

MIGRATION INTENTIONS AND MOTIVES OF HEALTH WORKERS AND MEDICAL STUDENTS – A COUNTRY CASE STUDY FROM HUNGARY

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Abstract

The migration of health workers is a global phenomenon with considerable impact on health care systems, which issue became a policy concern in Hungary after the Eastern Enlargement of the European Union in 2000s and early 2010s. The main aim of this paper is to reveal the migration intentions and motives of Hungarian medical students and health professionals.

Keywords: *health professionals, labour migration, mobility, brain drain, Hungary*

Introduction

The migration of health professionals is a global phenomenon with considerable impact on health care systems. Massive relocation of health workers contributes to inequalities in service provision and health outcomes at various territorial levels, as skilled labour migrates mostly from less developed regions to more developed ones. From Hungary and other Central and Eastern European countries, migration of health workforce to Western Europe have increased markedly since the accession to European Union in 2004, leading to dysfunctions in health care systems. Such issues have drawn the attention of policy makers to the mobility and retention of health professionals, but discourses on incentives for migration are often oversimplified, focusing mainly on income disparities. In the present paper, our aim is to reveal the migration intentions and motives of Hungarian medical students and health professionals, and to contribute to evidence-based policy making in Hungary and beyond.

Health workers' international migration: recent trends and possible causes

Possible causes of the international migration of health workers have been widely discussed in international literature. In this study, we apply the typology of Young (2010, 2011) who distinguishes macro-, meso- and micro-level factors influencing the migration decisions of health professionals. Macro-level factors are global and national economic, social and political issues, for example differences in income levels between source and

host countries, conditions of health care systems, health policies, level of political stability and corruption, historical legacies and cultural context (e.g. former colonial relationships), geographical proximity, economic cycles, liberalisation and deregulation tendencies with respect to migration. Meso-level drivers of migration include organisational and profession-specific issues, such as career progression and training opportunities, work conditions, workplace climate, opportunities for research and networking. Micro-level factors refer to individual and household circumstances, for instance perceived quality of life, security in physical and economic terms, social ties, patriotism and local environment of socialisation, migration networks and channels, personal fulfilment, foreign language skills and the desire to improve them, the wish to travel and experience other cultures (Connell et al. 2007, Bidwell et al. 2013, Castro-Palaganas et al. 2017, Davda et al. 2018). In summary, there are a lot of factors influencing the migration decision-making of health workers, but it should be noted that their relevance depends on geographical and historical contexts.

In Hungary, like other Central and Eastern European countries, the international migration of health professionals became a policy concern after the Eastern Enlargement of the European Union in 2000s and early 2010s. In general, Hungarian health professionals' levels of mobility and propensity to emigrate are higher than the national average (Eke et al. 2009, Girasek et al. 2013). There is only indirect data on the volume of this emigration: for example, between 2004 and 2009, about 7000 medical doctors, nurses and dentists applied for certification to work abroad (Eke et al. 2011). Regarding the causes of moving abroad, there is only limited research evidence. Varga (2017) shows that relative wages and peer pressure play a significant role in the emigration decisions of young medical doctors. This is in line with the results of Eke et al. (2016), according to whom expected higher income is a crucial incentive for Hungarian health professionals to migrate. Nevertheless, others argue that besides wage levels, other factors should also be considered to fully understand migration decision-making. For example, in the study of Hárs and Simon (2016), career progression opportunities, work conditions and perceptions of social environment significantly increased the respondents' willingness to leave the country. To conclude, economic factors are presumably the dominant motives in the migration of Hungarian health workers, but recent studies suggest that our knowledge on the complexity of motives should be improved through further investigation.

Research methods

In our research, both quantitative and qualitative methods have been used. Semi-structured interviews were conducted with Hungarian physicians and health professionals (who were either born in Hungary or born abroad but are currently working or have worked for some time in the Hungarian health system). The group of interview partners was divided into four main categories: (1) those who have worked only in Hungary so far, (2) those who are currently working abroad, (3) those who started their careers in Hungary, then emigrated but have already returned to Hungary, (4) others, such as those who were born in other countries and started their careers there, but are currently working in the Hungarian health system. By now a total of 17 persons have been interviewed: (1) category 5 people, (2) category 6 people, (3) category 3 people, (4) category 3 people. Among the respondents, 9 are physicians and 8 are other health professionals. The interviews were conducted between 16 July 2019 and 06 January 2020. The potential interview partners were approached directly via already-existing professional channels or via the snowball sampling method. The interviews covered topics such as the motives for migration, living and working conditions in Hungary and abroad, future migration plans, and general views on the migration of health professionals. Interviews were tape recorded with the consent of the interview partners, and supplemented with notes written by the interviewers. Voice records were transcribed verbatim and handled anonymously.

Data were collected personally between March and May 2019 (voluntary, anonymous, paper-based filling in) at the university faculties and institutes where permission was granted for the research. The planned sample included third-, fourth-, and fifth-year Hungarian full-time medical students at all relevant universities. Questions focused on intention for working abroad, possible destination countries, motives, with special attention to the importance of geographical place, social environment and social relationships. The survey was conducted amongst medical students and students in other health professions who were studying at the University of Szeged, the University of Pécs, the University of Debrecen, and the Semmelweis University in Budapest. In total, 670 questionnaires were completed (235 medical students, 111 dental students, 324 students in other health professions). The answers were recorded electronically in tabular form with the assistance of students affiliated to the University of Szeged. The data were systematised, analysed, using Excel and SPSS software, and descriptive statistics.

Empirical results

Regarding the emigration intentions of the health care students who completed the questionnaires, most of them plan to work abroad after completing their studies (41% of 670 respondents plan to emigrate, 27% don't plan, 29% don't know, and 3% didn't answer the question). Although a person's intention to leave the country does not necessarily lead to emigration, this data show that health care students are greatly interested in the idea of working abroad. Strength of intentions was measured among respondents planning to emigrate (272) on a four-point Likert scale, most of them indicating 'strong intention', followed in descending order by categories 'very strong', 'weak' and 'very weak'. It is noteworthy, however, that most of them (74) are planning to stay abroad for a short period (1–3 years), while 69 are planning to leave Hungary for 4 years or more, and 30 aim to move abroad permanently. In terms of potential destinations (respondents were asked to specify up to three countries where they would emigrate the most), the results are in line with the general emigration patterns of Hungarians, since the most popular countries amongst respondents are Germany, Austria and the United Kingdom. The profile of the 'average potential emigrant' can be outlined as follows. Men are more likely to emigrate than women (respectively, 48% and 38% are planning to work abroad). The intention to emigrate is more common among doctors and dentists than amongst other health care undergraduates (44% and 38% respectively). The socialisation environment also influences the intention to emigrate: students from Budapest and provincial cities are more willing to move abroad than respondents from small towns or rural areas, which finding is consistent with previous research results from other countries (e.g. Deressa–Azazh 2012, Kotha et al. 2012).

The migration motives of the respondents were analysed using the categories proposed by Young (2010, 2011). The role of macro-level factors was measured by asking respondents planning emigration to rank various elements of natural and socio-economic environment by importance in their decision making, comparing Hungary and the country in which they would like to work the most (on a four-point Likert scale). The proportion of negative answers (e.g. the situation in the country of choice was perceived 'significantly worse' or 'slightly worse' than in Hungary) was very low for each of these questions. Three factors can be highlighted: 'general conditions of the national economy', 'general quality of life' and 'the state of the health system' (the share of those thinking the situation is worse in the selected destination country than in Hungary is below 10% for the first one and be-

low 5% for the second and third factors). The highest mean values can be observed for wage levels, quality of life, health status, and general condition of the economy (3.75; 3.75; 3.68 and 3.51 respectively), with median values being 3.0 or 4.0 for each factor. The value of mode is 4 for all indicators, suggesting that preferred countries are considered by most of the respondents to be better than Hungary with respect to these macro-level factors. Thus, it is possible that these issues become powerful pull factors in the future. In addition, responses to one of the open-ended questions ('What do you think about the migration of Hungarian health workers in general?') were subjected to quantitative content analysis and categorized according to the micro-meso-macro typology. As a result, macro factors were proved to be significant. For example, social esteem accounted for 14% of all mentioned factors, but other issues were also frequently mentioned – the conditions of health care system, the state of national economy, social and political climate in Hungary – as potential push factors. In relation to macro-level factors, some interview partners hold the idea that raising health workers' wages in itself would reduce emigration. However, other interview partners' narratives highlight the high level of interdependence between politics and health professions, signs of corruption, and the lack of predictability as very important push factors.

"Political issues, nationalisation of health care, existential insecurity... as a hospital manager, I felt that self-fulfilment cannot be achieved because of politics" (50 years old, male, 2nd category: formerly hospital director in Hungary, currently working for a health insurance company abroad).

Meso-level factors are related to occupational aspects, relationships within the health care system and at the workplace. In this regard, respondents planning to emigrate were asked to compare various elements of health care in Hungary with the health system of their most preferred destination country. Based on the results of the four-point Likert scale, respondents believe that the situation of health system and that of health workforce in the target countries are significantly better than in Hungary. The modus and median values are either 3 or 4 for each question (that is, 'slightly better than Hungary' and 'significantly better than Hungary'). Mean values for only one indicator (administrative burden) are below 3 (N=164). The highest average values can be observed for working conditions, professional development opportunities, and work ethics and career development opportunities (3.70; 3.68; 3.49; 3.49 respectively), potential emigrants seeming to be most dissatisfied with these factors. Based on the content analysis of the answers to the

above-cited open-ended question, the most important meso-level factors are working conditions, professional development and career development opportunities, workload, stress levels and burnout risk. The fact that pay gap is not the only important push/pull factor has been confirmed by the interviews. Besides quality of professional work and personal development opportunities, general working conditions, equipment in health care facilities, and workload of employees are also present in the interview partners' narratives.

“Another issue is the situation of hospitals. They are in really, really bad shape. Health workers feel reluctant to work under such circumstances, being worried that they cannot save the patient or cannot provide sufficient treatment, simply because they don't have the equipment or the technology that could be expected” (34 years old, female, 1st category: research doctor at a Hungarian university).

To examine micro-level factors, the perceived importance of various things that respondents (including potential emigrants, those who want to stay, and those who are insecure) would have to leave behind in the hypothetical case of moving abroad was measured on a five-point Likert scale. In this regard, social relationships (distance from family/friends), quality of life (accepting poorer housing conditions), professional performance (taking a job that requires lower qualifications; choosing another specialty) are of utmost importance. Relevance of geographical (local) aspects is shown by the relatively high average scores for ‘moving to a settlement that is less suited to the needs of the respondents’ and for ‘leaving the country of origin’ (in all cases except one, average scores exceed 2.5, and average values of potential emigrants are lower than that of respondents who want to stay). Regarding the answers to the open-ended question, micro-factors have the biggest share amongst all (34%), mostly related to livelihood and living conditions (mainly income). Other factors represent significantly smaller proportions (patriotic and local patriotic aspects: 7%, experience: 4%, family and other personal issues: 3%). The importance of these micro-level factors is also corroborated by the interviews. For instance, kinship relations and social embeddedness, including local identity and place attachment, also have a considerable impact on emigration decision making. As a returning health worker explained why she had migrated back to his original, pre-emigration place of residence:

“Actually, I thought no matter where I lived, and I could live anywhere, but then I realized that this little village, I love being here so much (...)” (54 years old, female, 3rd category, psychiatric nurse).

However, livelihood of the individual and the family, and expected economic benefits of migration, seem to be the highest importance for the interview partners, which is in line with international experience (e.g. Newton et al. 2012).

Conclusions

The results show that the majority of respondents have already considered moving to another country, but only a few of them plan to stay abroad for a long time or permanently. Questionnaires and interviews also demonstrate that, in line with recent studies, household income and perceived quality of life have utmost importance amongst motives, but wage level is not the only factor explaining respondents' attitudes. Health workers live their lives embedded in complex social structures and networks, therefore factors influencing their migration decisions should be evaluated in their interconnectedness. Besides income, other types of capital are also crucial for these people, for example symbolic capitals connected to meso- (e.g. power relations within health care) or micro-levels (e.g. friendship and kinship ties). The main implication from this study is that besides wage policy, national governments have other options to influence health workers' attitudes towards emigration: work conditions, equipment, work schedules, workload, transparency and predictability of the health care system should be guaranteed.

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