

THE PHYSICIANS EMIGRATION AND ITS CONSEQUENCES ON THE HEALTH SYSTEM IN ROMANIA

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Abstract: Human resources are an essential component of any health system. Along with Romania's accession to the European Union, the migration phenomenon of physicians and qualified medical staff has increased, mainly due to the attractiveness to better working conditions, income or professional recognition - a problem to which, until now, the decision-makers from the central level have not identified sustainable solutions.(1) The present study is a qualitative, opinion-oriented study, that seeks to identify the main causes of Romanian physician emigration. Young people studying medicine and resident doctors aged between 18 and 30 were evaluated. The results show that there is a multiple causality of the departure of young doctors in Romania, including the low pay levels, poor working conditions, the lack of material equipment in hospitals and the lack of professional development support for the young doctors.

INTRODUCTION

Along with the accession to the European Union, the phenomenon of “brain drain” in Romania has become more acute. Although it has been observed since the 1940s the migration of the medical staff into the European space, countries that manage to concentrate most foreign medical staff are just a few: Britain and Germany. Globally, most doctors migrate to the US, Canada and Australia.(2)

The phenomenon of migration in the medical world has grown in recent years, with residents and young specialists being the most willing to travel to more generous financial areas. According to data published by the Romanian College of Physicians, between 1990 and 2015, 21,000 doctors emigrated, of which 14,100 since 2007, when Romania became a member of the European Union. Countries preferred by doctors were and are Germany, France and the United Kingdom.(3)

Also, according to a Romanian College of Physicians report, in 2014, 2,450 doctors requested the institution's current professional certificates, and in 2013 there were 2,995 requests for such certificates required to go abroad. The specialties that lost most doctors in 2014 were: family medicine with 424 applicants, obstetrics-gynecology (127), general surgery (87), anesthesia intensive care (60), psychiatry (55), pediatrics (52) radiology (48), emergency medicine (45), orthopedic-traumatology (43), cardiology (42) and plastic surgery (32).

In the hospitals in Romania, of the 13,521 employed doctors, only 407 (3%) were under the age of 30, according to last year's data of the College of Physicians in Romania. European statistics in 2013 showed for Romania, that 25-30% of doctors were under 35 years of age.

Every year 3,000 doctors enter the system, but 3,500 leave it for retirement, death or migration. According to European statistics, in 2013 we had the lowest number of doctors in the hospital per 100,000 inhabitants, respectively 130.2 doctors. Also in 2013, Denmark had 269.3 doctors per 100,000, Germany 190.4, Lithuania 338, Poland 253.7, Switzerland 235.2, Norway 229. The only European country with a similar number of doctors employed in the hospital per

100.000 inhabitants was the Netherlands, with 132.5.(4,5,6)

The phenomenon of migration entails various ethical and social justice issues. By contextualizing the issue of migrating medical staff from this perspective, the ethical issue of responsibility moves from the individual to the state level, meaning that the developed countries are morally responsible for the problems of social justice that arise in poor countries, such as affecting the fundamental rights of individuals to health care.

The right to health implies not only state obligations for its citizens, but also obligations of recruiting states, claiming transnational justice.(7)

PURPOSE

The purpose of this study is to identify the main causes that lead to the massive emigration of medical staff from Romania to developed countries.

MATERIALS AND METHODS

The survey was conducted between January 15 and February 15, 2018. Respondents filled out 80 questionnaires, of which 72 questionnaires were validated. Some questions had a predefined answer, others were open-ended, and there was also the possibility, for some of the questions, to opt for multiple answers. Valid questionnaires were filled out by young people studying medicine at college or residential level to opt for some questions for multiple answers.

RESULTS AND DISCUSSIONS

65.4% of the survey participants have their home in Sibiu. 74.2% of the respondents are females (figure no. 1). 71.8% of the respondents are aged between 18 and 25 years, and 22.3%, between 26 and 30 years old (figures no. 2,3).

In terms of work, the order of preferences is “another EU country”, “the public system” in Romania, the last being the “private system” in Romania.

There is a slightly higher preference for a job in the public system than the private one, which is due to a feeling of

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greater stability provided by the public system.

Figure no. 1. Distribution of respondents by gender

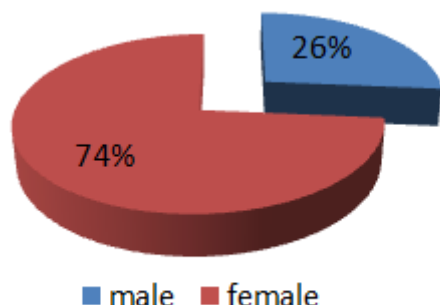


Figure no. 2. Repartition of respondents by place of residence

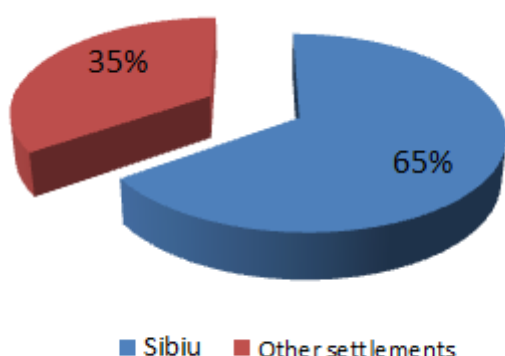


Figure no. 3. Age of studied persons

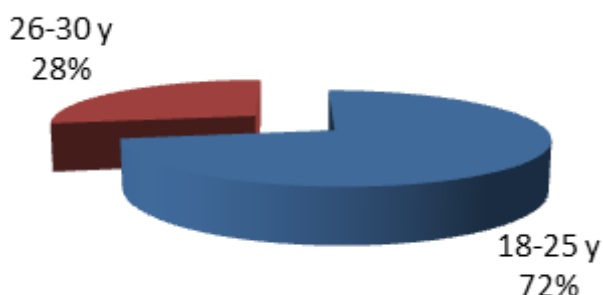
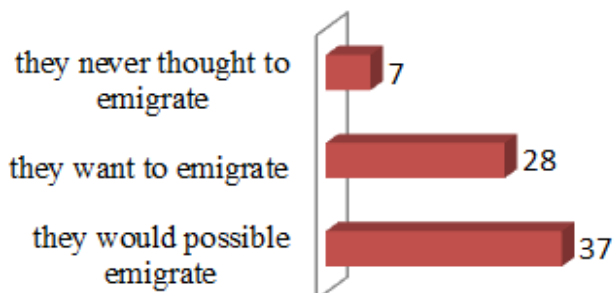


Figure no. 4. The option of emigration



Nearly a quarter of respondents would like to practice medicine in their own medical office if they had this option. Approximately 20% of respondents would like to practice in a

non-EU country.

These countries would be: USA, Canada, Scandinavian countries. From the data collected, there is a preference of the respondents for the following medical specialties: surgery, gynecology, intensive care anesthesia, cardiology, dental medicine, emergency medicine (figure no. 5).

When asked about the reasons for leaving Romania, most complaints are related to wage levels, working conditions in sanitary units and overtime, lack of support for training and professional development activities (figure no. 6).

Figure no. 5. The most wanted specialties

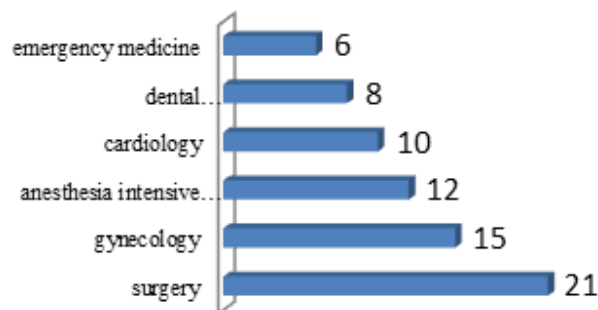
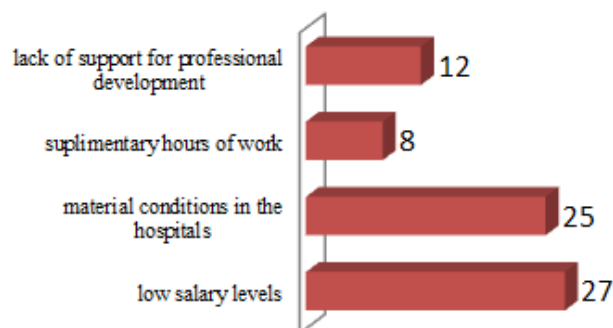


Figure no. 6. The main causes of migration



CONCLUSIONS

Emigration of medical staff (mainly physicians but also nurses) in Romania poses serious problems with human resources in the Romanian Health System.(5) It is found that there are:

- an important numerical imbalance between Romania and the EU average, meaning that Romania has a very low coverage for all categories of medical staff, compared to most of the European Union states;
- an unequal distribution of human resources in a territorial profile within the country - there are important imbalances between regions and between residential areas;
- imbalances between medical specialties within the country;
- current information systems provide fragmented information about the coverage with physicians;
- there are no public policies to improve coverage of human resources in the medical field, on a short, medium and long term.

Another serious problem of human resource management in the health care system is that of an inexperienced integrated and up-to-date information system that also allows internal migration (not just external migration), to be monitored and to provide a correct picture of the stock and distribution of medical staff from Romania.

Proposals

1. Developing a sectoral policy for the training, professional development and allocation of human health resources. The

use of modern planning tools would be extremely necessary, involving the Ministry of Health, the Ministry of Education and the professional organizations, as well as the local organizations involved in the planning and allocation of human resources. In the absence of this strategy, the imbalance between the inputs and outflows of human resources will increase in the short and medium term, both between Romania and the EU, as well as within Romania.

2. Increasing the number and improving the distribution of human resources in the health system.

The acute crisis and the unbalanced distribution of medical staff, both physicians and nurses, and the growing health needs of the population require adequate solutions to increase the availability of human resources. There are a few strategic options to achieve this goal:

- limiting human resource losses in the system; this requires coherent alternatives to maintain staff in the health care system.
 - maintaining and attracting medical staff in poor and underserved areas through stimulating policies.
 - increasing inputs into the health system, both by developing training capacity and by preparing the health system in Romania to absorb medical staff.
3. Stimulating career development in the health sector. Incentive packages, as well as mechanisms for social and professional recognition are needed at all levels of the health system. Incentives should not be limited to financial ones. The existence of well-trained and motivated staff is a prerequisite for providing quality services. In recent years, there has been a trend of migrating medical staff to other countries due to the attractiveness of better working conditions, income or professional recognition. This trend should be reduced by providing financial incentives and improving the professional development prospects of medical staff. Incentives are also needed for those who practice in deprived areas or in deficient specialties.
 4. Design and Implementation of an Integrated Information System for Human Health Resources There is currently no functional system for both external and internal mobility of health care personnel.
 5. Improving the general conditions for practicing the profession in Romania, which is possible only by increasing the financing of the health system (currently health financing accounts for only 4.6% of GDP, being the lowest in the EU).

Last but not least, the majority of interviewed subjects mentioned that medical staff has a predominantly negative social image and in the media and that coordinated inter-institutional efforts are needed to improve visibility and social perception in relation to medical staff.(5,6,7)

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