THE MIGRATION OF HEALTH CARE SKILLS IN THE CONTEXT OF THE ENLARGEMENT OF THE ECONOMIC EUROPEAN AREA - THE CASE OF THE ROMANIAN DOCTORS -

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Abstract:

The international migration of the Romanian health professionals is part of the general dynamics of the migratory phenomenon that occurred in Romania, after 1989, inducing a new form of labour globalisation. The interrelations between the migration and the economic development illustrate complex changes: institutional and political ones, demographic and social mutations, territorial and cultural reconstructions, disruptions in the sanitary field.

The interest taken in the study of the migration occurring in the health field resides in the unprecedented increase in this type of migration, as a result of the acknowledgement of the medical degrees obtained in Romania. The Romanian doctors are attracted especially by the developed countries that do not pose particular language problems to them. For several years now, a doctor shortage has been confronting France, the destination preferred by the vast majority of the emigrants, especially in the rural environment. The « medical desertification » phenomenon, as it is called by the press, concerns certain small towns, especially in the urban peripheries. At the beginning of 2009, the doctors of Romanian nationality ranked second among the doctors of foreign nationality who practised their profession in France.

The increased mobility of the specialists is accompanied by the feminization of the migratory flows. The current female migrants enjoy a privileged status in comparison to the way things were in the pioneer migrants' stage, when women were generally dependant migrants and did not work. This is why we may now speak about a redistribution of the roles within the family, which shows the role of female migration initiators.

The international migration of the health professionals constitutes the answer to the specific problems faced, on the one hand, by certain E.U. countries, and on the other hand, by Romania. At present, the Romanian healthcare system crisis has been worsened by the fact that the economic problems are accompanied by the shortage of skilled personnel. The latter refers to the doctors' having left the emigration gate open for their colleagues who have remained in Romania, thus generating new migratory flows.

The doctors' reasons for leaving are manifold. The decision to emigrate is mainly based on financial reasons, but there are also other grounds. Among these, we can mention: medical practice insecurity, unfit working conditions, obsolete technology, a limited professional career span in the country of origin, and, in the case of the female family migrants, the wish for their family to have access to a different living standard.

The right to free circulation and the already existent pay differential of the health personnel will deepen the gap between Western and Eastern Europe, while the negative effects of the health agents' emigration will become more and more severe in the long run. The current stakes of the migration of this professional category encompass several sectors. The challenges to be taken up require a better understanding of this phenomenon and its being taken into consideration by the politicians, both in the countries of origin and of destination.

Keywords: labour globalization, European Union, heath care crisis, international migration of skills, migratory flows

JEL Clasification: F22, I18, J11, J24, J61, L78, R23.

INTRODUCTION

The changes of the Romanian migratory landscape as a result of moving the European border further to the East has been a major topic of debate for specialists in various fields of activity, such as geographers, economists, sociologists and psychologists, due to the major implications of this phenomenon.

The interest in the study of migration in the health sector resides in the unprecedented dynamics of this migration type, especially since the acknowledgement of the medical degree obtained in Romania, starting with the 1st of January 2007. At the beginning of 2009, the doctors of

Romanian nationality ranked second among the doctors of foreign nationality practising their profession in France, according to the data provided by the *Medical Demography Atlas* in France, 2009.

Our preoccupations concerning the current migration of the Romanians and especially the migration of the Romanian health professionals materialised in a study done within the framework of a post-doctoral research at Rennes 2 University, Haute-Bretagne, France; several results of this study are to be analysed in this article. The questionnaire survey accompanied, in most of the cases, by an interview, constituted effective tools which reflected the terrain reality.

Structured in six parts, the present article aims to examine the Romanian doctors' migration phenomenon and its multiple consequences at the economic, social, political and demographic level. Particular attention is given to the factors and motivations prompting the medical elite to emigrate, with the intention to draw an actual picture of Romania's situation as an EU member, in general, and of the Romanian health system, in particular; another purpose of our study is to retrace the spatial and temporal dynamics of the migratory flows. In terms of spatiality, we aim at identifying the areas in Romania most subject to the emigration of the medical personnel. The temporal analysis concerns the evolution of the doctors' migration after Romania's integration in EU, as well as the prospects of this phenomenon, with the intention of making a forecast on the dimension of the future flows (determined by the economic crash, the low living standard and the political situation in distress). At the end of the article, we attempt to retrace the tendencies of this phenomenon and to propose appropriate solutions meant to control the migration of the medical elite that will otherwise have negative consequences on the health of the Romanian population in the long run.

1. THE MIGRATION OF THE HEALTH PROFESSIONALS – A EUROPEAN AND INTERNATIONAL CHALLENGE

In an increasingly connected world, thanks to the development of transportations means and of new communication technologies, when the international migration has become one of the major characteristics of our time, the skills' mobility phenomenon is glaringly obvious. The Romanian health professionals' migration is part of the European and international current affairs characterised by a sanitary crisis, as an adjustment « strategy » to a specific economic situation and as a new form of globalisation of the labour force.

The process of EU enlargement, accompanied by decisions at the community level concerning the increasing integration of the single market, influence the enforcement of national policies in the health field, sometimes hindered by the policies at the European level. This process reveals an entire series of consequences of the increasing impact of the EU, both at a social and economic level. For Romania, the integration means opportunities in terms of freedom of circulation, settlement and work in the community countries. Given the discrepancies in the standard of living between Romania and the developed countries, these liberties become real problems at a national level, that will engender the risk of losing an important part of the highly skilled, in the future. The interrelations between the migration and the economic development are indicative of the upheavals in terms of health, the institutional and political changes and the social and demographic mutations, as well as the territorial and cultural reconstructions.

Which will be the most appropriate measures to face this big challenge while preserving the fundamental social principles the European health care systems should satisfy: solidarity, equity, accessibility and quality? (Vandenbroucke F., 2002). Will the political actors be capable of ensuring the balance and if yes, by which means? Which will be the impact of the integration on the Romanian health system in the long run? Which will be the costs and benefits of this opening towards Europe? Was Romania ready to be integrated in 2007?

2. FACTORS AND MOTIVATIONS OF THE ROMANIAN DOCTORS' MIGRATION

The migration, as a social phenomenon, is conditioned by a series of factors of economic, social, demographic, cultural and geopolitical nature, which impose a multi-tiered approach of this phenomenon. The migration is determined by the motivations and aspirations of those who move from one social milieu to another. By way of consequence, as far as the country of origin is concerned, it is mainly the „repulsive" factors that are at work, while in the country of destination it is mainly about the „attractive" factors. The inequities in the standard of living between Romania and the developed countries act as an important spur to emigration. This decision is strongly influenced by the desire to improve one's destiny, from this point of view, the income playing a decisive role in the feeling of satisfaction induced by life.

Among the most important reasons driving the doctors to leave their country, we must mention the inadequate conditions at the workplace, the out-of- date technology and the limited professional horizon. As actors of this migratory project, the Romanian doctors desire to enjoy the respect and social acknowledgement; they wish to regain their professional dignity, to have the possibility to enlarge their career prospects and to ensure better opportunities of education for their children. This is why, 88% of the respondents mentioned the socio-professional factors as being decisive in their decision in favour of emigration(1).

The scarcely favourable social conditions in Romania influence in a dramatic way the dimension of the migratory phenomenon. The unemployment rate, the poverty level, the corruption, the rhythm of the economic growth, the lack of investment and the lack of confidence in the state institutions represent as many reasons in favour of the decision to emigrate.

The demographic fragility of the developed countries, reflected in the need of labour represents an important factor for emigration. The increase in the percentage of the elderly population implies, on the one hand, the need of substitute labour and, on the other hand, the creation of new jobs in the sector of social care, given the load of an increasing number of old persons, a segment of the population that requires special care.

The ageing phenomenon is also visible in the health sector where there is a lack of health care professionals, which cannot be filled by local labour. By way of consequence, is resorting to emigrants a necessity in order to maintain their population's health? In France, for instance, the average age of the medical body is 51 years(2) ; in the years to come, the country will also witness an increase in the number of retired doctors, a decrease in the medical population and, by way of consequence, a decrease in the medical density. The number of practising doctors will diminish by almost 10% in 2025, the medical density by almost 16%, reaching a level equivalent to the one in mid 1980s(3).

The doctors' migration represents the response of the human capital to the policies in the destination country and in the country of origin. The recruitment policies at work in the developed countries, oriented towards absorbing the skilled immigrants are based on making up the deficits in their labour market. The recruitment companies of Romanian doctors for the United Kingdom, France, Germany, Belgium and other countries are the living proof of that. On the other hand, Romania is characterised by a lack of implication on the part of the decision-making factors in solving the health problems, through the absence of concrete political measures, incoherent out-of-date policies and through the incapacity of the political decision-makers to promote targeted policies in order to reduce the doctors' and health professionals' emigration, in general.

3. THE ROMANIAN HEALTH SYSTEM – WHAT DIAGNOSIS?

After 1989, Romania went through a particularly difficult transition towards the market economy which ended only too early. A slight improvement of the economic situation was recorded ten years later, starting with 2000, but the living conditions generally remained difficult. At the social level, the Romanian society was subject to big tensions generated by the deep transformations in all the fields of activity but most and foremost in the industry sector. These changes contributed to the lay-off of a large number of workers, who, deprived of any source of income, set out on the tough way of illegal emigration, in its vast majority.

Beyond the enthusiasm of the Romanian population, Romania's entry in EU represented a great challenge for the economic and social transition, if we think of the difficulties the Romanian economy had to cope with competing, on the single market, with the Western companies. Unfortunately, right before its entry, after 17 years of post-communism it did not have a solid economy, able to keep the pace with the European giants. In 2007, the disparities between the European citizens and the Romanians were still great, as at the integration moment the monthly salary in Romania was only of 150 Euros(4). Was Romania ready to enter the EU? This is an obsessively recurrent question and if it was, how will it surpass these discrepancies tending to become bigger and bigger? Even if a member of the European Union, between Romania and EU-15 there are deep economic and social inequities that reflect in the geographic inequities in the health sector, that are highly amplified by the economic crisis. Even if, according to the specialists, the most difficult period of the crisis has been surpassed, it will take two or three more years before the economy and the labour market recover(5). If this reality characterises the European developed countries, how more time will it take Romania to reach a stable level?

The analysis of several revealing demographic indicators will show the paradox of this country which belongs to the European area. Suggestive from this point of view is the life expectancy upon birth, an indicator of both the health state and the development stage. If, for the developed EU countries, the life expectancy has been increasing rapidly since the last century(6), thanks to a series of factors, among which the decrease in the infant mortality, the increase in the standard of living, a better education, as well as the progress of health care and of medicine, Romania recorded a decrease in the life expectancy at birth, to 69,8 years in 2008, for males, in comparison to Greece and Austria, that go past 77 years or the 80,8 years in the Netherlands. The seven or ten years' difference in terms of life expectancy between Romania and certain countries in the European community is the effect of a frail economic and social situation that increases the risk factors in health and life.

The infant mortality as a faithful expression of the degree of material and spiritual civilisation of a population is another important indicator. While in all the EU-15 member states, the mortality during the first year of life has considerably diminished, in 2007 having the lowest value in the world (3,84‰), the same year, Romania recorded the highest rate for this indicator (11,99‰), which placed it next to the Third World countries. This is the faithful image of the economic situation, of the standard of living, of the habitat conditions, of the cultural level and, presumably, of the health care and finally of the state capacity to intervene in order to protect life from its very beginning.

The deep economic crisis characterising Romania had a direct impact on the resources destined to the health sector. In 2009, the Romanian health care sector was allotted less than 3% from its GDP(7) which represented a quarter of the percentage allotted in the developed European countries. The quota allotted to health, in comparison to the minimal European quota (6%) and the average one (8%) places Romania under the average of the budget of the African countries, that comes near to 4,5 % from the GDP(8).

The number of doctors for one thousand inhabitants is another health indicator that completes in a suggestive way the picture of the Romanian medical disaster. If in 2006, the average value of doctors for one thousand inhabitants exceeded 3,3 for EU-15 and 2,5 for U.E.-27, - in the Netherlands reaching 3,8, and even over 4 in Belgium (4,1) -, in Romania the number of doctors for one thousand inhabitants was much smaller (1,9), a density equal to the one of the overall health care providers in the WHO African region [(9)]. The nurses' situation for one thousand inhabitants makes no exception, the rate of 3,97 representing half of the one recorded in EU-15 (8,0), inferior to the one in EU-27 (5,5) and four times smaller in comparison to the one in the Netherlands (14,7).

Given the complexity of health care services and their ever increasing costs, it is sure that the keystone of any health system is its financing. By way of consequence, we cannot be speaking about the performance, reform or vitality of a health care system in the absence of an appropriate financing. All these evolutions prove that the most important economic aspect, and also the most forgotten one by the Romanian decision-makers, is that « a population's health is undoubtedly its main asset » [(10)]. While the developed countries are facing an ageing phenomenon of the medical body and especially of the doctors, Romania makes no exception: 56% of the Romanian doctors are more than 50 years old, 27% are between 40 and 50 years old while only 16% are under 40 years old[(11)], which is indicative of the fact that in 10-15 years' time, 60% of the doctors working in Romania will be over 60 years old.

4. THE FLIGHT OF THE « WHITE COATS» - « RED CODE » FOR THE ROMANIAN HEALTH SYSTEM

The emigration of the health personnel was recorded even before 2007, but the rather weak dimensions and effects of these departures on the Romanian health system back then did not turn them into alarming issues [(12)]. After 2002, the free circulation in the Schengen area opened the way to Europe for the best students and doctors, who, once abroad, settled there [(13)]; « the exodus of the white coats », though, actually started after Romania's entry in EU.

In the first two years after the integration, the number of doctors having emigrated amounted to 3600, 2009 being considered the year when the greatest emigration wave took place, 2400 more doctors adding up to the number of emigrant doctors (1800) who negotiated their departure abroad, on the occasion of the job fairs[(14)]. In general, the Romanian doctors are attracted by the developed countries that do not pose major language problems to them. Thus, France and United Kingdom are the most important destinations, followed by Germany, Belgium and Luxembourg. At the beginning of 2009, France ranked second in terms of doctors of foreign origin who practised in the country. During the two years after Romania's integration in EU, the doctors' number grew up from 734,2%, from 158 on 1st of January 2007 to 1160 on 1st January 2009.

At a national level, the big regional university centres represent important emigration poles**.** Bucharest - the capital of Romania – stands out through its large number of departures, followed by Cluj-Napoca, for the central part of the country, and by Iasi, for Moldavia. We can notice important discrepancies throughout the country which are linked to specific cultural practices. The strong propensity to emigration on the part of the doctors in the Central-West part of Romania, area that has always manifested great openness towards the Western countries, is the effect of this area's belonging to the Austro-Hungarian Empire, of the cohabitation of the autochthones with the German and Hungarian population, of the imitation of these traditionally more mobile non-indigenous communities, of the bilingualism and of the mentality change (V. Rey, quoted by I. Muntele, 2003)**.**

The feminisation represents another characteristic of the migration of the health professionals. We can notice a strengthening of women's autonomy, a strong affirmation at the family and social level – signs heralding a role redistribution and a review of the specific social

reports in the migration context. In 2009, in Romania, women held 63% of the total number of Romanian emigrants. The processing of the data obtained through a survey confirms our hypothesis, revealing a feminisation rate which is higher among the Romanian doctors practising in Bretagne (71%), reaching 72,6% at the level of the total sample of our survey, a result which is close to the one launched by the National Council of the French Medical Association (70%), for 2009, concerning the Romanian women who practised in France(15).

Romania is confronted to a really desperate situation, given the fact that the overall Romanian medical body counts about 41 000 doctors. To this small number adds up a serious shortage of doctors in the rural area and in the services of major importance which are also in high demand abroad, such as anaesthesia, intensive care or casualty. As an emigration country which financed the education of its health professionals, Romania is deprived of a return on investment and becomes, without having a choice, an involuntary donor for the rich countries (16). If the emigration of the health professionals goes on at the same pace, in the next decade, Romania will witness a « collapse » of its health system, a realistic scenario also proven by the fact that the average value of the Romanian emigrated doctors came round 7% at the end of 2009(Source: Ziarul financiar, the 17th of February 2010), as a critical value of the emigration in the health sector, « the red code », according to the WHO rules, being 2 % of the total number doctors in a country.
According to the official (sources 17), the doctors' migration is much underestimated, as a significant number of young « rezidenti»(18) doctors are not recorded as emigrants by the database. This is the case of those who apply by themselves for a position to hospitals in different countries, and of the physicians practising in France or of those leaving the country for the US, where they do not need a training qualification issued by the Health Department, the right of practice being the result of an entire series of exams testing the candidates' medical knowledge.

In spite of the large number of departures, more than 5000 Romanian health professionals, among whom 1800 are doctors, for the last year alone, the measures taken by the Romanian government are a long time coming(19). There is an « emergency state » that requires rapid and efficient intervention, all the more as the potential migration is particularly high. Instead of intervening by means of stimulating measures in order to reduce this medical exodus, through the new salary scale, the political actors envisaged the decrease in the retribution of the Romanian health professionals. What is more, the National Health Insurance Fund, through its project of Framework Agreement for 2010, introduced drastic measures that cannot but discourage the health agents and, by way of consequence, to augment the emigration even more(20).

5. WHAT SOLUTIONS FOR THE FUTURE? LET US FIND AN ANSWER TODAY TO TOMOROOW'S QUESTIONS (21)

In recent years, Romania went through a series of socio-political and economic evolutions with negative consequences on the evolution of the health sector. The political crisis, the precarious economic situation doubled by the global economic crisis, the absence of a political will and the weak involvement of the decision-making factors and of the municipalities in terms of public health, the centralised system, here are only a few traits depicting the difficult situation of this country.
Although it is an EU member, between Romania and the developed countries there are considerable social and geographic health inequities that will only tend to increase in the future. The economic health dimension does not stop to the budget problems, that is the GDP quota allotted to the health sector, but also concerns the political involvement that is supposed to embark upon the most suitable actions with a view to bring solutions to the health problems identified as a priority, in the medium term. The decentralization process proves to be one of the solutions that may render the Romanian health system efficient, both from a financial and an organisational point of view (22). The

experience acquired in this sector by the other countries shows that the proximity of the communal administration to the every-day life of the citizens favours a better awareness of the population's health needs and gives way to answers that are sometimes more appropriate than the ones usually proposed by the sanitary system(23). The local intervention capacity in the health system materialises the significant role of the local actors in the local reality and their ability to mobilize all the resources likely to participate to the solving of the health problems.

Another objective of the authorities in Romania should be to guarantee to the population equal access to health care, given the fact that alongside the problem of the decrease in the medical density there is also the one of the decreasing number of health professionals because of the emigration (especially the doctors' emigration), a threat to the supply of health care services. This is why the promotion of health and of a life style meant to preserve it in different environments, such as schools, workplaces and families, has proved to be an effective means of solving the health problems(24).

As urgent measures, there must be enforced a targeted policy meant to control migration, in order to reduce any harmful consequence on the supply of the health professionals and in order to guarantee a better preservation of the labour supply. The political decision-makers should envisage the implementation of health plans and programmes in agreement with the regional and international priorities capable of rallying the existing resources, the complexity of the information in order to construct in the long run a solid system, capable of promoting the health. And why not formulating policies able to manage the international migration of the health professionals in a new way and to incite the return of the skilled and the investment of the knowledge acquired abroad in order to ensure a better health to the Romanian population?

Equally important to the good functioning of the Romanian sanitary system is changing the mentality of the decision-makers on the perception of the health state. The health sector should not be perceived as a consumer, but as a producer of health goods, since it takes a healthy population to produce goods, in its turn; consequently, the investments in this sector will contribute to the economic growth. Health is a powerful capital and a vector of the economic growth.

6. CONCLUSIONS

The right to free circulation and the major discrepancies in terms of the standard of living will deepen even more the gap between the East and the West. The demand of immigration determined by the diminishing of the medical density, by the ageing of the medical body and the demographic ageing, in general, will reinforce the emigration demand.

The present issues of the health staff migration are manifold and the challenges to take up require a good knowledge of the phenomenon, of the importance of health as an investment in the human capital essential to the economic growth, as well as the acceptance of financial responsibility on the part of the politicians, both in the countries of origin and in the destination countries.

This study also opens the way to future investigations in order to envisage solutions able to limit a phenomenon that creates major imbalances in an already-weakened health system.

ENDNOTES

(1) *A postdoctoral research on the migration of the Romanian health professionals, coordinated by Raymonde Séchet, was conducted in 2010 starting from a survey on 106 Romanian doctors currently practising their job in Western France and in Ile-de-France.*

(2) *Conseil National de l'Ordre des Médecins (CNOM) (National Council of the Medical Association).*

(3) *Daniel Sicart, Doctors – Estimation on the 1st of January 2007, Report DREES, Statistics Series, n° 115, p. 61.*

(4) *http://www.eurosduvillage.eu*

(5) *Ewald Nowotny, member of the Governing Council of the European Central Bank (Capital, 12/03/2010).*

(6) *Eurostat 2009 yearbook (Europe in figures).*
(7) *2,6 % of the GDP, according to Vasile Astarastoaie's statement (Chief of the Romanian College of Physicians).*
(8) *«Agerpres», Cornelia Stanciu, 05 March 2010.*
(9) *WHO, 2006, Report on World Health – Working Together for Health, p. xvii*
(10) *François Grémy, History and Future of Public Health, n° 50 March 200.*
(11) *Source: College of Physicians in Romania.*
(12) *Less than 10 doctors for 1000 inhabitants (5 for 1000, in 1990 and 7 for 1000 inhabitants, in 1996), according to the data provided by I C.P.*
(13) *It refers to the Romanian doctors who attended a specialisation abroad or to those having obtained the ISD (Inter-universiy Degree of Specialisation) or STC (Specialised Training Certificate).*
(14) *Romania's College of Physicians.*
(15) *Atlas of Medical Demography in France, 2009.*
(16) *http://www.who.int/mediacentre*
(17) *Chief of the Association House Physicians in Romania.*
(18) *The status of « rezident » doctor in Romania corresponds to that of "médecin interne" in France.*
(19) *« Financiarul », 17th of February 2010.*
(20) *In the project of the Framework Agreement for 2010, published on the CNAS site, the penalties quota for the service providers is doubled and even trebled, the minimum value for the service payment is no longer guaranteed and, moreover, the quota allotted to the value of the point « per capita » has been modified from 90% to 70%, which will lead to a decrease of at least 25 to 30 % of the surgeries' income. This project also stipulates the contract termination if the number of insured patients written on the physician's list diminishes by more than 20%.*
(21) *The slogan of the Association of Support of the Immigrant Workers (ASTI) for its campaign of reflection and of awareness of the migration consequences in Luxembourg.*
(22) *The Health Department set the date for the hospital decentralisation by 1st of July 2010 (Source : Ziarul de Vest, 1st of March 2010).*
(23) *Current Affairs and special feature on public health n° 15, June 1996*
(24) *http://ec.europa.eu/health*

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