

## The Medical Profession – A Brief Approach in Terms of the Labor Market

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### Abstract

*The crisis of human resources in public severely health affects the population's access to quality medical services. Through this paper, the authors attempt make some correlations with the phenomenon manifested on the labor market, namely the migration of medical personnel. The necessary clarifications are provided of the causes and effects of this phenomenon, but the extent of negative manifestations is also described, as well as some trends that have emerged following the implementation of the legislative measures of a high salary in the state health sector (2017). We also refer to the fact that concrete strategies and plans have recently been adopted regarding the development of people in the public health sector, centered on working conditions - the modernization of health facilities, the provision of new/advanced equipment, etc. -, to which it is associated with the granting of facilities for practicing the profession in isolated areas and in deficient specialties.*

**Key words:** international migration, medical personnel, scope, public health, support strategies/plans

**J.E.L. classification:** H11, H51, H70, I15, I18, M48

### 1. Introduction

Persons working in the health sector, beyond a certain specifics related to the details of training and practice of the profession, are subject to principles, rules, laws, etc. that generally characterize the labor. As a result, we believe it is important to monitor the effects manifested over time, particularly with regard to the phenomenon of medical migration.

This is mainly because "The migration of Romanian doctors is a highly topical component of the more general phenomenon of labor force migration from Romania, and its socio-economic relevance concerns its effects on the public health system." (Dornescu & Manea, 2013).

Obviously, the phenomenon does not only affect doctors, but also other categories of staff. The problems that arise are often - if we take into account the fact that the migration of medical personnel has large-scale dimensions - of an ethical and social justice order (Cehan, 2013), these not finding quick solutions. Moreover, Professor Astarastoe estimates that the difficulties caused to the country by the migration of doctors affect the very national security of the Romanian state (Astarastoe, 2011), at a time when some countries have policies based on high funding allocations to attract doctors from countries such as Romania.

While this appreciation may no longer be as valid today, with some experts even speaking about positive effects - important remittances entering the financial system of the country of origin, the formation of connections with the diaspora, advantageous exchanges of experience in the medical field, etc. (Săcălean & Boglarka, 2016), we reveal however the idea (found in Driouchi & Kadiri,

2010) that the migration of medical personnel puts major difficulties to the economic development of the health sector, education and, above all, the general health of the population in the country from which the doctors leave.

The structure of this paper includes, following this introductory part (1): Theoretical background (2), the description of the Research methodology (3), The migration of doctors, a phenomenon specific to the functioning of the labor market. The case of Romania: Size, causes and consequences (4) (with subdivisions: 4.1. General considerations, 4.2. How the medical staff is statistically presented after the manifestation of the migration phenomenon in recent years, 4.3. recently adopted strategic elements on human resources development in the public health sector) and Conclusions (5).

Once the importance of the research topic has been revealed here, it only remains for the Bibliography at the end of the paper (6). To list the sources of our documentation, considered by the authors to be current and credible.

## 2. Theoretical background

The topic of our work has been approached in a similar way by other researchers. For example, (Stanciu & Toma 2020) treat this issue by seeing the situation as "brain drain" and "elite migration". We note that these, researchers convincingly insist, before, on the theories of migration - that of push and pull factors, the materialist theory of migration, the theory of the dual market or the segmentation of the labor market, the classical theory of assimilation and the theory of social networks - after which they stop on labor migration in the European context and the process of Europeanization.

By conceptualizing the brain drain phenomenon and the elite migration, it presents the most important elements of the mobility of Romanian doctors in France between 2007 and 2019, and finally make some recommendations to counteract the negative effects of the brain drain phenomenon among Romanian doctors. In essence, they aim at "improve working conditions for Romanian doctors and create a professional context that focuses on their motivation and professional involvement at the national level." (Stanciu & Toma 2020).

In this regard, we observe certain concordances with those found by other Romanian researchers (Botezat & Moraru, 2020; Apostu et al., 2020). Tilea et al. (2013), after deepening Health workforce mobility and Characteristics for Romania, identify the causes and effects of the phenomenon at the national level, but also make some proposals for improvement.

The causes are mainly those in the area of the health system financing, health workers' salaries, incoherent strategy of the health sector reform or shortcomings in recruitment/employment modalities. In order to avoid the risks that arise (difficult access to quality medical services, severe damage to the health of the population, storage of specialists, etc.), it is proposed that policies should target human resources (fairness in recruitment and career advancement, reward according to demonstrated performance, improving access to continuous training and specialization programs, etc.), and facilities, which would ensure access to high-performance instruments.

Păunică et al. (2017) investigated - on the basis of interviews - the opinions of doctors in the national health system regarding the perception of international migration, and found a multitude of "gaps of the health system, transformed into decision-making arguments for international emigration." However, it is clearly revealed that there is also a minimal benefit - related to the value generated by this phenomenon after the return and settlement of doctors in the country of origin. Thus, it is presumed that from this point onwards "the valorisation of experience and professional skills gained other countries' health systems begins." (Păunică et al. 2017).

Other authors (Suciu et al. 2012) report "the foreseeable impact of the financial crisis on the Romanian health system and its possible configuration in the post-crisis period". Among the explanations given for the massive migration of medical personnel are: the existence of a small number of available posts, unsatisfactory working conditions and modest remuneration for the work performed.

According to Săcălean & Boglarka (2016), it is impossible to stop the "brain drain" by administrative means, but within a certain time horizon it is possible to bring the phenomenon under control in the interest of Romanian citizens.

### 3. Research methodology

The socio-economic complexity of the the subject matter requires us to study in depth several theoretical works (articles in periodicals, books or book chapters, etc.), but also some of an applied nature, especially of a statistical nature. In order to make our work more typical in terms of the date and information it contains, we analyzed and referred to the recent reports issued by certain prestigious national and international organizations/institutions.

Certainly, the use of various statistical sources did not exclude from our part the analysis based on the interpretative method. As a result, we believe that we can provide with this paper a good picture - from the point of view of the economy of the labor force specialized in the medical field - of the migration of Romanian doctors.

If the importance of the research topic has been justified in the introductory section, it only remains for the bibliography at the end of the paper to list the sources of our documentation, considered by the authors as current and credible.

### 4. Findings. The migration of doctors, a phenomenon specific to the functioning of the labor market. The case of Romania: Size, causes and consequences

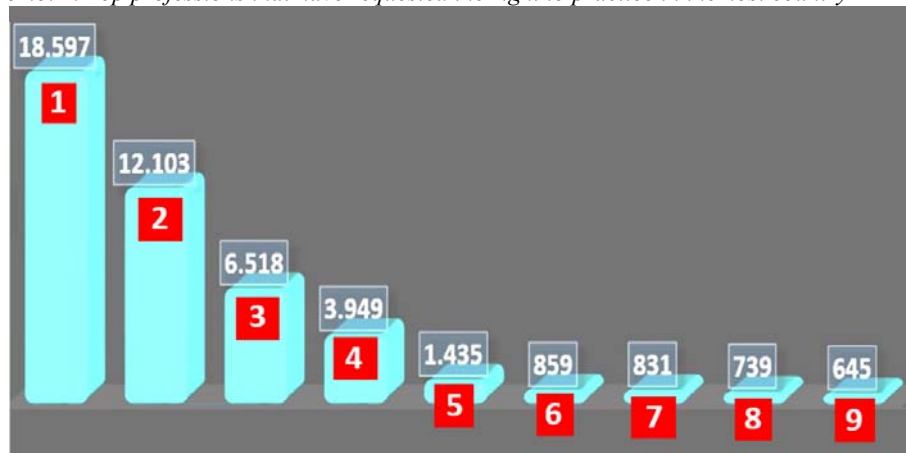
#### 4.1. General considerations

From the perspective of the sub-theme, it should be noted that the last two decades have seen a global increase in the migration of health workers, particularly doctors. The some applies to Romania, particularly after its accession to the European Union (2007).

There is nothing unusual about this, all of which is "a highly topical and important component of the wider phenomenon of labor migration", with the most common direction of movement being" particularly from countries with lower incomes and those with systems of fragile health towards countries with higher earning potential." (Săcălean & Boglarka, 2016). Understandable, the reason are economic (financial interests of the subjects, but not only, there are often other motivations as well), and those wishing to practice in other states cannot be stopped, having a whole series of rights enshrined by the Universal Declaration of Human Rights.

At EU level, the most professionals who go abroad to work abroad are nurses, followed by doctors, and after teachers come dentists, physiotherapists, electricians, pharmacists, veterinary surgeons and social workers (Figure no. 1).

Figure no. 1. Top professions that have requested the right to practice in the host country



**Legend:** (1) Medical assistant; (2) Doctor of Medicine; (3) Professor; (4) Dentist; (5) Physiotherapist; (6) Electrician; (7) Pharmacist; (8) Veterinary surgeon; (9) Social worker.

*Note: The number of departed specialists may be higher, the data presented here are only those provided by the CE for regulated professions, for which in some states it is necessary to register in special registers, obtain a practice permit, recognize the profession or equate the qualification.*

Source: European Commission' Regulated Professions Database

Knowing that important indicators characterizing the health status of the Romanian population are among the most modest in Europe, against the background of growing needs to move closer to European health care standards (Drugus et al., 2015ab; Tamba et al. al., 2016; Santini et al., 2021), we make some further references to the migration of Romanian doctors that has taken place in recent years. Surprisingly, the amendment in the salary legislation in 2017, which led to a substantial increase in income medical staff in the public system (often at a double level), was not able to stop the analyzed phenomenon, but they mitigated it. For example, the number of those who applied to certificates of conformity (official documents that allow the profession in outside Romania) decreased slightly in 2018, compared to the previous year (Neagu, 2021).

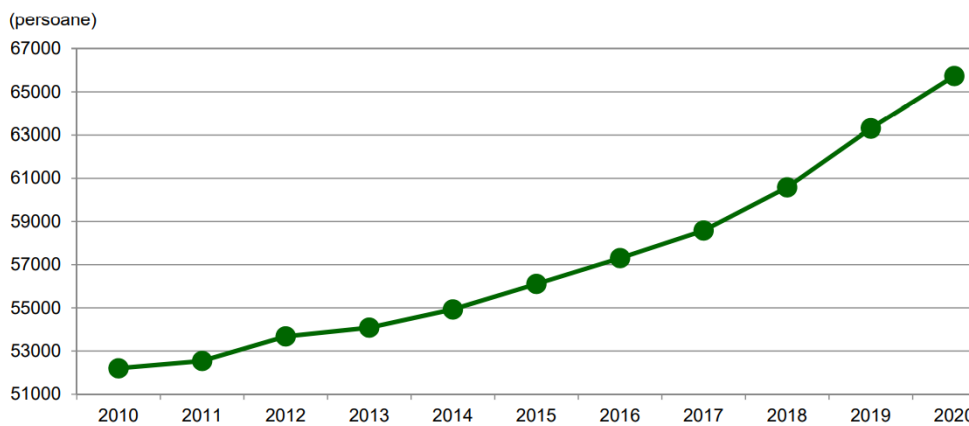
Data from the Ministry of Health (Șerb, 2022), show that the number of respective professional certificates issued at national level, by year, evolved as follows: 2016 – 1,462; 2017 – 1,374; 2018 – 1,221; 2019 – 1,099; 2020 – 858 and 2021 – 776. It should be noted that over 14,500 Romanian doctors applied to the College of Physicians the necessary documents to practice abroad in the period 2010-2016, and by the end of 2016, over 10,000 of them were working in Germany, France and UK; these countries, moreover, are also the three most important destinations chosen by Romanian doctors who leave the country (Neagu, 2021). Currently, although there has been "this salary increase in fact for all categories of doctors, not just for residents, doctors will continue to leave after the pandemic (...), because they need more than that - a more attractive work environment, modern infrastructure in efficient health systems without shortages (...), this is the main reason why a doctor still leave Romania." (Șerb, 2022).

#### *4.2. How the medical staff presents itself statistically after the manifestation of the migration phenomenon in recent years*

It should be noted that the statistics on medical staff refer only to persons employed in a basic function in public or private health units, the National Institute of Statistics (INS) does not have data on accumulators (those working in several public or private health units).

What is certainly quantified is the number of doctors, which has continuously increased over the 2010-2020 timeframe (Andrei, 2021), rising by 25.9%, from 52.2 thousand doctors in 2010, to 65.7 thousand in 2020 (Figure no. 2).

*Figure no. 2. The number of doctors, in the period 2010-2020*

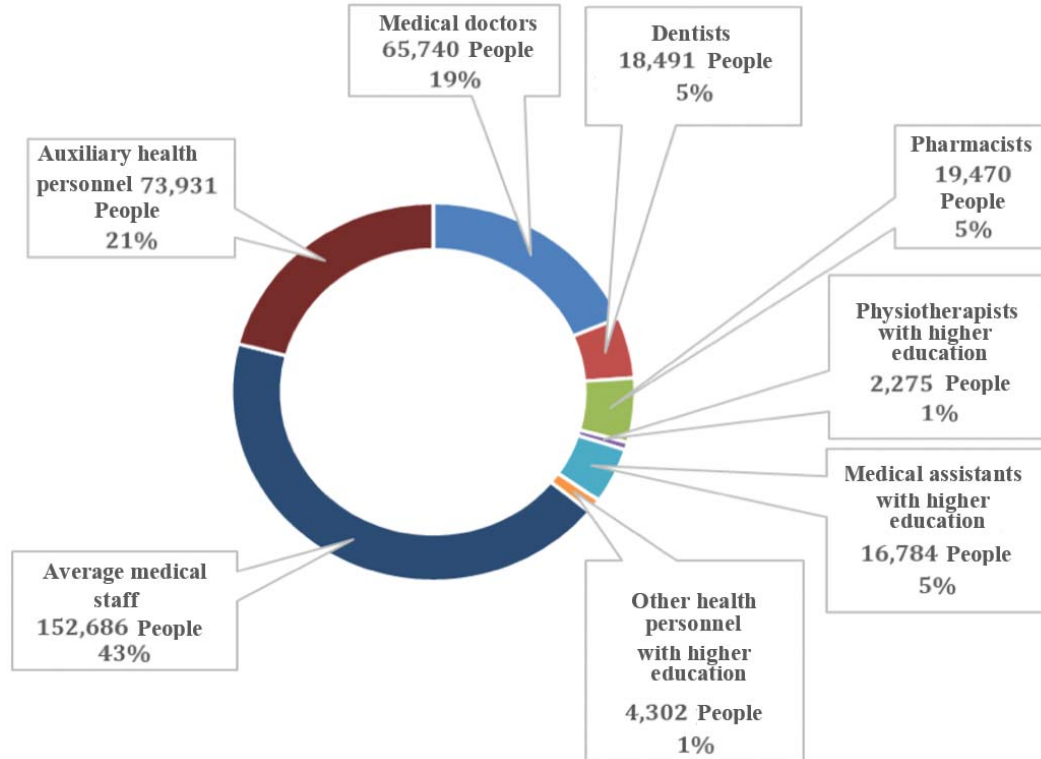


*Note: In the context of the evolution of the COVID-19 pandemic during 2020, the overburdening of hospitals and medical personnel, the number of doctors increased by 2437 compared to 2019, the most obvious increases being directly correlated with the pandemic.*

*Source: INS, Statistical Survey on Health and Health Care Network Activity*

An important specialty - family doctors - represented, according to the same sources mentioned, in 2020, 18.9% (12,424 people) of all doctors (65,740 people), and the number of dentists increased in the period 2010-2020 from 13 ,0 thousand dentists in 2010, at 18.5 thousand in 2020. Figure no. 3 reflects the numerical status in 2020 for all categories of health personnel in Romania.

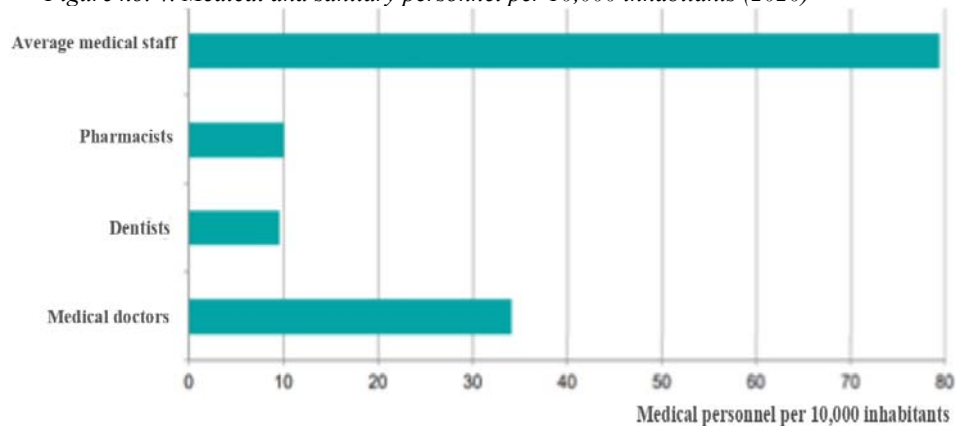
Figure no. 3. Categories of health personnel in Romania (2020)



Source: (Government of Romania, 2022)

As shown in Figure no. 4, over the 2010-2020 timeframe, the number of health personnel per 10,000 inhabitants increased from 25.8 doctors, 6.4 dentists, 6.7 pharmacists and 62.6 health workers with secondary education in 2010, to 34.1 doctors, 9.6 dentists, 10.1 pharmacists and 79.3 high school graduates in 2020.

Figure no. 4. Medical and sanitary personnel per 10,000 inhabitants (2020)



Note: The indicators were calculated with the resident population on July 1, 2020, estimated under conditions of comparability with the final results of the 2011 Population Census.

Source: INS, Statistical Survey on Health and Health Care Network Activity

With all these increases highlighted, the increase in demand for medical services has increased the need for highly qualified health personnel. In 2020, 43,409 vacancies were published in public health units (18.81% of the nationally regulated positions). However, there have been multiple cases when the positions put up for competition in poorly served localities, remained unfilled due to the non-presentation of candidates, with the following reasons: low pay, poor infrastructure and insufficient equipment of health facilities.

#### *4.3. Recently adopted strategic elements regarding the development of human resources in the public health sector*

The "Global Strategy on Human Resources for Health: Workforce 2030" is a fundamental document of the World Health Organization (WHO), from which it follows that the economic and social development of states is closely linked to universal access to health services, which is dependent on the provision of high quality human resources in the public health sector. The National Health Strategy 2022-2030 is linked to this (WHO) strategy, on the basis of which the Multiannual Strategic Plan for the Development of Human Resources for Health 2022-2030 was drawn up. Those resources include medical, management and support staff, and the said Plan provides for the following four strategic areas: (i) generation of human resources in health; (ii) their management, (iii) management of their motivation and (iv) governance of all human resources in health.

The plan aims to implement a sustainable policy for ensuring human resources in health and targets action directions such as (Government of Romania, 2022): (1) Improving governance and updating the legislative framework in the field of human resources in health to European standards and WHO requirements; (2) Improving the management of human resources in health through regulation, retention, evaluation and continuous development; (3) Updating medical and pharmaceutical university education to European requirements through skills-based professional training; (4) Improving the framework for continuing medical education and adequate postgraduate training of medical personnel; (5) Creation and implementation of an effective mechanism for planning and analyzing human resources in health.

In addition to these, these is the "Implementation of an effective management of human resources in health at the institutional level, to ensure adequate working conditions, training and motivation" (6th direction of action) for which specific objectives of great importance are established. The objectives include (Government of Romania, 2022): Creation of a new concept of a performance-based management contract concept for hospital managers, Application of performance and results-based pay policies, Improvement of working conditions: modernization of health units, provision of new equipment /advanced, adjusting unique information systems, de-bureaucratization, but also provision and facilities for exercising the profession in remote areas and in scarce specialties.

The introduction of this type of involves changing the rules for granting monetary and non-monetary benefits for work in rural and remote/disadvantaged areas (hardship allowances; allowances for housing expenses - heat, electricity; transport expenses) in order to increasing the retention of medical staff in these localities.

## **5. Conclusions**

As our paper reveals, for a relatively long period Romania has experienced an appreciable crisis of human resources in public health. This has affected the population's access to quality health services, a good part of the explanation being attributed to the migration of medical staff. We have shed light on the causes and effects of this phenomenon.

The extent of the negative manifestations is given by the fact that more than 47,000 such people, from doctors, nurses and midwives, dentists, to pharmacists, have applied for the certificates of conformity required to work in the EU countries between 2010 and 2016. This meant that in 2016, just over 54,000 doctors were still working in Romania (representing an average of approx. 270 doctors / 100,000 inhabitants, well below the EU average of 340 doctors / 100,000 inhabitants).

The legislative measure of salary increases (2017), investments in health infrastructure, as well as the development of the private health system, the massive increase in the number of places and posts advertised in the residency competition, starting in 2018, led to a decrease in the migration phenomenon in Romania. Thus, the number of doctors reached 65,740 in 2020, which represents an

average of 346 doctors / 100,000 inhabitants. It should be noted that in terms of the number of nurses, Romania is was in line with European Union average, with a number tending toward 750 nurses 100,000 inhabitants.

In order to about significant improvements in the area under review and reduce the migration phenomenon, concrete strategies and plans, with firm deadlines and responsibilities, were recently adopted regarding the development of human resources in the public health sector. We believe that among the most important elements found here is the improvement of working conditions - the modernization of health facilities, the provision of modern/advanced equipment, the adjustment of unique information systems -, to which is associated the provision of facilities for the exercise of the profession in isolated areas and in deficient specialties.

As regards *the limits of the research*, we consider that the paper has certain hints of imprecision regarding the characteristics of the phenomenon analyzed in relation to each structure of medical personnel, from doctors, nurses and midwives, dentists, to pharmacists. Then, not all those who have applied for the necessary certificates of conformity to work in the states of the European Union, countries have actually resorted to emigration there. In addition, the following period could be characterized by uncertainties, linked to unknown/unforeseen factors, of the kind explained by the manifestation of overlapping crises (financial, health, geostrategic, energy, supply flows, etc.), which would make more difficult to implement the mentioned strategic measures in the conditions of affecting the planned budgetary resources.

Therefore, *our future research* will have as a starting point the same theme, but we will try to overcome these limits indicated here.

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