



Migration tendencies and perspectives among health care professionals in Hungary

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Influence of the migration on the releasing countries according to OECD and WHO

- 1) The biggest part of the migration happens within the countries of OECD, but comes from developing countries.
- 2) The bigger the letting leave country the lower the proportion of the health care workers going to abroad.
- 3) The migration between countries is not the main reason of the lack of physicians and nurses.

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The problem-tree of the situation about health care workers' human resources

- The income-position of health care workers
- Different lack of professionals and the age-tree problems of specialists
- The crises of values, ethical problems concerning health care professions
- Too different system of interests (mainly between physicians and nurses)

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The problem-tree of the situation about health care workers' human resources

- The health care system is a very sensitive social field for too many involved people
- Old structure and organization culture in the health care system
- The education system doesn't cover the needs and practical challenges of the health care system
- The lack of motivation system and holding force of the profession system

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The main problems of the human resource strategy in the Hungarian health care system

- Huge regional differences between personal and structural conditions.
- The lack of motivation and the efficiency evaluation system.
- Rigid system of norms, meanwhile the norms are changing regularly and too quickly.



The main problems of the human resource strategy in the Hungarian health care system

- Strong opposition against changes from leaders and persons in good positions.
- Established feudal social system in health care - strict hierarchy among professional groups.
- The intensive interest of young professionals to become independent of that system.



The number of health care paramedical professionals

- In Hungary there are about 100 thousand paramedical workers.
- This number is lower approximately with 30-40% than the health care system needs.
- 20% of health care professionals are older than 51. The proportion of the group of 41-50 old year workers is 12%, so only every other elderly worker can be replaced when retiring.

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The State of Art

1. There is a big difference between living and professional conditions among West and Central-East
2. There is a big demand on health care professionals from the West towards Central-East (and other regions)
3. The proportions of doctors and paramedicals in the western countries are the opposite of that in the eastern countries: much more paramedicals than doctors needed.
4. Paramedicals in Hungary have quite low prestige and salary



The State of Art

5. The joining to the EU has opened the borders and has been motivating migration.
6. Accepting paramedicals in the West is worth because their education (on high level and at very high cost) is financed by other countries.
7. The first wave of migration concerned physicians causing big professional and social problems in Central-Eastern countries. The first step was automatically followed by the second: the migration of paramedicals.

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Hindering factors

1. Hungary is traditionally a closed country with conservative culture.
2. There aren't any traditions of mobility especially to abroad (except the Middle-Ages)
3. Paramedicals are mainly women, they are more fixed to local living (family, socialization, children)
4. We can observe an increasing tendency of migration of paramedicals, but its level comparing with that of physicians' is much lower.

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Hindering factors

5. The education form and level of paramedicals is lower than that of physicians:
 - there are still many workers in undergraduate level,
 - knowledge of languages,
 - the primary professional socialization,
 - the professional patterns are less strong
6. Their social status including life-world (Berger – Luckmann) is lower and less modernized than that of the physicians.



The main questions about the paramedicals' migration

- Can any trend-like change be described and/or foreseen between the present migration activity and that of the following few years?
- How long do the health care specialists plan to stay abroad, what for, in which kind of conditions?
- How does its mythology and social-environmental background look like?



The main questions about the paramedicals' migration

- What are the factors which can differentiate in the strength of the migration willingness: age, marital status, membership of a group of the same specialization in work, speaking foreign languages or something else?
- How strongly do the intercultural and multicultural competencies and sensibility, which are needed for the active migration, support the exodus of healthcare specialists?

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The main coordinates of the possible migration of paramedicals

- Time: permanent – temporary
- Aims: moving abroad – working abroad
- Motivations: changing lifestyle – saving money.



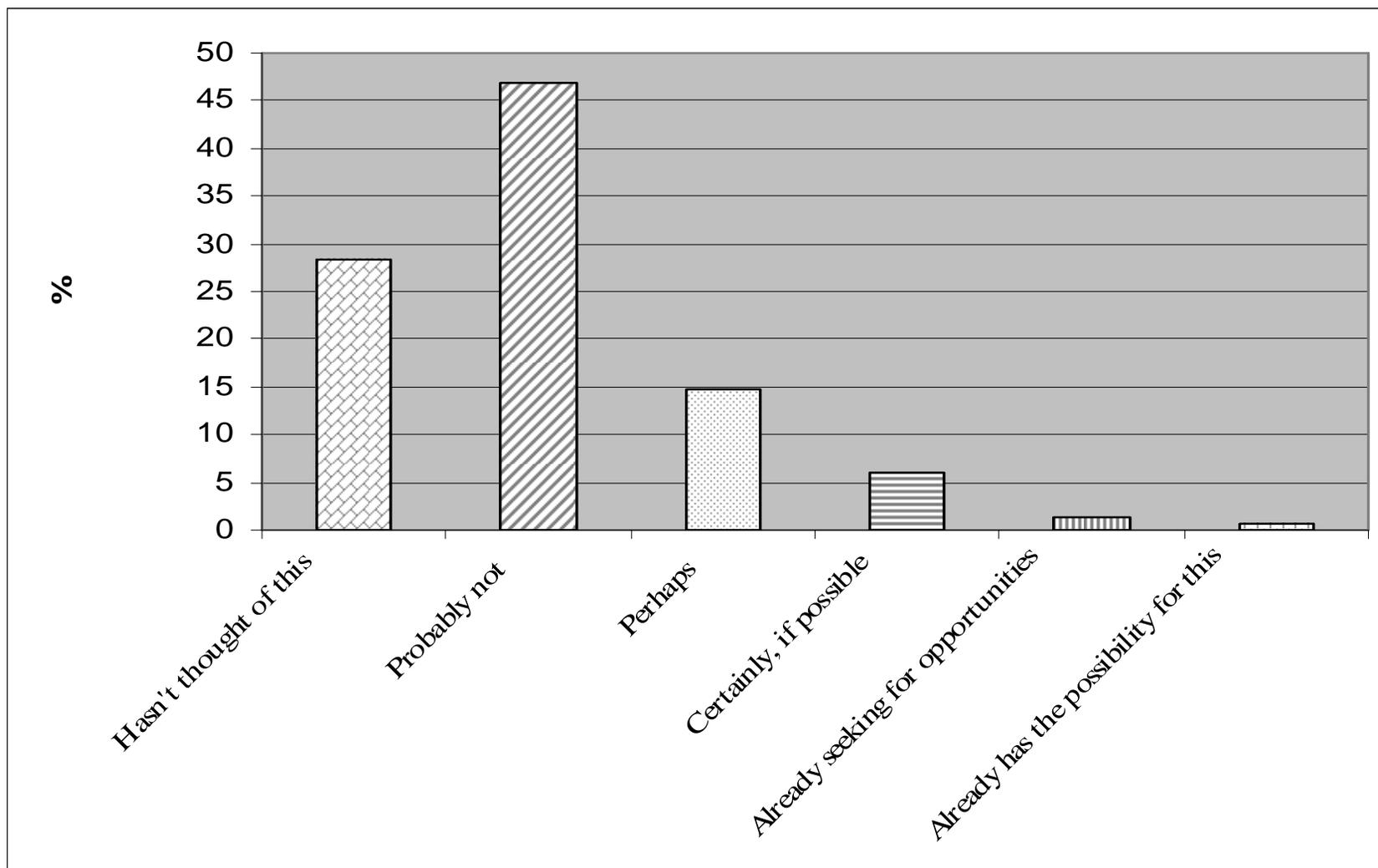
The basic imagination about *working* abroad

- 12.7% of the asked is sure about going to work abroad
- 42.8% considers this possible
- 30,4% thinks it is not probable
- Only 4.7% of the asked refuses the idea to work outside of the borders of Hungary. The rest (9%) has not thought about this question yet.

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Are you planning to move abroad/to leave Hungary? (%) (N=307)





The migration form can be expected

- They share a strong willingness in working but reject the idea of living abroad (emigration)

(It raises an important question: what kind of general social, and professional integration can be expected from the migration form like this? Especially if it is concerning the biggets part of a professional group.)



Academic migration

More than 1/3 of the healthcare specialists (35.4%) is willing to study in foreign countries, though most of them (31.4%) would leave Hungary only for a few months and 4% of them would like to graduate in some foreign institution.

But 2/3 of the sample do not even consider the possibility of studying abroad or is not thinking about this question (N=654).



The conclusion about the aims of the migration willingness

We can see from all that above that if anything is the reason of leaving the country, working or studying abroad, it is firmly tied to the willingness of emigration.

The mobilities with both purposes are happening in the same dimension strategically and in action taking too.



The reasons for working abroad

- Improving language skills (to complete foreign language exams)
- Satisfaction with job opportunities
- and...no more!!!



The background factors of the academic mobility

- Specification (nurses, physiotherapists)
- Level of studies (BSc)
- Language exam (English)
- Year of birth (young people)



The background factors of the emigration

- Satisfaction with the life of the parents
 - Language exam
 - Sex
- This type of migration is preferably a phenomenon depending on the way of life in general, and on the individual position in life.

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Which are the preferred points of working abroad (N=307)

Work must be legal	59,9 %
Position equals to the level of studies	58,5 %
High salary	56,2 %
Useful experience	50,8 %
Information on the job before getting there	47,8 %
Good career opportunity	25,4 %
Depending on the opinion of the family/partner	21,1 %
Can study besides working	14,4 %
Other	3,7 %
‘I do not know.’	2,3 %
‘Position does not matter, I would do anything’	0,7 %



The strategies for working abroad

- Conscious, well-defined strategy seeking legal and social stability
- Individual, independent and professionally well-based decision making mechanism working behind
- Career and salary centered decision making model.
- Free choice of making models motivated by the possibility of studies and gaining experience.

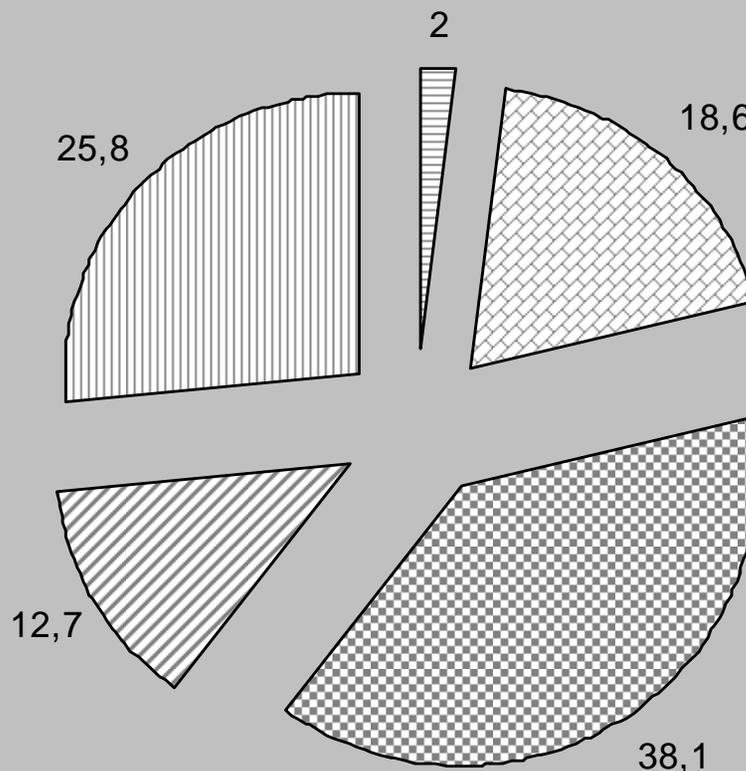
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How long do you intend to work abroad? (%)

(N=307)



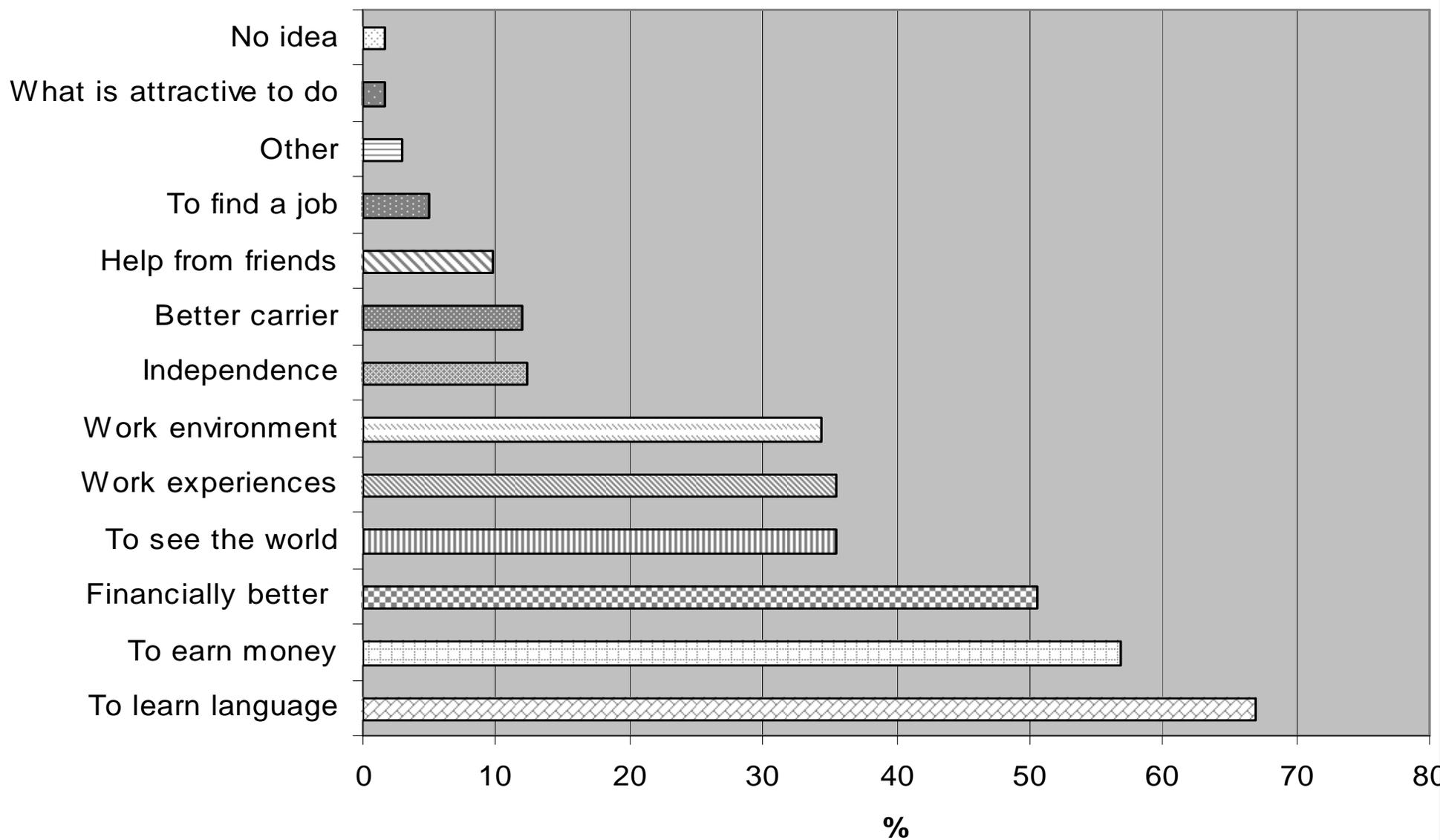
□ Some weeks □ Several month □ Several years □ Depends on the job □ No idea

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Why would you go and work abroad? (%) (N=307)





The most important motivating factors in migration

- self-realizing, auto-expressive, identity seeking model
- the existence-building, material capital gathering model
- the work and position oriented thinking



Conclusions

- The number of those who predicted to leave the country for sure haven't changed in the last years.
- But the number of those who rejected the whole idea was far higher than nowadays.
- The migration intentions are not definite, homogenous or fatal. They are linked to certain conditions, well-defined background factors.
- In the migration types the study (academic) and work (career) purposes dominate.
- Among the healthcare specialist the emigration (moving to abroad) is not a preferred model.



Conclusions

All this means that the temporary migration and the temporary ‘profit increasing’ aspect of mobility dominates, but the idea of moving abroad, to leave the country (emigration) do not play any important role in the thinking of healthcare specialists and in their walks of life.

The individual situations in life and indicators of walks of life do have a very strong impact on the willingness of migration.

The system of values and targets behind the working abroad mobility, being the most important form of migration, explains quite much: priority motivation is given to the safety values and career opportunities and secondly to the expansion of individual autonomy and studying.



Conclusions

- The mobility tentative seems to be very divergent. There is no specific migration model in the thinking and life strategy of the healthcare specialists.
- Contrary the general situation is composed of many smaller sub-cultures, and of individual forms.
- The interventions aiming to keep healthcare specialists in Hungary still have a chance.

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Thank you for your attention!

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The article:

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