per 100.000 inhabitants, if migrating doctors would have continued working in their countries of origin (Jenkins *et al.*, 2010). Regarding the reasons of psychiatrists to migrate, the World Psychiatric Association (WPA) taskforce

on Brain Drain found that professional isolation, the search for better training opportunities, the shortage of other types of mental health care professional colleagues, resulting in a lack of a multidisciplinary care approach, alongside poor treatment conditions available for patients, were among the main motivations for emigrating (Gureje *et al.*, 2009).

The Brain Drain, European, multi-centre study (n=2281) findings show that 13.3% of all European junior doctors currently training in Psychiatry are immigrants, having a different nationality from that of the country that they are training in. Furthermore, the study showed that the top choices for host countries were Switzerland, Sweden and the UK, and that the corresponding salaries were of more than 2500 Euros/month (Pinto da Costa *et al.*, 2017). For immigrants, academic opportunities represented the top motivation to relocate, while income satisfaction had the strongest impact on all individuals' migratory tendency. In terms of individual characteristics, trainees that have children are significantly more likely to 'ever' consider leaving their country of origin (Pinto da Costa *et al.*, 2017). Also, Child and Adolescent psychiatrists seem more prone to migrate, compared with their Adult Psychiatry colleagues (Pinto da Costa *et al.*, 2017). The results of the same study, reported from Turkey, which is a "donor" country from outside of the European Union, showed that the top three reasons for leaving the country were: 1. academic (n = 80); 2. working (n = 78) and 3. financial (n = 76), whilst 75% of all Turkish psychiatric trainees are considering leaving the country (Kilic *et al.*, 2018).

With regard to Romania, it should be emphasized that the country represents one of the most important reservoirs for health care professionals in the European Union. From 1990 to 2013, the number of available medical doctors dropped from 55 000 to 39 813, nation-wide (Romanian College of Physicians, 2013). In terms of the costs incurred by the Romanian government for the specialist training of these professionals, this translated in to a total loss of over 3.5 billion Euros (Siyam & Poz, 2014, 2014). Interestingly, a major outflow of Romanian health care professionals occurred in 2007, the year of the country's accession to the EU, when about 3% (1421) of doctors migrated to work in other EU countries (Dragomiristeanu, Farcasanu, & Galan 2008). To date, Romania has no accurate records on the international inflows and outflows of health care professionals; thus, we must rely on the findings supported by the high numbers reported by the favourite destination countries, such as France, UK, Germany and Italy (Galan, Olsavszky, & Vladescu, 2011). The available data from the French Conseil National d'Ordre de Medecins (CNOM) shows that 1000 Romanian medical doctors registered in France between January 2007 and July 2008. In 2009, the German Federal Physicians Chamber reported 927 registered Romanian medical doctors, while The European Migration Network Italy reported that 555 Romanian doctors were registered with the Italian Medical Association. The British General Medical Council recorded 671 new doctors from Romania, between 2003 and 2008. In 2011 alone, the migration pattern of Romanian doctors showed 2500

requests for certificates of good standing, as a direct consequence of the 25% reduction in salaries, as issued by the Romanian Government in response to the financial crisis at the time (Galan, Olsavszky, & Vladescu, 2011).

Over the years, the accumulation of insurmountable causes, such as inadequate working conditions, a lack of reasonable incentives and an unsatisfactory career development system, have generated a disillusioned Romanian health care workforce. These issues have and continue to translate in to a high percentage of medical professionals, especially among the younger age groups, who aspire to work abroad. The Global Health Observatory data repository showed that in 2014, in Romania, there were 5.98 psychiatrists available for every 100.000 persons, while in the UK, there were 14.63 psychiatrists per 100.000 persons; worryingly, the ongoing migration trend of Romanian doctors suggests that this gap will only continue to widen in the coming years (WHO, 2014).

Given the impact that the psychiatric workforce brain drain has on the future of mental health care services in Romania, as well as the importance of evidence based data for implementing changes in practice and policies, we aimed to assess attitudes toward migration of psychiatry trainees, as the official Romanian partner of the European Brain Drain Study (Pinto da Costa *et al.*, 2017). In order to achieve this, the initial goal was to determine the socio-demographic characteristics of the Romanian psychiatric trainees sample and to correlate them to past experience or future plans of migration. Moreover, our aim was to highlight the most prominent factors, leading to or avoiding migration of Romanian psychiatric trainees.

Methodology

The present study is part of the international Brain Drain study (Pinto da Costa *et al.*, 2017), developed by the European Federation of Psychiatric Trainees (EFPT), and carried out in 33 European countries, from 2013 - 2014. The survey was conducted according to the principles of good scientific practice, which was supported by a national ethics commission approval from Switzerland. All participants were psychiatric trainees, ranging from the 1st to the 5th year of training, who resided in Romania, at the time of the study. Being a psychiatric resident enrolled in a nationally recognized training program was the only criterion of inclusion in the present study. All participants were asked to give informed consent before initiating the questionnaire. Data collection was achieved by inviting eligible participants from 7 Romanian university centers (Bucharest, Cluj-Napoca, Craiova, Iasi, Oradea, Targu Mures, Timisoara) to complete an anonymous, hard copy questionnaire, translated into Romanian. The measure used in this study consisted of a semi-structured, 61-item, self-report survey, designed specifically for the purpose of this study, in a combination of yes/no, multiple choice and open answer questions that assessed demographics, past experiences of short-term mobility (defined as 3 months up to one year), experiences of long-

term migration (defined as more than one year) and attitudes towards migration. The questionnaire took approximately 15 minutes to fill out. The questionnaires were collected and the responses were entered into the online database, using a Survey-monkey online platform (<http://www.surveymonkey.com>).

We analysed the data by using the Software Package for Social Sciences for Windows v. 22.0 (SPSS Inc. Chicago, IL). Descriptive statistics were used to report the frequencies and percentages for the categorical variables and the mean value with the standard deviation for the continuous variables. In order to test for differences of continuous variables across groups, we performed independent samples t-tests. For categorical variables, chi-square tests were conducted. Statistical significance was set at $p < .05$ and CI at 95%. The questionnaire was distributed to 400 psychiatry trainees in Romania, with a number of 283 returned questionnaires; hence the response rate was 70.8%. After cleaning the database, $\pm 4.2\%$ sampling error, for 95% confidence level and a population of approximately 550 (Ministry of Health, 2018) the final sample resulted in 276 respondents.

Results

Of the 276 respondents, the majority of 87.3% were Adult psychiatric trainees, whereas 12.7 % were Child and Adolescent psychiatric trainees, in different training years. In this sample, 72 % of the respondents were women and the mean age was of 28.7 years old. Most respondents were either married, 35.5%, or in a relationship, 32.6%, with 18,1% having children in the household. In terms of their living arrangements, 62% lived with their families, while 39% of the total had to pay rent. The income level of 92% of the psychiatric trainees in the study was situated between 250 and 499 euro/month, with 22.8% of respondents earning an additional income. Regarding the satisfaction with their income, a considerable part, 65%, of the surveyed psychiatric trainees, were dissatisfied with the income level, 25% were neither satisfied nor dissatisfied, whilst just 10% of the respondents deemed the income level as satisfying. Our results showed a significantly higher satisfaction for those earning an additional income ($t=-4.55$, $p<0.01$).

Out of the total sample, only 14% of psychiatric trainees had a past experience of mobility, with the majority of these showing a positive attitude towards migration. Ninety-three percent of them had traveled to a EU high-income country, mostly for reasons, such as work or education.

When it came to job prospects 5 years from now, 50% of Romanian psychiatric trainees responded in favor of working in another European country, with France, Germany, UK, Spain and Sweden being among their favorites. Trainees who had previous mobility experiences saw themselves working in a different country than Romania, 5 years from now. [Chi-Square ($N=276$, $df=3$)= 17,08, $p<.001$]. The majority of trainees that wish to leave Romania lived in rented accommodations

[Chi square($n=276$, $df=2$)=11,19 $p<0.01$] and did not have children [Chi square($n=276$, $df=1$)=4,88 $p<0.05$].

When asked whether the respondents made plans for working in another country, 38% answered positively, 30% negatively and a further 32% were yet to decide. In terms of actually taking practical steps towards migration, 29% of Romanian psychiatric trainees did so. Our results showed that trainees that wish to work in a different country, have taken practical steps towards migration than the ones that have yet to decide [Chi square ($n=192$, $df=1$)=19,68 $p<0.001$]. Furthermore, the trainees that took practical steps towards migration had mobility experiences than the ones, who did not [Chi square ($n=276$, $df=1$)=6,19 $p<0.05$]. As much as 7% of Romanian psychiatric trainees took practical steps to work in a different country, other than Romania, during their next year/rotation, and the same number had more mobility experience than the other trainees [Chi square ($n=276$, $df=1$)=6,19 $p<0.05$].

The top three reasons, as quoted by psychiatric trainees, to stay in Romania were: 1. personal (70,7%), 2. lifestyle (37,7%), 3. academic (21,7%); whereas, when choosing to go, they attributed this decision to 1. financial (79%), 2. social (49%) and 3. academic (39%) purposes.

Discussion and Conclusion

Over the last decade, Romania has been singled out as a net exporter of a highly specialized medical workforce, losing half of its doctors between 2009-2015 (Romania-Insider, 2018). This has positioned Romania last in the EU, in terms of the remaining number of doctors in relation to its population (Eurostat, 2018). The majority of countries that Romanian doctors head towards are other EU states with a higher economic level (Politico, 2018), with this process being clearly facilitated by Romania's accession to the EU in 2007. It, therefore, becomes a fundamental requirement for our government to attempt to understand the determinants of the decision to migrate, especially for younger doctors and for those, who are currently in training. The data resulted from our study suggests several issues that should be addressed.

The first one is that a large number of trainee doctors are already contemplating working in another country. Approximately half of trainee psychiatrists want to work in a different country, with the favorites being EU countries with high-income economies. Our study showed that a significant percentage of young doctors have already made a concrete plan for departure.

The second issue is that the main motivation (the sole unique factor) for leaving Romania is represented by the financial aspect – as shown by 79% of participants. The succeeding factors that were quoted in our questionnaire were represented by social aspects (including living and working conditions, access to children's

education, access to and quality of health care services, etc.) - 49%, of participants, followed by academic opportunities (education, training opportunities, etc.) - 39% of participants. The decision to move for the purposes of working in a foreign country or to remain in one's own country is, of course, a much more complex debate, involving many factors: personal, family, demographic, social, economic, cultural etc. The main component of this intricate subject, which appears to be the financial aspect, was approached by the Romanian authorities recently, having led to a significant pay rise for doctors (Romanian Parliament, 2017). However, the other two factors, as quoted by our study participants (social and academic), are far more difficult to amend, and it is debatable that they will improve, in the short or medium term.

The third important theme is that the population of young doctors with the highest risk of emigration is represented by those that have already experienced a higher degree of mobility, even if that previously only translated in to domestic mobility (due to personal educational needs or employment opportunities).

Therefore, it remains a difficult task to predict what the direction of migration of Romanian trainee doctors will be. For now, it would be premature to attempt to determine how effective the recent financial measures taken by the Romanian state, in order to stop the migration phenomenon of Romanian doctors, will be. Our results suggest that other important measures to help prevent the migration of young Romanian doctors, which could be implemented in the Romanian educational and health care system, are the improvement of the national educational process, of the overall working climate, alongside the development of career progression opportunities, although these may prove too difficult to implement in the short-term. Overall, the current national situation ensued from the massive exodus of Romanian intellectuals, especially the brain drain of Romanian doctors, is bordering on life-threatening. It could be said that, as a nation, we are currently facing up to the dire consequences of our previous actions, as an echo of the general investment in health care and health spending per capita. It is perhaps not surprising that we are currently faced with a work force crisis, seeing as Romania comes in last, in terms of EU countries health expenditures, with 816 euro per capita in 2015, but first when it comes to sending medical doctors abroad (Professions Database, 2018; Siyam & Poz, 2014).

In an ideal world, all global citizens, including source countries nationals, such as Romanian health care workers, should have equitable rights to health, education, labour, non-discrimination and fairness, as established by the 1947 UN Declaration of Human Rights (United Nations, 1947). However, as the current political and economic atmosphere is precarious, and ethical principles and rights are never absolute (Gillon, 1993), it will most likely take decades for these goals to be even partially attained. Meanwhile, we have the responsibility to work jointly at a local level, in an effort to determine some remaining dedicated policy makers to implement national changes that will effect transformations for the next generations of doctors.

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