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MIGRATION OF HEALTH WORKERS IN THE EU

Abstract:

Migration of health workers for better opportunities either within the country or abroad creates global concern because of the burden of health systems in developing countries. Migration of health workers caused serious global health problem, which is reflected in all aspects of society - structural, political, social and economic. Migration trends of health workers have been studied since 1960. Nevertheless, there is still an imbalance between rich and poor countries. In many cases, the country loses not only an investment in the education of health professionals, but also benefit the workers in health care. Many health systems in developing countries for years suffered from underinvestment, which also translates to low salaries of health workers and poor working conditions. Employers in the recipient countries have in turn lack of experienced people in specific areas and employment opportunities may obtain brains from other countries.

Keywords:

Health workers, migration, brain drain, mobility

JEL Classification: F66, I18

Introduction

Brain drain in the health sector is defined as the migration of health workers in order to achieve better living standards, higher income, availability of modern technologies and more stable political conditions in another country.

The reasons why talented people are leaving include the following: inadequate and unsuitable jobs, low income, bad working conditions, poor infrastructure and technology, low social status and awareness, repressive governments. On the other hand, factors that attract foreign doctors include: better teaching, higher standards of living, better job opportunities and more sophisticated research policies.

Development of migration

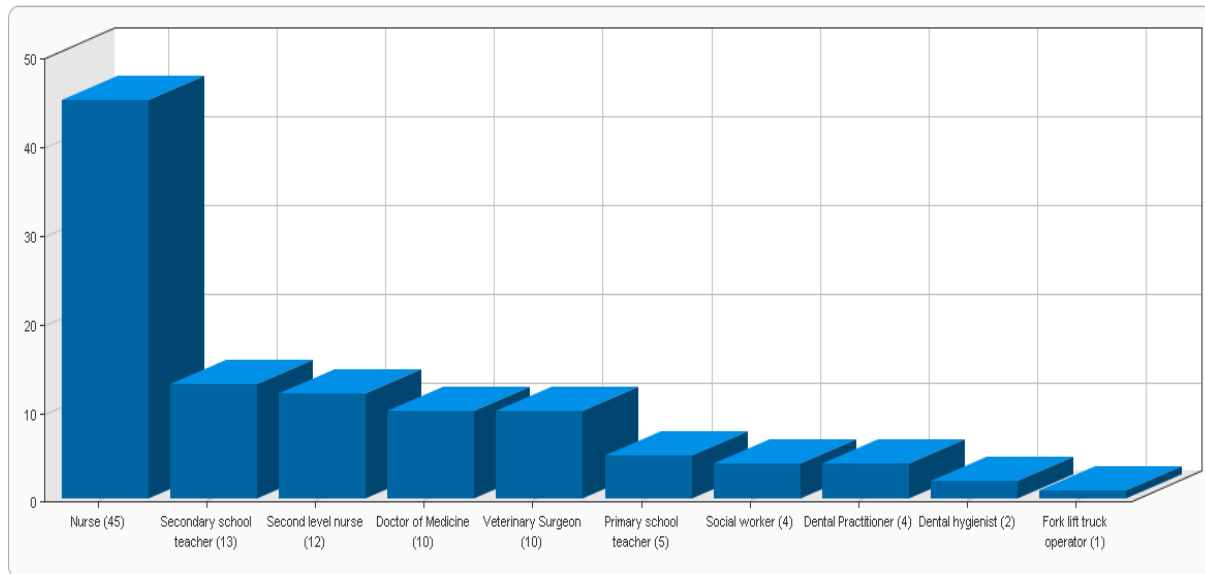
International migration as an important factor for the first time appeared in the 1940s, when many European specialists emigrated to Great Britain and the USA. In 1975 the WHO published a detailed study on the extent of the emigration of health professionals from 40 countries. According to this study, nearly 90% of all migrant doctors departed to five countries — Australia, Canada, Germany, the United Kingdom and the United States. In 1972, about 6% of the world's doctors worked outside their home country. Almost 75% departed to the countries like the U.S., Britain and Canada. From these the most dominating were the countries with colonial and linguistic history, such as India, Pakistan and Sri Lanka. On the contrary, some countries produce more doctors than the real need. In terms of the number of doctors per 10 000 inhabitants and GDP per capita, these countries included Egypt, India, Pakistan, Philippines and South Korea.

The advantages of mobility of health workers within the EU consist on the following:

- Free movement of persons is a fundamental freedom guaranteed by the legislation of the EU.
- Helps to ensure that health professionals go where they are needed the most
- The mobility of highly qualified medical professionals ensures freedom of movement and exchange of experience and knowledge, the continual professional and vocational training
- Mobility is also used in education, in practice, but also for scientific purposes

The disadvantages are mainly two factors, namely, that the study of graduates of the medical school consumed great resources, and the Slovak Republic lacks skilled workers.

Figure 1: Profession, which in 2013 have applied for recognition of qualifications



http://ec.europa.eu/internal_market/qualifications/regprof/index.cfm

In the context of the labour market, the EU needs to increase training and employability among its own citizens, but it will not be sufficient, taking into consideration the importance of the demographic challenges that Europe is facing. A few sectors hit a serious lack of people in the labour market. An agenda for new skills and jobs by the European Commission of 2010 assumes that by 2020 there will be shortage of about one million young professionals in the health sector and in case that this translates into the support staff it will be up to two million.

From the above it turns out that the European Union needs non-European workers. Increased immigration for work is one of the tools that can be used in order to avoid shortages in the labour market in the short and long term.

It needs to be fast, easy and reliable recognition of their qualifications in the EU. At the end of 2012, the Commission has proposed a directive to facilitate the mobility of professionals in the framework of EU rules through professional card for all professions that would facilitate the recognition of qualifications and to speed up the process. Introduction of a European professional card is supposed to bring professionals the possibility of a quick and easy recognition of their qualifications. It should also facilitate the temporary mobility. The card is available according to the expressed interest of each profession, and it is already clear that the biggest interest will be in the card for nurses. The directive also provides for the updating of the minimum requirements for the training of doctors, dentists, pharmacists, nurses, delivery assistants, veterinary surgeons and architects. Harmonization of the minimum training requirements for these occupations took place 20 to 30 years ago. Its update reflects the development of the profession and education in these areas.

If a citizen of the Slovak Republic wants to be able to carry out a professional activity, it is necessary that he/she obtains a doctor's degree of the second grade in a doctor study program. This education can be obtained in the field of general medicine, which is recognized at European level and is comparable with those of all the other Member States of the Union.

Studies of General Medicine at the College takes in daily form 6 years and should include a minimum of 5500 hours of theoretical and practical study and its completion leads to the acquisition of the academic title doctor of General Medicine (MUDr.).

Separately, the doctor may carry out activities only in case of acquisition of a diploma of medical specialties, which can be achieved in further studies. The specialization post-graduate studies build on a university degree in general medicine and takes a minimum of three years. After completion of this study the doctor receives the level of a specialist, according to the respective field of specialization. The length of the study, however, varies according to the chosen specialist field and can take up to 5 years.

The length of the study is proposed to the Minister of Health by the specialist Accreditation Commission of the Ministry of Health in accordance with the directives of the European Union.

Obtaining the diploma of the doctor allows for submission of an application for a license to perform the profession of a doctor to the Slovak Medical Chamber.

For a doctor, it is necessary to continue in further development and improve his services in the respective field. In order to be able to perform other work in the field, he/she has to gain a certificate for the implementation of the certified occupational activities (for example improvement in the diagnostic or therapeutic method, e.g., endoscopy).

In medical practice, in addition to the specialist certification training we encounter postgraduate education term. Here is the third stage of higher education, which is based on the own contribution of the student, which is the result of scientific inquiry and a separate creative activities in the field of science or technology. Here the student achieves the PhD title.

Preparation of Nurses, Medical Assistants and Sanitary Workers

To carry out the professional work of nurses it is according to new legal regulations required that any professionally inexperienced citizen of the Slovak Republic gained higher vocational education in the field of a qualified general nurse at a medical school or university degree of the first grade - Bachelor's degree in nursing. Both degree programs must meet the requirements of the relevant directives of the

European Union, that the study has to take at least three years and include 4600 hours, which are fairly divided into theoretical and practical part.

After the entry of Slovakia into the European Union had to be subdued full middle vocational studies in the field of General nurse and the higher vocational study was preserved.

After passing the first level of higher education in the field of nursing, nurses continue to the second stage in the field of higher education. This second degree, however, is not a prerequisite for the implementation of the work activities of a nurse. The license for the performance of the health care profession is issued by the Slovak Chamber of nurses and delivery assistants.

Lifelong Learning

Act No. 578/2004 on Health Care Providers, Health Care Workers, trade organizations in the health sector and on amendments to certain laws defines continuing medical education as a continuous renewal and maintenance of acquired professional competence in accordance with the development of the relevant sectors throughout the time of the medical profession. The participation of a medical employee on scientific event that is focused on the presentation of a pharmaceutical product with the participation of manufacturers of medicinal products, shall not be deemed constitutional education.

Continuous education for health professionals provides the employer and the chamber in which the health professional is registered, either separately or in cooperation with educational institutions and professional societies of the Slovak Pharmaceutical Society, or other internationally recognized professional societies or associations and providers, if not otherwise specified.

Continuous Education of Doctors in Practice

The objective of doctors in a period of five years is to reach a certain number of credits. Doctors are thus, in addition to the practice dealing with educational activities and a variety of research projects. Those who do not have this possibility gain credits at conferences. The doctor can attend a conference in a two different ways. In the better case he receives an invitation from the sponsor, where it is necessary just to take part. More often, however, doctors find themselves in situations when they must send the application to the Conference themselves and pay the stay from their own pocket.

A doctor may attend conferences as a:

- **listener only** - the stay is paid by him/her fully. Participation must be in both cases confirmed by a signature on the attendance sheet, which shall be signed either immediately upon arrival or at the end of the conference. Sometimes it happens

that there are people inspecting the signatures and controlling the presence at the conference (mostly at national or international conferences, however, not as a rule). However, the signature on the attendance sheet does not guarantee the presence of signed persons on lectures. When it comes to the credits, the least they are given for presence. Confirmation is issued, usually at the end of the Conference. Participation in the Conference, therefore, does not guarantee anything.

- **lecturer** - pays less, or nothing. The number of credits is increasing.
- **author** - pays nothing or a symbolic price. The author does not have to be present at the Conference, in order to earn the credits, but in that case he/she will receive less.

In Slovakia, it is not known how many students go abroad and the Ministry of Health does not have accurate information. The Ministry only has an overview of how many certificates of the equivalence of study it has released, even if the information relates to the Czech as well as foreign doctors. In the years 2011 and 2012, the Ministry of Education issued 198 certificates of equivalence in the professions of doctor for the graduates of general medicine, of which 100 for the applicants with Slovak nationality. The Ministry does not have accurate information about the number of doctors who perform activities outside of Slovakia. Dean of the Comenius University School of Medicine in Bratislava claims that 8 out of 10 medical students is planning to work abroad after graduating. Mainly doctors and nurses as representatives of skilled workers depart from Slovakia.

On the basis of the information which has been published in the Czech Republic, there is approximately 100 doctors and more than 1,500 nurses from Slovakia. In Austria it is over 120 and more than 300 in Germany. In the UK there are more than 200. According to the organization Doctors Without Borders there is more than 2000 Slovak doctors working abroad.

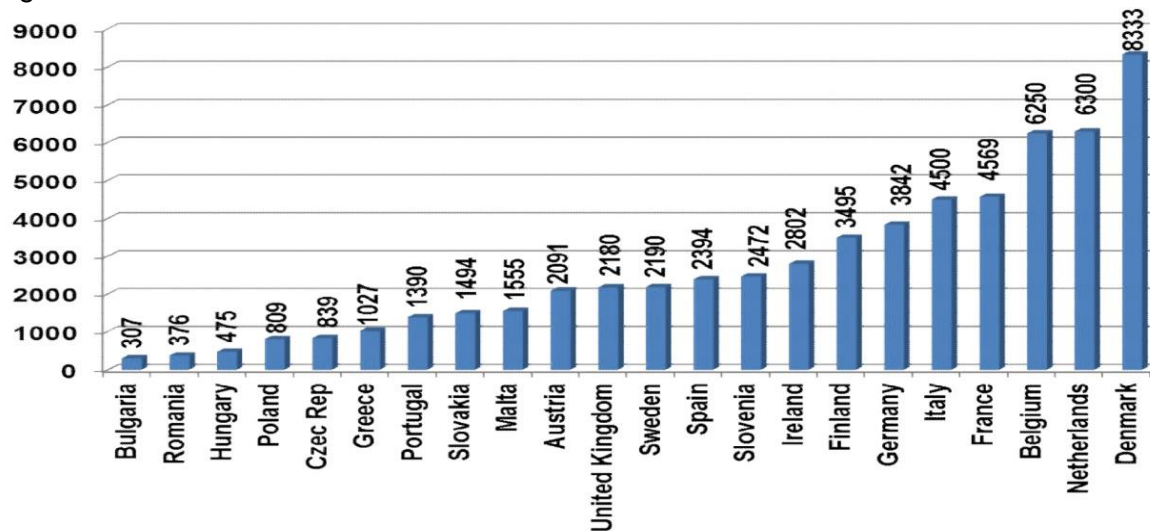
Germany is the only country with an interest in the non-specialized graduates without certifications. In 2012, they obtained around 144 doctors and among them was a third of medicine students.

In the EU countries the conditions for doctors are much better, especially the financial ones. In the age of open labour market for the countries of the Union have young doctors without language barriers all the possibilities to find adequate employment beyond the borders. British doctors are leaving work to get better paid jobs in wealthy Arab countries, German or Austrian doctors are getting their jobs, but also jobs in Switzerland or Sweden. And their jobs are picked up by doctors from the Eastern countries of the Union, including Slovakia.

In some cases (Finland, France, Germany, Italy, Poland, Slovenia) are the minimum wages equivalent to the average doctors wage in the country. In Belgium, Denmark, Italy, the Netherlands and Slovakia, the minimum salaries of doctors are higher than the average wage. In Austria, Ireland, Portugal, Romania, Spain, Sweden and the

United Kingdom, the average salary of doctors are between the minimum and maximum pay. In some cases is the maximum salary of physicians (Greece and Malta) even lower (Czech Republic and Hungary) than the average national wage. The figures are only relative, because the absolute values show a big difference between the individual Member States. In addition, these data concern only the salaries of doctors, but does not reflect income depending on private practice. It should be added that each country is at a different level of competition. The important thing is the tax burden in the respective state, prices of goods and services, taxes etc.

Figure 2: Minimum Salaries of Health Care Professionals for the Year 2011



http://www.liganet.hu/news/6205/F11071_EN_European_Hospital_Doctors_Salaries.pdf

The increasing migration of health workers from the EU-10 countries gives rise to an increasing concern in the directly affected countries, as well as in the whole of the EU, since it would be able to deepen the already existing differences between the countries of Western and Eastern Europe. Some documents relating to EU policies have already been confirmed, including the adverse effects of the Green Paper on the European Workforce for Health, published by the Commission in 2008, which states that „freedom of movement can have a negative impact in that it can cause imbalance and inequality in terms of the availability of health care professionals”.

Labour shortages in the health sector and social welfare are affected not only by the countries in the EU-10, but also in other Member States. Large outflow of labour from the EU -10, however, would certainly worsen the situation in this group of countries. In the package of measures for the employment by the European Commission from 2012 "Towards economic recovery accompanying the formation of a large number of jobs," it is recognized the important role of the sector

of health and social care to expand job opportunities. As one of the main challenges identified in the EU is increased labour shortages, along with “aging workforce in the health sector and the lack of new labour, which would replace the retiring employees;

by creation of new models for treatment of a variety of chronic health conditions; increasing use of technology, which requires a combination of new skills and different levels of abilities and work habits".

Despite the huge outflows and the already apparent lack of labour in the EU-10 in some professions are currently not implemented any policies to attract health workers from third countries. The causes are partly political and partly economic, policy makers are reluctant to adopt this solution for deteriorating living conditions, decreasing economy and high unemployment rate.

In addition, there is a general notion that labor shortages in the health sector should be addressed by other means, for example by increase in wages, improving working conditions and training, which has already been the subject of research in some of the Member States. In addition, in certain areas of health care, it is urgently necessary to replace manpower.

Although there is some evidence to suggest that the migrant health workers have jobs that are at a lower level than their qualifications, better living and working conditions in the host countries of EU-15 compensate this negative aspect. For this reason, one cannot expect an extensive backward migration.

Conclusion

After identification of the sources of the existing deficiencies in the health sector would be one of the main objectives of any long-term strategy the determination of the most appropriate ways of resolving the problems. Useful, for example, could be a thorough analysis of the causes of major differences of all qualification requirements in the health sector and social work within the EU. Other possible solutions to this problem are

- Assessment of the level of expenditure on manpower in the health sector
- Ensuring better working conditions for health workers, increase motivation and morale of the staff
- Consider recruitment and training campaigns, in particular in order to take advantage of growing share of employees over 55 years in the workplace and those who no longer have family commitments
- To create the conditions for more effective deployment of available health workforce
- Consider the campaign under the slogan, "back to the practice" in order to motivate those who left the health sector
- To promote greater social and ethnic diversity in staff recruitment
- To raise awareness in schools about a wide range of careers in the health sector and sector of social health care

In the current globalization and very accessible and easy transport across continents has the outflow of workers a different dimension. In a globalised world, the physical presence of a person can, but also does not have to have any impact on the care of human health. Health specialists in developed countries can through telemedicine provide services in other countries. Speed of communication, travel and greater

cooperation between the countries also contributes to this fact. These opportunities provide a chance that specialists operating abroad can contribute to the development in their own countries.

Health services are a rapidly growing sector of the world economy. Telecommunications services and information technology allow for providing telemedicine and teleprevention services. High quality education and research opportunities are among key factors that will attract home talents.

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