

# **MEDICAL PROFESSIONAL'S EMIGRATION: CAUSES AND THE CONSEQUENCES**

*Antanas Janusauskas, PhD, Dr. Assoc. Prof.*

*Valentinas Tumas, Lecturer*

Faculty of Public Security of Mykolas Romeris University,  
Kaunas, Lithuania

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## **Abstract**

The consequences of emigration of health professionals in Lithuania are perceived rather negatively. Emigration of Lithuanian health professionals is seen as a loss of investments made in the process of preparing healthcare personnel. Medical or healthcare related studies are expensive and they are offered to Lithuanian citizens for free, whereas the skills and knowledge passed to students may be used in other countries, where work opportunities are much better than in Lithuania. However, the economic reason still prevails. Health professionals want to work and get such remuneration for their work that will allow them to live on a quite good level. Salary of our physicians is not low, but keeping in mind, that physician's work is very hard, responsible, requiring permanent training and skills development, the salary should be yet higher. In other countries the medical professions are respected, have higher position in the hierarchy of respected professions. Emigration of health professionals has been an object of much policy discussion in the global context for many years, however, in Lithuania it is a new phenomenon.

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**Keywords:** Emigration, health care, medical personnel

## **Introduction**

Following the demise of Socialism, Lithuanian healthcare system has been fundamentally changed. After regaining independence, Lithuania started the reforms in the health care system focused on improving population's health, establishing consumer choice and improving the quality of care. In order to conduct the planned reforms, it was necessary to replace the old model based on narrow specialties with one of integrated primary care focused on general practitioners. The reforms of the health system occurred alongside major structural changes in Lithuania.

Migration may be regarded rather beneficiary for Lithuanian health care system than damaging. The experience of short-term work abroad brings into Lithuania new ideas, knowledge and strong motivation to work in Lithuania as a home country after working abroad. The negative impact of migration is the fact that usually young people migrate, while older people stay, and this means higher level of expenses in the health system. If emigration of health professionals does not stop, there will be a problem of the lack of specialist in the future, for the next generations. The negative impact has also emigration which is one way, and which in fact deprives Lithuanian health system of qualified workers. And according to some of the experts, this is the problem of emigration of health professionals from Lithuania. The lack of particular qualifications in the health care system cause that those who stayed work more, because they want or have to in order to achieve higher salaries, and the risk of mistakes, accidents at work may be increased.

There may be various patterns distinguished while observing emigration of Lithuanian health professionals. However, leaving Lithuania in order to work abroad also took place before the European Union (EU) enlargement in 2004. Membership of the EU brings with it the right to the free movement of people, goods and services anywhere within the EU borders. This right has implications for the movement of both health professionals and patients across borders. On average, the working conditions and pay for healthcare system employees were significantly worse than those in the “old” Member States of the European Union. Satisfaction from work among health professionals was also considerably lower.

There are several factors associated with emigration flows that can stimulate emigration and affect the choice of a destination country. These factors have been identified and discussed in many recent reports. The key ones for the health workforce include: professional, organizational, environmental, individual, family and other factors. That increase the probability of being mobile higher educational level, portability of skills, single status, fluency in the language of a potential destination country, heavy workload, insufficient compensation, a dearth of career prospects or further education opportunities, and lack of recognition, poor economic conditions and the presence of relatives or friends who have already emigrated. Daugeliene and Marcinkeviciene (2009), Dussault et al. (2010), Jankauskiene (2009), Janulyte et al. (2011), Labanauskas (2006), Padaiga et al. (2011), Rinkevicius and Kazlauskiene (2006), Rosinaite and Bucaite-Vilke (2012), Starkiene et al. (2008) and other authors have investigated problem of international migration of Lithuanian health professionals and medical personnel emigration.

This article focuses on the problem of medical professional’s emigration from Lithuania. The objective of this paper is to highlight the complexity of

the causes and the consequences of medical professional's emigration from Lithuania and present arguments of this phenomenon.

The following methods of investigation have been applied: analysis of scientific literature, analysis of documents.

### **Analysis of the problem**

In the context of low salaries and unemployment within Lithuania, labor emigration became a mass phenomenon at the end of the 1990. Health policies and health sector reform, which often result in budgetary and public sector employment cuts, mandatory retirement and uncertainty in the public sector labor market, can also stimulate emigration. This factor is likely to become more pronounced over the next few years in the Region as health funding and health employment levels come under cost-containment pressure. Yet the same factors may also limit employment opportunities in potential destination countries that face economic difficulties. Analysis of the situation of emigration processes in Lithuania has brought about conclusions about chaos and instability in political, economic and health sectors. The significant differences in the political statements and strategies of the officials forming the state policy and the top managers the health care, on the one hand, and the practicing health professionals, on the other hand, are significant in terms of level of information and attitude towards the emigration process. The recent reforms in Lithuania did not affect the emigration process because the Lithuanian health system continued to bear most of the features of the Soviet health care system. The majority of the Lithuanian health professionals who emigrate are physicians and nurses. Emigration certainly worsens the possibilities of the health system to effectively satisfy the needs of the population for health services. According to several respondents, if the conditions for work and the health professionals' payment get better, many of them would return from other sectors of the healthcare sector to the medical practice. Similarly as in other countries of the region, there is no data on exact numbers of emigrated health professionals available. Any estimation is extremely difficult due to, among others, unregistered flows of health professionals as well as legal and illegal involvement in work performance in countries of destination. The most popular destinations for Lithuanian health professionals include Sweden, Norway, Denmark, Germany, the United Kingdom, and the USA. These countries are characterized by high level of wages, perceived better social security, satisfactory working hours, clearer organization of work and more attractive opportunities to increase qualifications. Recruitment agencies, family and friendship ties as well as social networks in these countries play a significant role, too. It is important to emphasize the role of family status, professional experience, previous migration experience or experience of

studies abroad in decisions on migrating or not, which may be particularly observed in individual stories of migrants. This also prompted to study the strategies of migration (in terms of length, character, degree of organization, awareness of the future job before leaving) at individual level and all the factors (both personal and external) leading to changes of these strategies.

The EU framework within which Lithuanian health professionals move at the moment may be also treated as a facilitator of decisions about mobility. However, the economic reason still prevails. Health professionals want to work and get such remuneration for their work that will allow them to live on a quite good level, without daily worries about bills, money for clothes, money to support the family, to invest in professional development. Salary of our physicians is not low, but keeping in mind, that physician's work is very hard, responsible, requiring permanent training and skills development, the salary should be yet higher. Physician's expenditure are higher, because they should buy new literature, look decent, attend cultural events, finally, they need the own home here and now. Inadequate, since too low, remuneration for medical professionals is accompanied by insufficient respect for some medical specialists. In other countries the medical professions, such as physicians and nurses, are respected, have higher position in the hierarchy of respected professions. It is partly not the case in Lithuania, since only specific categories of health professions are respected, while others seem to occupy much lower positions in the social hierarchy. Although medical field is regarded professional area requiring high qualifications, some occupations are respected to a significantly lower extent than others, like surgeons or oncologists. The only thing that "spoils" the prestigious image of physicians is actually bribe taking that is frequently associated with this medical profession. In general, the low respect for medical professions may also affect the atmosphere of work in the country and motivation to migrate and start working abroad. In case of nurses, more responsibilities followed by higher salary may mean more respect expressed by the decision makers and patients.

In general, migration of health professionals is a loss for the Lithuanian society and the healthcare system, since educating health professionals was very expensive, and if they emigrate, the investments made to qualify health professionals are perceived as lost. In some areas of healthcare there are also shortages of specialists. Migration of health professionals may be also the result of the lack of adequate calculation of the demand for health professionals. The universities in Lithuania prepare too many new physicians and other medical specialists, who then cannot find the job or who are dissatisfied with the salary and then they decide to migrate. It seems that entering the profession after completing studies or other levels of education may not be easy for the health professionals. Emigration of health

professionals from Lithuania has become intensified in recent 5 years, which is rather linked to the Lithuania's accession to the EU. Health professionals in Lithuania noticed that in this period their colleagues and acquaintances started thinking about migration and some of them actually left Lithuania. In many cases this was supposed to last relatively short and was aimed to earn money that would then constitute a reserve after the return to Lithuania. However, in some cases this experience was prolonged and not planned long-term or permanent migration became the part of health professionals' lives. All in all, despite many disadvantages migration seems to be not the very first measure to improve someone's living condition or professional status. Migration is not so simple process, when during one day you pack the luggage and go. It is a whole process beginning in the head. Till physical act of migration there is a very long period. The period of thought is very hard. And this is why foreign healthcare system offering much more attractive conditions of work must also wait for Lithuanian health professionals and will be attractive enough for the minority only.

### **Reasons of migration and lessons learnt in foreign countries**

An attractive factor pulling Lithuanian health professionals to work abroad may be some organizational solutions that limits the workload and make the work performance more pleasant. For instance, it is usually thought that there is too much paper work in Lithuania. In many countries there is software used, there are templates and documentation does not take so much time. There is sometimes lack of managerial skills visible. There is no need for separate migration policy encouraging or inhibiting migration of health professionals in Lithuania and there is no such existing. The issue of migration of health professionals should be addressed by the overall social policy, and this rather influences the migration processes. Primarily, the working conditions and salaries must be improved in order to make Lithuanian health professionals more attached to the health system in Lithuania.

According to the experts' opinions, there should be some agreements worked out between the sending and receiving countries. Such an agreement would assume the reimbursement of education costs of health professionals (receiving country should pay to sending country). Thus health care system suffering from shortages of health professionals would pay for education of which cost is pre financed by the sending country. Among the factors encouraging migration of health professionals, there are:

- unsatisfactory wages (low wages in Lithuanian health care system in comparison to wages offered in destination countries);

- unsatisfactory workload (weak interface between workload and remuneration, particularly as compared to expectations concerning workload and wages abroad);
- unequal competitive opportunities and individual, subjective feeling that in foreign health care system the conditions are better; better funding of health care systems in other countries;
- insecure social guarantees and searching for better social conditions;

Sometimes situation of a family may be an important factor (marriage, reunification, children's well-being). If a potential destination country, having shortages in health care professionals, performs active recruitment, there are also bigger chances that Lithuanian health worker will be attracted by such actions. Additionally, physicians justify their preference for migration through motivation to work as a physician, and not as an administrator or an office worker. However, the economic motives seem to be the most important.

On average 1-2 percent of all doctors leaves Lithuania per year. This number is insignificant. According to the statement of the representative of Ministry of Health, there are no data on exact numbers of emigrated health professionals, and any estimation are extremely difficult due to illegal and legal flows of health professionals as well as legal and illegal involvement in work performance in countries of origin. As a consequence, situation with statistics on mobility of health professionals in Lithuania is similarly bad as in other countries of the region.

The main obstacles preventing migration are very high requirements in destination countries, exceeding even good qualifications obtained on Lithuanian universities. Lack of language knowledge seems to be one of the most important factors making people rather stay than leave for another country. The entry barriers for Lithuanian health professionals in Western countries of Europe are rather high, since the license itself is not enough and professional qualifications must be recognized. Of importance may be also the established, secure position of health professionals in the health care system in Lithuania.

The issue of emigration of doctors and nurses from Lithuania is neglected by state institutions, but professional organizations tend to emphasize this subject. International migration of doctors may have positive impact on doctor's experience. International experience of returned migrant health professionals may improve working conditions and efficiency of work performance due to sharing good practices and experiences acquired abroad. Lithuanian health care system is not open towards students or health workers from abroad unless they know Lithuanian. In general the society is also not so open towards doctors from abroad. It is even resistant towards resident doctors. It is rather impossible to attract health professionals from abroad to

periphery of Lithuania. Only single cases of health specialists from abroad, educated in Lithuania decide to stay after completing studies and residency. Usually they stay because of marriages.

Recruitment agencies, family and friendship ties as well as social networks in these countries play a significant role, too. The most mobile are health professionals for whom the requirement of knowledge of the foreign language is minimal. The concrete professions and specializations are deficit in the destination countries, which mean that for instance anesthesiologist or surgeons will easily find a job in their profession. Other specialists prone to migration are cardiologists, surgeons, good midwives, deontologists, pathology specialists. The fact that those who migrate are usually the best qualified health professionals is very painful for the health system in Lithuania. Moreover, those who migrate are also young health specialist which is an additional loss for the Lithuanian health system. They do not see good opportunities for further development in Lithuania and are not very welcomed by older specialists who achieved some top points in their professional careers and with established position in the system they do not have so many reasons to complain on the salaries and conditions of work. In theory, young physicians are equal actors on the labor market. The problem of brain drain in the context of migration is present in reflections about health care system in Lithuania, however to a much lesser extent in the state authority representatives, who do not see any problems with brain drain if Lithuanian health professionals decide to migrate, but return, and the volume of migration to other countries is very low. Medical studies are usually free and graduates are interested in going abroad which means that money invested in their education are not returned through medical services they deliver, because they are delivered abroad. There was a plan to enforce an obligation for residents to work for some time in Lithuania until they will return the cost of education. This idea was, however, heavily criticized by young people.

Among factors encouraging Lithuanian health professionals to consider external migration there may be also the media releases in which successful stories of Lithuanian health professionals working abroad are presented. The state should control migration flows. From the state' point view, migration of health professionals is the waste of brain and money. Interestingly, Lithuanians who migrated abroad return sometimes to Lithuania if they need medical treatment, since the standard of health care is regarded by them as satisfactory. Existing social networks play an important role in taking decisions on migration in case of health professionals. Health care workers usually run a stable, settled life, but they may decide to go abroad if they are invited by their former colleagues, already settled in foreign countries. Among factors encouraging Lithuanian health professionals to consider

external migration there may be also the media releases in which successful stories of Lithuanian health professionals working abroad are presented. The state should control migration flows. From the state' point view, migration of health professionals is the waste of brain and money. Interestingly, Lithuanians who migrated abroad return sometimes to Lithuania if they need medical treatment, since the standard of health care is regarded by them as satisfactory.

In general, migration of health professionals is a loss for the Lithuanian society and the healthcare system, since educating health professionals was very expensive, and if they emigrate, the investments made to qualify health professionals are perceived as lost. In some areas of healthcare there are also shortages of specialists. Migration of health professionals may be also, as some interviewees claim, the result of the lack of adequate calculation of the demand for health professionals.

Young health professionals are often very well informed about work opportunities, salaries and conditions of work abroad. Thus, they try to make rational choices. They are goal oriented; they want to achieve stability and financial security faster and in better conditions. However, they may also be 'trapped', if they decide to use special schemes of employment abroad. It is better to be employed according to the law of the destination country and directly by the foreign employer, without intermediation of recruitment agencies, for which sending health professionals to other countries is just a profit-able business, not always very beneficiary for individual health professionals. Working directly for foreign employer may guarantee better conditions of work, higher salary, and full social security due to local laws. On the other hand, among migrating health professionals from Lithuania there are persons with relatively stable and satisfactory position in the native health care system, middle-aged, with adult children. For them migration, especially short-term, to a particular destination, on a known basis, is a kind of valuable experience and a way to acquire savings. It seems that in the case of this group the role of recruitment agencies may be much bigger than in the case of young health professionals whose choices may be more spontaneous and based on their social capital. However, the latter one is not neglected by more experienced health professionals.

Postponing or giving up return may also stem from the fact that health professionals coming from Lithuania become very attached to the new place of living, feel comfortable and see the future of their families just in the destination country. More often, though, Lithuanian health professionals would prefer to work abroad only, achieve some economic stability and be able to live in their home countries. Among factors preventing health professionals from migration, which was found in both phases of the study, there are mainly:



- Entry barriers in Western European countries regarded as very high;
- Established, secure position in the health care system in Lithuania;
- Attachment to the country and/or family based in Lithuania.

Importantly, 90 per cent of health professionals in Lithuania are women and they may be often involved in family life and running homes along with professional career. This may be the reason why they are not very mobile in both internal and international terms. However, these are the potential migrants and persons encouraging them to live who are more initiative. Active recruitment has not appeared in this study a significant element of the mobility of Lithuanian health professionals. On the other hand, among migrating health professionals from Lithuania there are persons with relatively stable and satisfactory position in the native health care system, middle-aged, with adult children. For them migration, especially short-term, to a particular destination, on a known basis, is a kind of valuable experience and a way to acquire savings. It seems that in the case of this group the role of recruitment agencies may be much bigger than in the case of young health professionals whose choices may be more spontaneous and based on their social capital. However, the latter one is not neglected by more experienced health professionals. It seems that the most important factors attracting health professionals to decide on work abroad are the following:

- Possibility to earn more and focusing on fair performance of the tasks, without rushing from one place of work to another; well-balanced working time;
- Varied offers of professional development, e.g. for young health professionals, PhD students, qualification courses, languages courses;
- Emphasis put on development on individual and global (progress in medicine as a science) level felt in everyday work through putting efforts to enable both patients and the healthcare system benefit from work performed by individual health professionals;
- Emphasis put on communication skills as important element of work performance and work organization; respect for medical professions, expressed by decisions makers and the society; orientation of the healthcare system towards guaranteeing the best conditions of work for health professionals who would do their best in the process of patients treatment;
- Treatment of each patient as a process agreed upon by group of specialists, which allows in exchange of experiences and extending practical knowledge faster; opportunity to attend high-level conferences, bringing new knowledge, not only possibility to meet others and have some food; possibility to have qualifications fully and efficiently applied through proper organization of the system and work of the personnel;

- Possibility to experience work in other cultures; possibility to look at the experiences from Lithuania from a new perspective of work abroad; possibility to contribute to the improvement of the management in the healthcare sector, which is still not very probable in Lithuania in general, since there management in the healthcare system is based on politics rather than on evidence-based knowledge.

Young people who have “nothing to lose” did not search for jobs in Lithuania and tried to initiate their professional career abroad. They usually migrated alone and were ready to stay longer. Simultaneously, opposite patterns could be observed among older health professionals, with established professional position and with one’s own families based in Lithuania.

Health professionals who decided to work abroad permanently describe their experiences from work in the Lithuanian healthcare system from their new perspective. Importantly, the picture of these experiences is often not positive. Practical and political aspects of this system functioning seem ridiculous. Irrational distribution of healthcare staff and irrational organization appear as the main disadvantages of the system. For the Lithuanian health professionals, first months in healthcare system abroad may be quite difficult. What is usually seen by them later as advantages, it is usually shocking at the beginning. It often relates to organization of work, hierarchy and communication channels in the system. Nevertheless, it should be emphasized that despite all the factors that seem to be very attractive abroad may not mean more than attachment to the home country. Importantly, one of the lessons learnt abroad is the fact that staying away from the home country may be an exhaustingly hard emotional work. Thus, the conditions of work and stay abroad must be really encouraging in order to compensate the missing home country, friends, family, mentality and habits.

## **Conclusion**

The emigration of Lithuanian health professionals is caused by better job opportunities. First of all, health professionals go abroad to take up jobs for fixed term. Sometimes they go to another country for educational purposes and then they find a job. However, the outflow of Lithuanian health professionals was expected to increase dramatically after Lithuania joined the European Union in 2004, due to the forthcoming free movement of employees and economic gap between Lithuania and EU. As it was already mentioned, the accession raised fears of medical “brain drain” causing severe consequences for the functioning of national healthcare system. These concerns were partly motivated by surveys of health professionals’ intentions to emigrate, which were held before the enlargement. Basing on the analysis

of information, it can be said that emigration of health professionals from Lithuania is not a mass-scale phenomenon. In qualitative terms it may cause some problems for the system, but in quantitative terms emigration are not so important issue. Economic motivation is an important factor taken into account in decision-making related to emigration. However, of a great importance are also social, cultural and family ties. Simple, individually based, calculation of potential gains and loss with regard to professional career and private life is usually an element preceding departure from Lithuania. Moreover, emigration plans change often, which may cause that primarily assumed short-term emigration becomes a permanent one, while the expected permanent stay of successful health professional from Lithuania finishes with return to Lithuania due to attachment to home country. Among the individual consequences of emigration there may be indicated the following: financial stability, important experience acquired, improved language and communication skills and possibility of increasing specialist qualification. In a systemic perspective, the consequences of migration of health professionals in Lithuania are perceived rather negatively.

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