

The background is a light blue gradient with several realistic water droplets of various sizes scattered across the surface. The droplets have highlights and shadows, giving them a three-dimensional appearance.

DRIVING FORCES FOR MIGRATION OF BULGARIAN DOCTORS

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BACKGROUND

- THE PROCESS OF MIGRATION OF HEALTHCARE WORKERS IS A WORLDWIDE RECOGNIZED AND THEREFORE IS A CONSTANT SUBJECT TO SCIENTIFIC STUDIES AND POLITICAL DEBATES.
- THE PROCESS OF MIGRATION OF HEALTHCARE WORKERS IN EUROPEAN CONTEXT, WHERE HEALTH SYSTEMS INCREASINGLY INTERACT, IS STEADILY GROWING.
- THE MIGRATION RAISES QUESTIONS REGARDING ITS CONTRIBUTION TO CRITICAL SHORTAGES OF HEALTH WORKERS AND ATTENDANT HEALTH EQUITY IMPACTS IN THE COUNTRIES FROM CENTRAL AND EASTERN EUROPE.

DOCTORS WHO LEAVE BULGARIA

- ANNUALLY ACCOUNT FOR 90% OF STUDENTS GRADUATING IN MEDICINE.
- DOCTORS IN OUR COUNTRY ARE AGING - MORE THAN HALF ARE OVER 55 YEARS OLD, AND 30 PERCENT HAVE EXCEEDED THE 60S. DATA ARE FROM THE BULGARIAN MEDICAL ASSOCIATION AND ARE QUOTED IN THE LATEST REPORT OF THE EUROPEAN COMMISSION ON THE MACROECONOMIC IMBALANCES OF OUR COUNTRY.
- CONCLUSIONS REGARDING HEALTH AND SOCIAL POLICY AS WELL AS THE LABOR MARKET REMAIN SEVERE AND OUR COUNTRY IS EXPECTED TO TAKE STEPS TO ELIMINATE THE ACCUMULATED PROBLEMS.

THE AIM OF THE STUDY

- THIS PRESENTATION SHARE BULGARIAN EXPERIENCE AS AN EXAMPLE OF A NET “DONOR” COUNTRY FROM THE EU.
- **THE AIM IS TO EXPLORE THE PREVALENCE OF MIGRATION INTENTIONS AND THEIR DRIVING FACTORS AMONG BULGARIAN MEDICAL DOCTORS AND STUDENTS IN MEDICINE**
- THE RESULTS ARE FROM TWO EMPIRICAL STUDIES

DEPARTING MEDICAL DOCTORS

- HALF OF THE DOCTORS THAT LEAVE BULGARIA ARE IN THE AGE GROUP FROM 30 TO 45 YEARS
- SOME 10% OF MEDICAL DOCTORS WHO LEAVE BULGARIA ARE IN THEIR 20-TIES.
- THE MEDICAL DOCTORS WHO MIGRATE TEND TO BE YOUNGER. THIS DOES NOT COME AS A SURPRISE BECAUSE MIGRATION REQUIRES SIGNIFICANT EFFORTS AND CHANGE OF LIVING ROUTINES AND INVOLVES SOME RISKS.

HEALTHCARE ESTABLISHMENTS SURVEY (HES)

- NATIONALLY REPRESENTATIVE SURVEY OF 130 HEALTH CARE ESTABLISHMENTS INCLUDING 48 BIG MULTIDPARTMENT HOSPITALS, 18 OTHER HOSPITALS AND 64 MEDICAL CENTERS IN THE OUTPATIENT CARE.
- THE SURVEY INCLUDED A QUESTIONNAIRE FOR THE DIRECTOR OF THE MEDICAL ESTABLISHMENT AND INTERVIEW WITH A RANDOM SELECTION OF THE MEDICAL STAFF.
- A TOTAL OF 1093 PERSONS WORKING IN HOSPITALS AND MEDICAL CENTERS WERE INTERVIEWED AND INFORMATION ABOUT 150 VARIABLES WAS COLLECTED THROUGH THE QUESTIONNAIRE.

METHODOLOGY

MEDICAL UNIVERSITY STUDENTS STUDY

- A **DESCRIPTIVE QUANTITATIVE SOCIOLOGICAL STUDY**.
- CARRIED OUT AMONG STUDENTS IN MEDICINE (3RD AND 6TH YEAR OF THEIR EDUCATION) IN MEDICAL UNIVERSITY, SOFIA, BULGARIA.
- BETWEEN DECEMBER 2014 AND JANUARY 2016.
- THE PRIMARY INFORMATION WAS COLLECTED USING A **DIRECT GROUP SELF-ADMINISTRATED QUESTIONER** WITH 21 OPENED AND CLOSED QUESTIONS.
- DISTRIBUTED TO 581 MEDICAL STUDENTS OF WHICH 388 (66,8% PARTICIPATION RATE) RESPONDED.

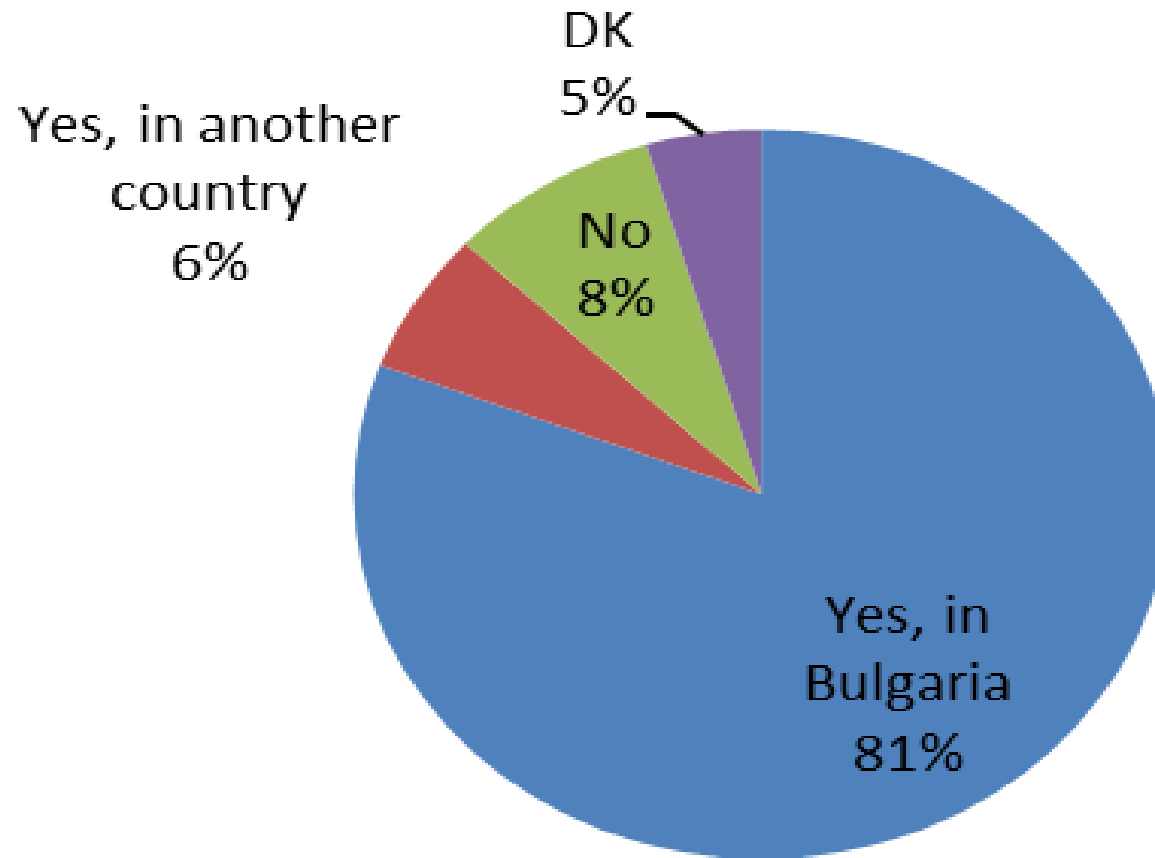
THE RESULTS FROM HEALTHCARE ESTABLISHMENTS SURVEY

- AFTER RUNNING THE LOGISTIC REGRESSION SHOWS THAT:
 - THE AGE OF THE PERSON AND
 - THE DURATION OF THEIR WORK IN THE HEALTH CARE SYSTEM HAVE AN IMPACT ON THE ATTRITION RATE.
 - THE DURATION OF PROFESSIONAL EXPERIENCE HAS A STRONGER IMPACT THAN THE AGE. THE PROBABILITY OF LEAVING THE HEALTH CARE SYSTEM DECREASES BY 2.1% WITH EVERY NEXT YEAR OF MEDICAL PRACTICE.

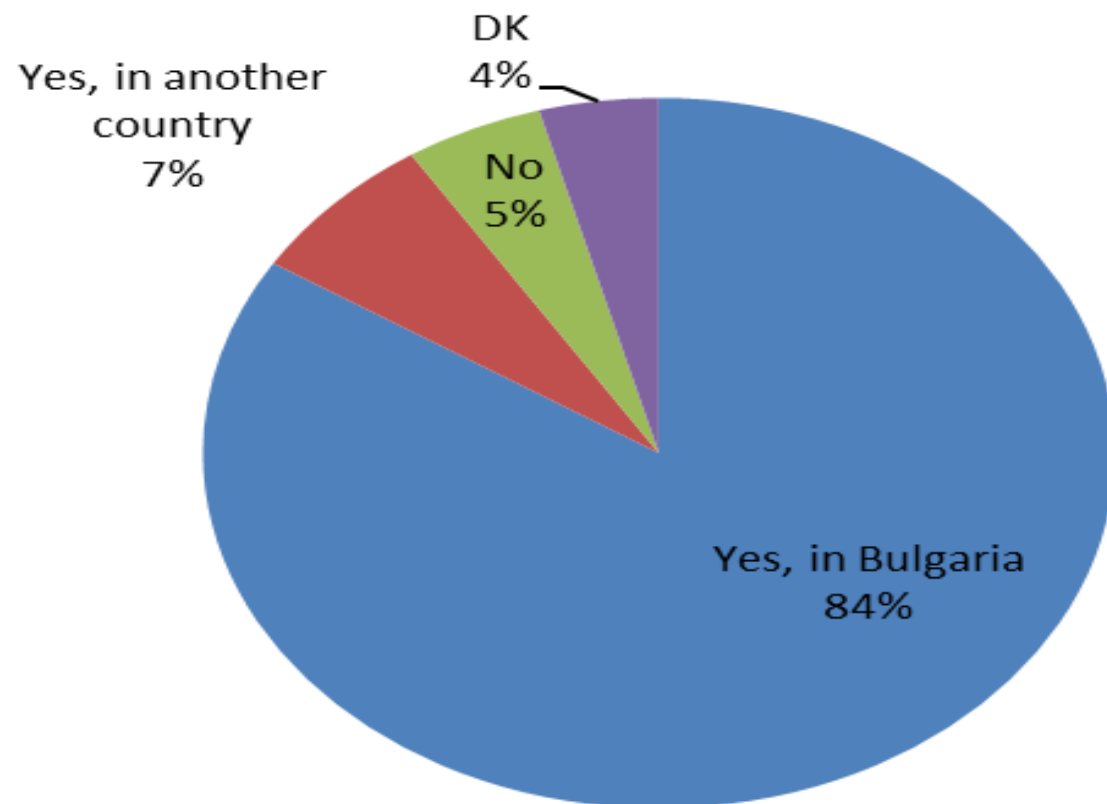
THE RESULTS FROM HEALTHCARE ESTABLISHMENTS SURVEY

- WE DID NOT FIND RELATION BETWEEN THE CURRENT SALARY OF THE MEDICAL STAFF AND THEIR WILLINGNESS TO LEAVE THE ORGANIZATION WHERE THEY CURRENTLY WORK OR THE HEALTH CARE SYSTEM.
- PROBLEMS WITH VERY UNEQUAL PAYMENT (BIG DIFFERENCES BETWEEN DOCTORS AND BETWEEN DOCTORS AND OTHER MEDICAL STAFF) ARE ALSO INFLUENCING DECISIONS TO CHANGE JOBS.

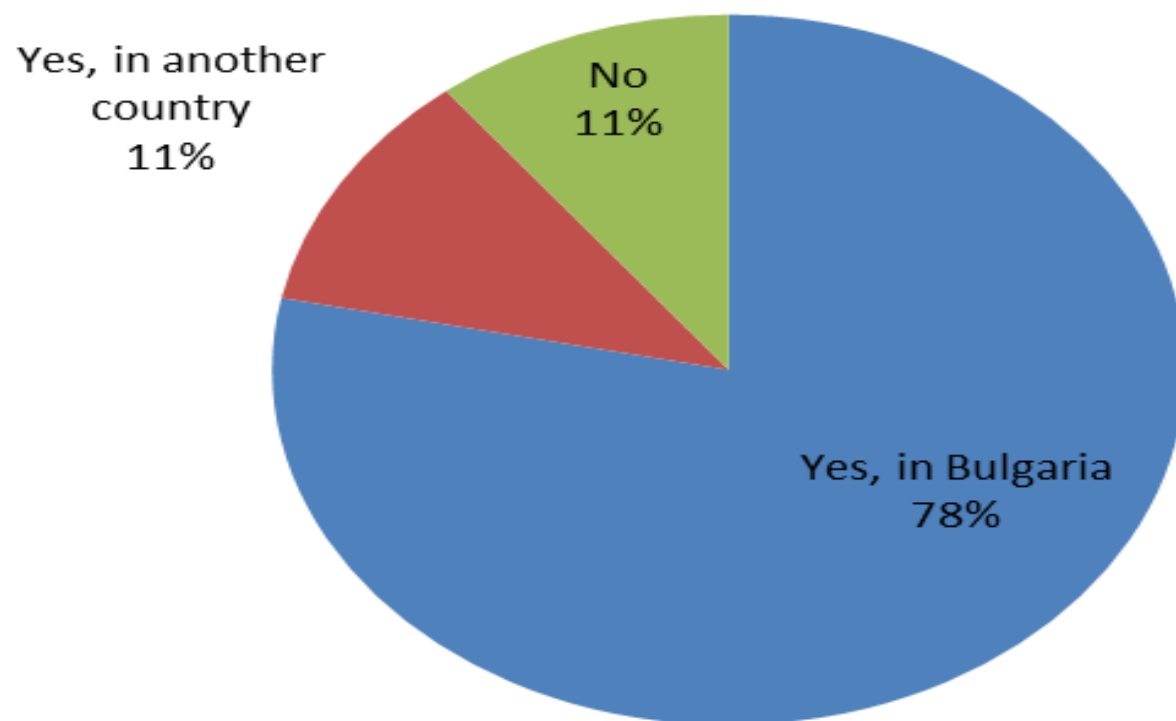
In the next 2 years do you plan to work in the same medical speciality as today? (hospitals)



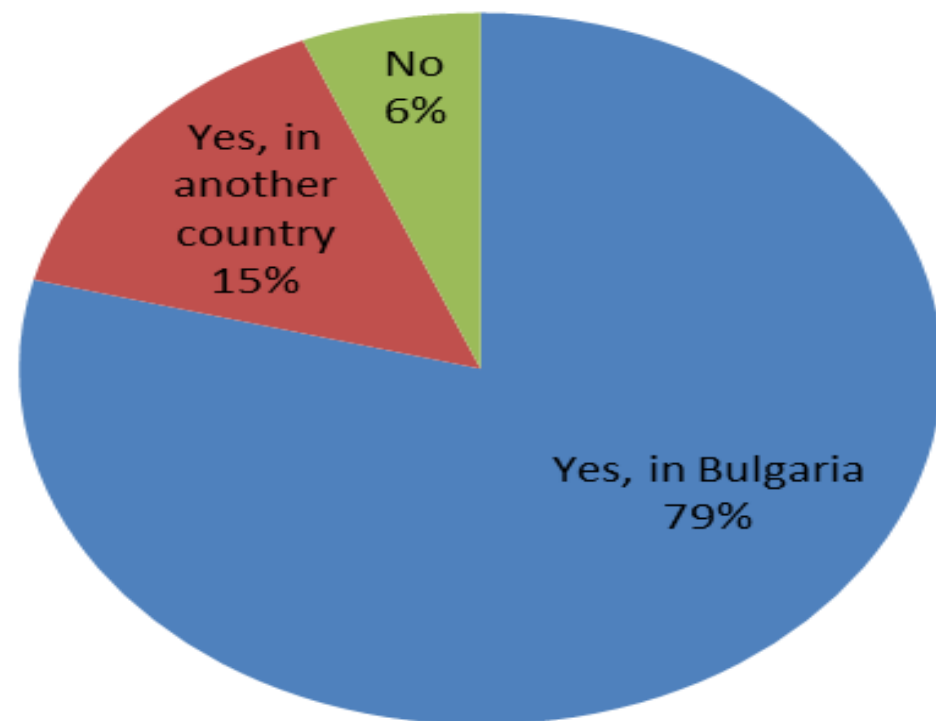
In the next 2 years do you plan to work in the same medical speciality as today? (outpatient care)

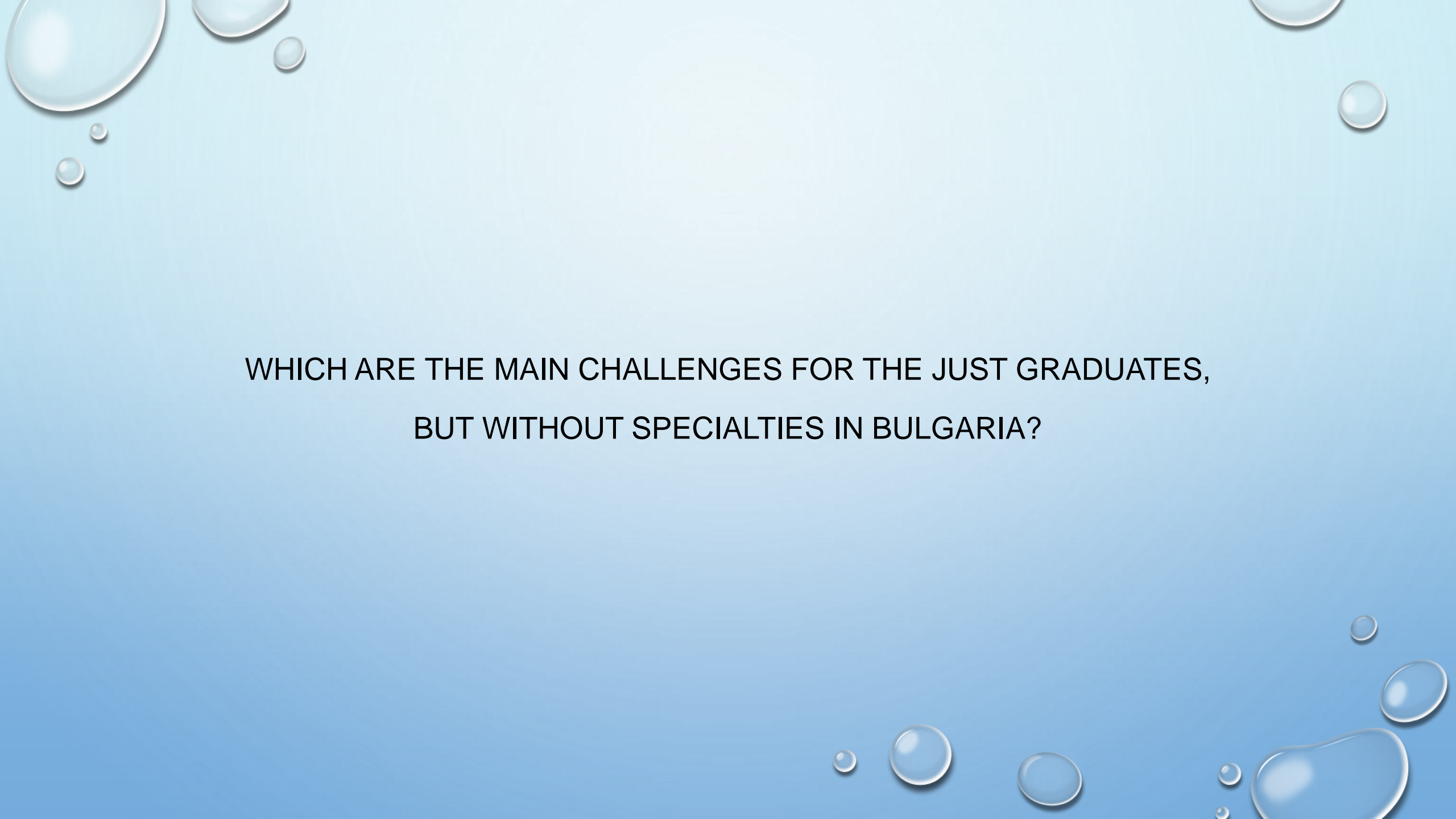


Do you plan to ever work in the same medical speciality as today? (hospitals)



**Do you plan to ever work in the same medical speciality
as today? (outpatient care)**





WHICH ARE THE MAIN CHALLENGES FOR THE JUST GRADUATES,
BUT WITHOUT SPECIALTIES IN BULGARIA?

some crucial skills cannot be acquired during the studies and after 10%

DK 1%

no serious challenges 2%

work overload 10%

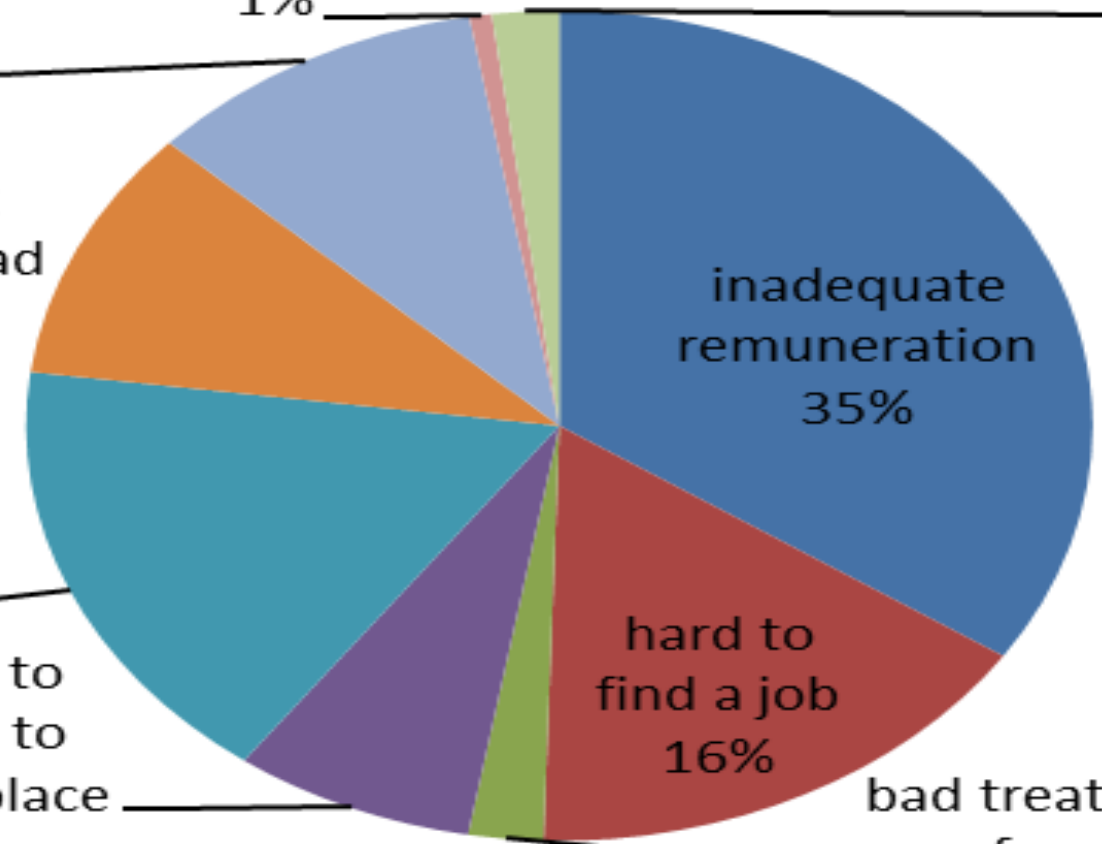
inadequate remuneration 35%

no places for specialization supported by the state 17%

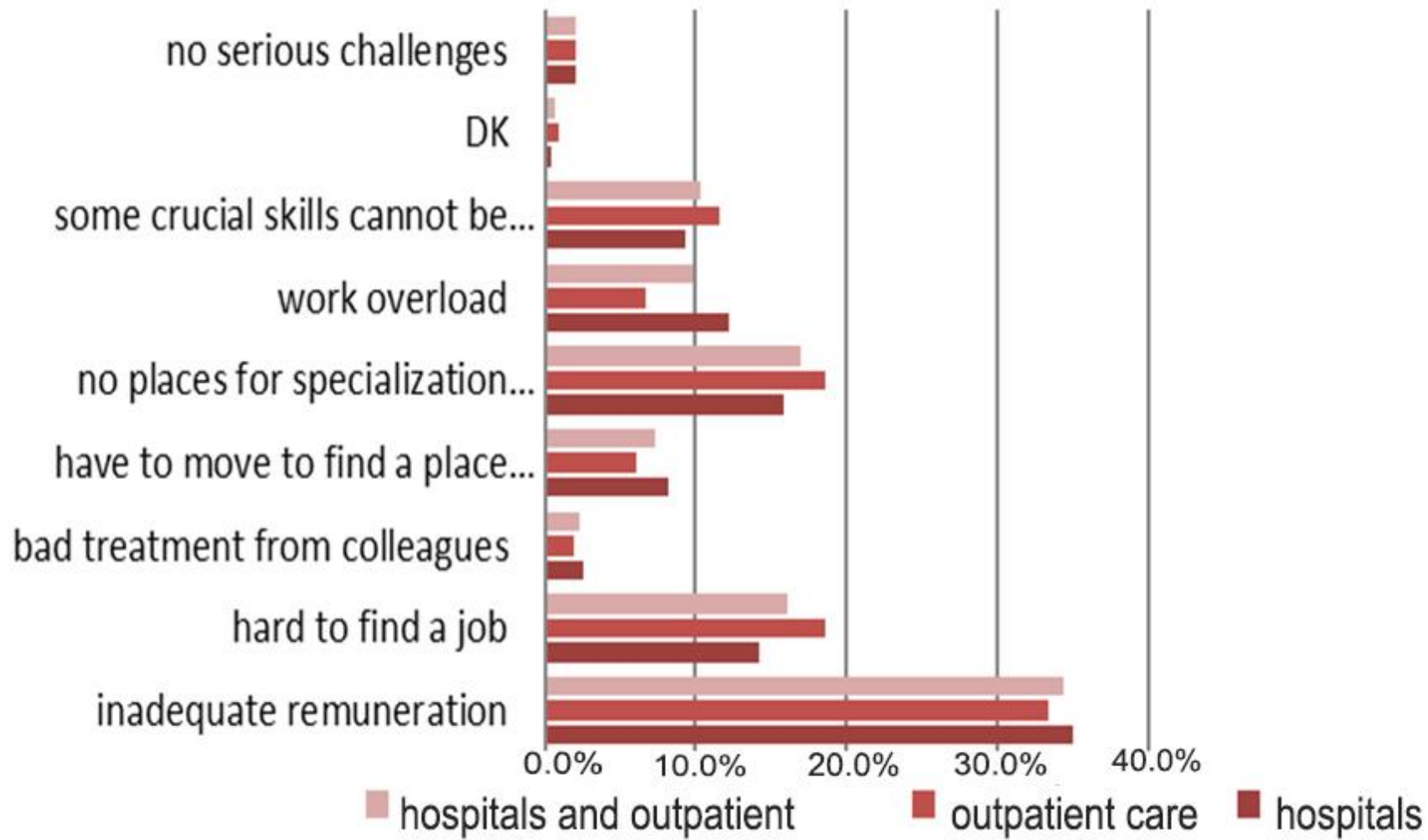
have to move to find a place for specializatio

hard to find a job 16%

bad treatment from colleagues



Which are the main challenges for fresh graduates without a speciality?

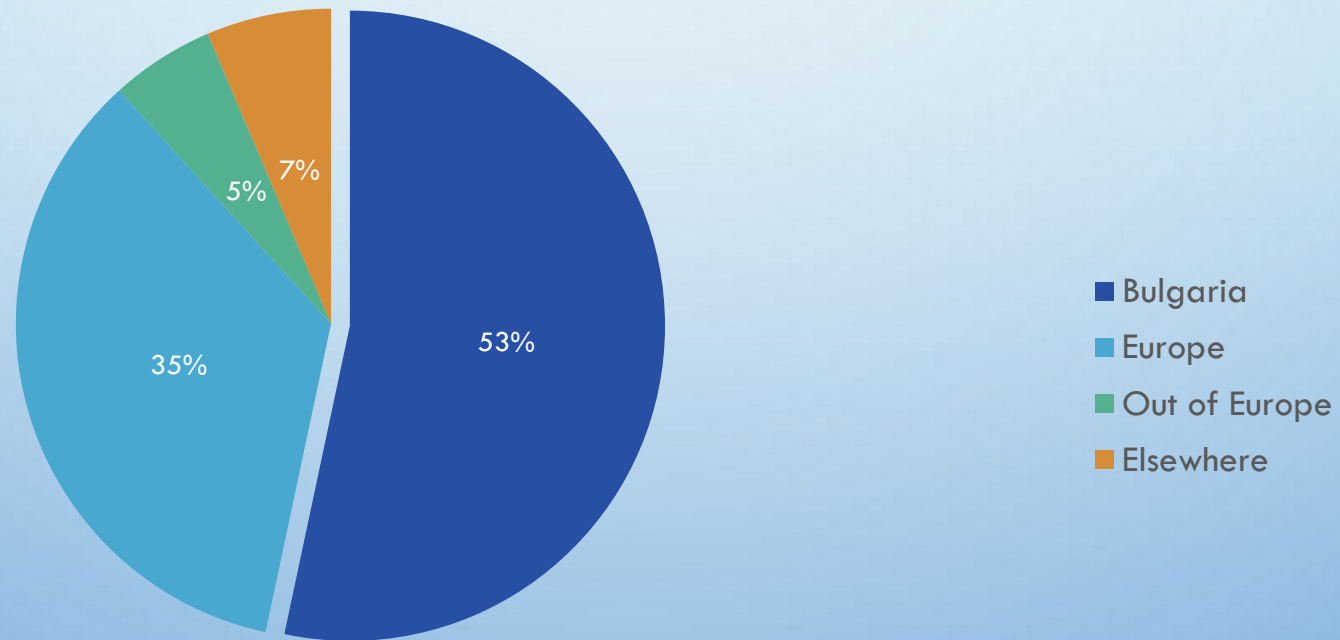


RESULTS

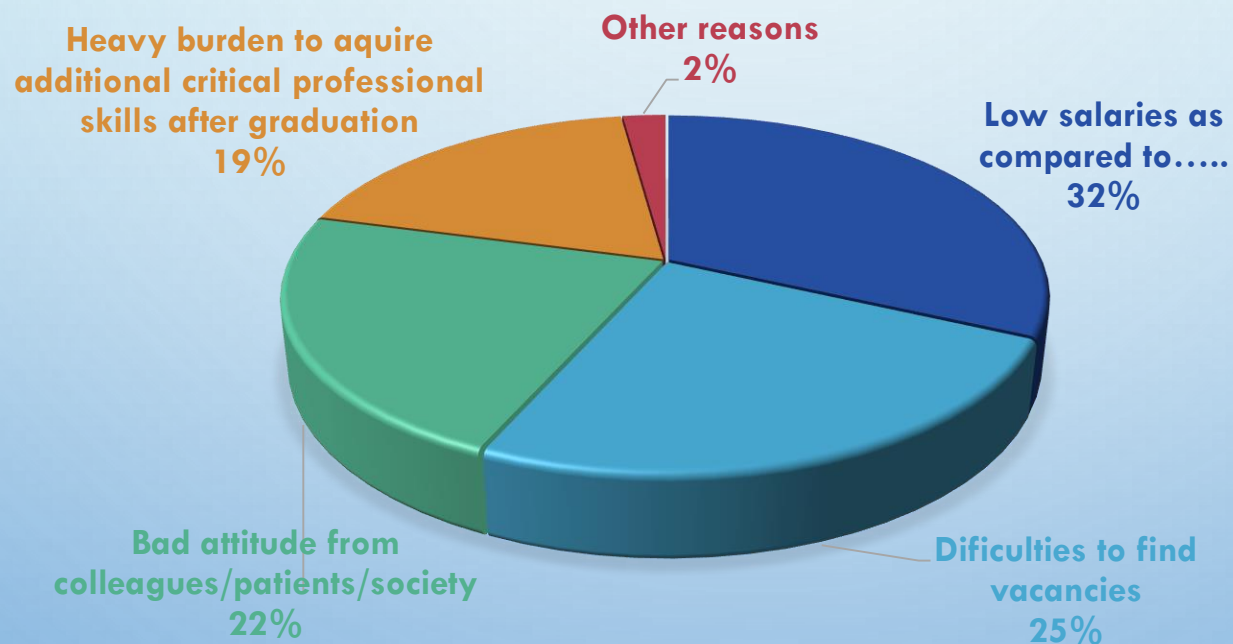
MEDICAL UNIVERSITY STUDENTS STUDY

- 40% OF MEDICAL STUDENTS WANT TO SPECIALIZE ABROAD, PRIMARILY IN EUROPE (35%).
- EUROPE IN THIS CONTEXT MEANS THE MOST DEVELOPED EU MEMBER STATES.

WHERE THE STUDENTS PREFER TO SPECIALIZE?



THE MAIN OBSTACLES FOR A YOUNG MEDICAL DOCTOR IN BULGARIA



THE ADVANTAGES TO SPECIALIZE AND WORK IN BULGARIA

- THE CLOSE PROXIMITY OF FAMILY AND FRIENDS,
- THE WELL KNOWN ENVIRONMENT,
- “HOME SWEET HOME”, INCLUDING THE NATIVE LANGUAGE THAT MAKE THE COMMUNICATION WITH PATIENTS AND TRAINING EASIER
- AND THE LOWER OVERLOAD WITH WORK.

THE REASONS FOR RELUCTANCE OF MEDICAL STUDENTS TO WORK IN BULGARIA

- LOW PAYMENT (IN ALMOST 80%),
- BAD HEALTHCARE SYSTEM AND WORKING CONDITIONS,
- BAD ATTITUDES TOWARDS HEALTHCARE WORKERS.

WHAT COULD MAKE THEM WANT TO WORK AS A MEDICAL DOCTOR IN BULGARIA

- LOVE FOR THE HOME COUNTRY (PATRIOTISM), FAMILY, FRIENDS, AND NATURE.
- BETTER FINANCIAL CONDITIONS
- HEALTHCARE REFORM
- BETTER PERSPECTIVES FOR PROFESSIONAL DEVELOPMENT

DISCUSSIONS AND CONCLUSIONS

- THE BRAIN DRAIN IN THE HEALTH SECTOR IS NOT A FAVORABLE REGULATED PROCESS. THIS IS A PROCESS THAT BRINGS EVEN BETTER HEALTH WHERE IT IS ALREADY BETTER.
- THERE IS NO CHANCE TO MAKE THIS PROCESS RIGHT BY ITSELF.
- THE REGIONAL IMBALANCES WILL ALWAYS GENERATE ADDITIONAL DEMAND FOR DOCTORS.

DISCUSSIONS AND CONCLUSIONS

- AT THE MOMENT IT IS NOT CLEAR WHO OR WHAT WILL FILL THE EMERGING DEFICIT OF DOCTORS IN BULGARIA.
- LEAVING THINGS "BY GRAVITY" WITHOUT TARGETED AND WELL THOUGHT OUT POLICIES WILL NOT SOLVE OUR PROBLEMS IN HEALTH CARE, BECAUSE GLOBAL FLOWS OF HEALTH PROFESSIONALS DO NOT LOOK FAVORABLE FOR BULGARIA.

RECOMMENDATIONS

- IMPROVED WORKING CONDITIONS FOR DOCTORS;
- INCREASED OPPORTUNITIES;
- HEALTHCARE REFORM;
- IMPROVED PAYMENT;
- INCENTIVES TO RETAIN PHYSICIANS.

CONCLUSIONS

- MIGRATION OF HEALTHCARE WORKERS, IF LEFT UNDER ANALYZED AND REGULATED CONTINUOUSLY MIGHT LEAD TO ADVERSE IMPACTS ON HEALTH EQUITY BETWEEN AND WITHIN THE EU COUNTRIES.
- WHETHER IT IS POSSIBLE TO REGULATE CROSS-BORDER HEALTH WORKER FLOWS BETWEEN THESE INCREASINGLY INTERACTIVE HEALTH SYSTEMS FOR IMPROVING HEALTHY EQUITY REMAINS AN OPEN QUESTION.