

HEALTH PROFESSIONALS' MOBILITY AND ITS IMPACT ON POPULATION'S HEALTH STATUS

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Abstract: This paper highlights the importance of human resources management in health care. Labour migration is an important health policy issue of health and human resources management. An important indicator of human resource management is the number of health professionals in relation to the average number of inhabitants. In Romania, there is a shortage of medical staff, both numerically and in terms of the geographical distribution between the regions of the country and area of residence (urban-rural). This creates serious inequities among population, in terms of addressability and accessibility of health services, with direct impact on health status.

The health system in Romania is still suffering after 25 years of ongoing reform and significant dysfunctions, which place Romania among the last places in the European Union (EU), in terms of the health of the population.

Also, our health care system is one of the worst performing in Europe, characterized by the lack of transparency in the allocation of funds and inefficiency in resource use.

Although Romanians are one of the most diseased populations in Europe, they are forced to address to a system with serious inequities regarding the access to health services, even when these are available. In many localities within the rural areas, patients do not receive any medical service, as a result of the lack of medical personnel.

Job mobility in Romania and in particular that of the health sector is a major challenge for the policy makers in our country.

This began with the accession of Romania to the EU in 2007, at which other factors also competed, such as demographic factors (low birth rate and fertility, aging) and the lack of human resource management strategies in health.

Since 2006, the media in Romania has predicted a massive migration of health professionals, which would have jeopardized the proper functioning of the health system. The degree of migration was relatively high in 2007 (1 421 doctors), but overall, the phenomenon was not as dramatic as expected for the coming years (2008 and 2009). However, in late 2009, the economic crisis in Romania began to have a profound impact on the Romanian society, including the health system. Moreover, the reduction of staff in 2010 accompanied by a 25% wage cuts were important factors for discouraging domestic labour, including for health professionals, who began to emigrate in a higher number.

The Organization for Economic Cooperation and Development (OECD) report also highlights other factors contributing to the shortage of human resources in the medical field, outside the world economic crisis. The desire for professional development, training opportunities in the developed countries, the conditions for the exercise of the medical profession, valuing the work done and of course the size of the economic factor in the host countries were key motivators for the phenomenon of human capital flight.

Western countries have registered in turn, a lack of human resources in health care since the 90s, which led to a sustained campaign to recruit labour force from the less developed countries, both within and outside Europe, campaign that continues today.

Health workforce shortage at global level

According to the World Health Organization (WHO), the shortage of health professionals worldwide stands at around 7.2 million. A WHO report warns that until 2030, health workforce shortage at global level is likely to reach 12.9 million. In these circumstances, the medical staff cannot cope with the growing needs of the medical services

The first places among the European countries with the fewest physicians per capita are occupied by Poland, Slovenia and Romania.

Of the 27 countries analyzed in a study by the European Commission, Romania ranks 26th in terms of the number of doctors / capita (telegraph.co.uk).

24th place is occupied by the UK, with only 2.71 doctors per 1,000 inhabitants, ranked even worse than countries like Bulgaria, Estonia and Latvia (Eurostat regional yearbook 2013).

At the other end of the scale, with most doctors, lie Greece (6.13/ 1 000 inhabitants.), followed by Austria (5 doctors/1 000 inhabitants.), Italy (4 physicians/ 1 000 population), Germany with 3.73 and France, with 3.27 doctors/ 1 000 inhabitants. (Source: The Telegraph)

Situation of the human resources within the Romanian medical field

According to the National Statistics Institute in Bucharest, "healthcare professionals represent all medical staff working in health care facilities, medical and pharmaceutical education and scientific research units in the medical field, both in the public and in the private field". This staff consists of medical personnel with higher education, with secondary education and auxiliary health workers.

Human resource within the healthcare field is represented by the medical or non-medical healthcare professionals that enable individual or collective intervention in public health and it is the most important resource of any health system.

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Although human resources are the key to the good functioning of the health system, Romania is facing major problems with the medical staff, both quantitatively and qualitatively. The imbalance concerns both planning, training and management of human resources in health, our country having the lowest personal rate relative to population, in the European Union.

As it can be observed in the following tables, the density of the medical staff in Romania is almost half in terms of amount regarding the rest of the EU and has different values internally (tables no.1 and 2).

Table no. 1. Density of the medical staff per 1000 inhabitants in Romania, compared with other European countries

BELGIUM	4.49
ESTONIA	4.38
GREECE	4.38
ITALY	4.20
LITHUANIA	3.97
SWITZERLAND	3.61
BULGARIA	3.56
ROMANIA	1.90
BOSNIA AND HERZEGOVINA	1.34
ALBANIA	1.31

Source: WHO, 2009

Table no. 2. Density of the medical staff per 1000 inhabitants per counties

BUCUREȘTI (ILFOV)	6.48
TIMIȘ	5.26
CLUJ	4.16
MUREȘ	3.48
DOLJ	3.18
IAȘI	2.47
Other counties (average)	1.45

Source: WHO, 2009

Physicians' density analysis in the countries of the European Region of the World Health Organization shows that Romania ranked 31 of 33 countries, with a density of 1.9 physicians per 1 000 inhabitants, only Albania and Bosnia-Herzegovina recording densities lower than that of our country.

Romania occupies the last places, recording an equally critical situation for nurses, as well (3.89 nurses per 1000 inhabitants), dentists (0.22 dentists per 1 000 inhabitants) and pharmacists (0.06 pharmacists per 1 000 inhabitants).

So far, there has been no coherent human resources policy in health care, which only deepens these imbalances, with major repercussions on the health of the population.

Health human resources policy should be a medium to long term project and should target planning staff needs of all categories (doctors, nurses), given the scarcity of professionals in terms of numbers, but also specialties. Also, this planning must take into account the health of the population nationally, with regional peculiarities.

This is a feature of the health system in Romania in last four decades, health workforce being always much lower than the European average.

In addition to medical staff numerical deficit nationally, Romania also faces significant geographical imbalances, with the concentration of human resources in urban areas at the expense of the rural areas, as well as avoiding the poor regions or those inhabited by vulnerable population groups most exposed to the risk of disease (minorities, the poor etc.). Thus, the system cannot adequately respond to the specific needs of these groups in the disadvantaged regions. The most disadvantaged regions are the South and the Southeast of the country. The North-East region is the least covered with

physicians in rural areas.

In urban areas, there can be found approximately 90% of public hospitals, 92% of diagnostic and treatment centres and about 80% of all pharmacies. In the above-mentioned health care facilities, there are working about 88% of doctors, 89% of medical staff and nearly 90% of pharmacists.

The above is confirmed by the statistical data of the National Statistical Institute (2012), which indicates a strong polarization of the health professionals in urban areas. For example, in 2011 the total number of physicians in urban areas was 46 949 (89%) and the number of doctors in rural areas was 5 592 physicians (11%), highlighting serious regional imbalances as seen from the tables below:

Table no. 3. Distribution of physicians (no dentists) per developed regions in 2011

No. of doctors	Developed region
Total country (private and public field) of which per regions:	52.541
- NORTHWEST	7.714
- CENTRE	6.039
- NORTH EAST	6.765
- SOUTHEAST	4.763
- BUCUREȘTI-ILFOV	11.825
- SOUTH-MUNTENIA	4.499

Source: The National Statistical Institute, 2012: Activity of the health units in 2011, <http://www.insse.ro/cms/files/publicatii/san2011.pdf>

Table no. 4. The distribution of the main categories of health workers by residence and by ownership of the health unit in 2011

Health workforce	Total	Public	Private
Physicians	52541	41171	11370
- urban	46949	37578	9371
- rural	5592	3593	1999
of which family physicians	14616	9429	5187
- urban	10063	6457	3606
- rural	4553	2972	1581
Dentists	13355	3236	10119
- urban	11634	2600	9034
- rural	1721	636	1085
Pharmacists	14575	811	13764
- urban	12446	783	11663
- rural	2129	28	2101
Auxiliary health workforce	125992	98212	27780
- urban	112651	89358	23293
- rural	13341	8854	4487
of which nurses	113024	88668	24356
- urban	101112	80894	20218
- rural	11912	7774	4138
Auxiliary health staff	60130	56884	3246
- urban	52668	49969	2699
- rural	7462	6915	547

Source: www.insse.ro/cms/files/publicatii/san2011.pdf

Conclusions:

Currently, poor working conditions, the lack of adequate incentives in relation to the quality of work performed and the career advancement system, which is not always based on the level of competence, are leading to the profound demotivation of the medical staff who choose to emigrate accordingly. This creates an imbalance, both quantitatively and qualitatively of health care professionals nationwide, represented by the total lack of personnel, especially in the disadvantaged areas. This creates major inequities among

population in terms of accessibility and addressability of the medical system, with direct impact on health.

Given the previously described, as well as the morbidity indicators in Romania, which have the highest rates in the EU countries, we can conclude that medical personnel shortage is a major challenge for the policy makers in Romania. Healthcare policy should, on the one hand, harmonize the health needs of the population with the necessary medical staff at national level, and on the other hand, to formulate coherent and long-term retention of health professionals in Romania through a real support and a powerful motivational system especially for the young people (doctors and nurses). This could limit the emigration flow to the developed EU countries, with positive effects on the Romanian health system and on the health of the population.

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