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Emigracja polskich pracowników ochrony zdrowia, ze szczególnym uwzględnieniem Wielkiej Brytanii

Streszczenie

Wstęp. Systemy ochrony zdrowia w krajach europejskich, w tym także w Polsce, są w trakcie nieustannych zmian i borykają się z koniecznością poszukiwania optymalnego rozwiązania problemu nierównowagi między rosnącymi potrzebami systemu opieki zdrowotnej, wynikającymi ze zmieniającej się struktury demograficznej społeczeństwa, a ograniczonością środków, które mogą być na te cele przeznaczone. Z uwagi na dodatnią korelację między poziomem zamożności państwa a poziomem zatrudnienia profesjonalistów medycznych coraz częściej można obserwować emigrację, której głównym, choć nie jedynym powodem są niskie wynagrodzenia w ojczystym kraju.

Cel. Celem opracowania jest analiza migracji polskich pracowników ochrony zdrowia ze szczególnym uwzględnieniem skali emigracji zarobkowej do Wielkiej Brytanii.

Wyniki. W pierwszej części przedstawiono czynniki, które wpływają na chęć poszukiwania pracy młodych Polaków poza granicami ojczystego kraju, a także dotychczasowe tendencje oraz zmianę geografii migracji przed i po akcesji Polski do Unii Europejskiej. Jedną z najważniejszych przyczyn, dla których polscy lekarze i pielęgniarki podejmują pracę poza granicami kraju, są wyższe zarobki, dlatego w drugiej części pracy przeprowadzono analizę porównawczą wynagrodzeń pracowników ochrony zdrowia sektorów publicznych w Polsce i w Wielkiej Brytanii.

Wnioski. Biorąc pod uwagę znaczenie pracowników ochrony zdrowia dla zapewnienia pożądanego poziomu jakości życia społeczeństwa, braki kadrowe w sektorze ochrony zdrowia mogą stanowić poważny problem dla kraju. Podjęto zatem próbę określenia negatywnych skutków nadmiernego odpływu wysoko wykwalifikowanej kadry medycznej na system ochrony zdrowia w Polsce.

Słowa kluczowe: emigracja zarobkowa, migracja z Polski, Wielka Brytania, pracownicy ochrony zdrowia.

Emigration of Polish healthcare system workers, especially to Great Britain

Summary

Introduction. European healthcare systems struggle with dynamic changes and demographic trends that impose growing demand for healthcare services in highly developed countries. Due to limited resources and funding, sound balance between demand and supply has to be found.

Aim. The aim of the paper is to analyse migration of Polish health professionals with special attention paid to extensive migration to the United Kingdom.

Results. The first part of the paper shows main factors inducing young Polish workers to look for a job in foreign countries as well as presents trends and diversion in migration due to access of Poland to the European Union. The key incentive to Polish healthcare professionals to start up working abroad are higher wages, therefore the second part of the paper presents a comparison of public health professionals' salaries in Poland and UK.

Conclusion. Taking into account great importance of healthcare professionals to provide societies with desired, high standard of living, grave problem arises due to expected shortages of healthcare professionals. Therefore, broad, negative consequences of brain drain in Polish healthcare system will be also analyzed.

Key words: job emigration, migration from Poland, Great Britain, healthcare system workers.

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European healthcare systems struggle with dynamic changes and demographic trends that impose growing demand for healthcare services in highly developed countries. Due to limited resources and funding sound balance between demand and supply has to be found [1].

Due to positive correlation between social welfare and the employment level of healthcare professionals, a migration can be observed, the main reason of which is mainly low salaries.

So called „brain drain" is nothing new. In the 50's and 60's of the former century in the United Kingdom, a mass migration to the USA of well educated people (scientists and engineers mainly) was observed [2]. Since then this trend has become global and has intensified. Due to growing international interests in migration of highly educated specialists, the phenomena was named "brain drain" [3].

In Poland migration of highly educated people with degree of bachelor or higher, has been growing recently as well. From 1981 to 1988 – at the time of one of the biggest migration waves – about 16% of emigrants held high school diploma, whereas in the whole Polish society this indicator was at the level of 8%. Between 1998 and 2001 brain drain in Poland continued to strengthen and higher educated people accounted for 15% of Polish émigrés. There is no data how many well educated Poles have left Poland since its access to the European Union, but BAEL research confirms intensive migration among young people (median 26 years) and the well educated ones [4, 5].

Because of big scale and severe consequences of brain drain in healthcare system, it has become the matter of international dispute and concern, which has resulted in many attempts to monitor its scale. The research commissioned by WHO and conducted by Alfonso Mejia shows that in 1972 more than 6% of all doctors i.e. 140 000 worked abroad. The majority of specialists (over 86%) migrated to Australia, Canada, Germany, UK and USA [3].

Lack of coherent system designed to monitor migration movements within various economic sectors hinders attempts to watch migration movements in healthcare system. In Poland migration in healthcare system is observed by registering certificates stating qualifications issued to apply for a job within the EU. Yet the issued number of certificates does not give the exact figure covering people that have left Poland [6]. A substantial part of doctors applying for the certificates, work abroad just for predefined amount of time. i.e. for 3 months. Frequently, hospitals conclude yearly agreements with 4 doctors, 3 months per each. When one doctor after 3-month working period comes back to Poland, his colleague departures and continues work at the same post [1]. Doctors from the west part of Poland (especially zachodniopomorskie voivodeship) often work abroad at weekends. Amongst nurses it is widely observed that they leave country to take up job abroad without applying for suitable certificates (for example working in carehome during leave or absence from home institution). Statistics does not show people that search for employment outside the EU, neither those who need not certificates to take up a job [3].

Ministry of Health report "Monitoring migration of Polish doctors, nurses and midwives since Polish access to EU" shows that during the two years of Polish accession to EU, over 4% of professionally active doctors applied for certificates needed to work abroad. The majority of doctors interested in working abroad are qualified specialists: mainly in anaesthesiology and intensive care (15.69%), plastic surgery (14.79%), chest surgery (12.84%) and emergency medicine (11.14%). During that period 2% of nurses and midwives applied for the qualifications certificate [6].

The newest attempts to monitor the scale of migration of healthcare workers were undertaken in 2008 by research team led by Krzysztof Krajewski-Siuda on commission of Ministry of Health. The research team surveyed students and young medical graduates. Research findings confirmed that phenomena of intensive outflow of young medical professionals from Poland will not change in the near future. Almost 2/3 people surveyed consider migration as a sound alternative to professional development in Poland [3].

There are several causes of such intensification of migration among Polish healthcare system professionals. There are two main types of migration factors: pull factors and push factors [7]. Without doubt the most influential migration factor is doctors' remuneration, which in the UK is substantially higher than in Poland. Migration to "old" EU member states, apart from higher income, gives émigré an opportunity to develop his or her professional skills and traits. "Push" factors are called so because they "push" Polish doctors to look for a job abroad. Among them we can find: unsatisfactory income as well as various difficulties in getting medical specialization [8] (Table 1).

TABLE 1. Main migration factors in Polish healthcare system.

Push factors	*Pull factors*
➢ Difficulties in obtaining medical specialization	➢ Higher remuneration
➢ Bad condition and access to medical facilities and equipment	➢ Opportunity to develop additional professional qualifications
➢ Bad interpersonal relation in the workplace	➢ Access to newest medical knowledge and know-how
➢ Instability of law and legal issues in healthcare system	➢ Lower working time
➢ Unfinished healthcare system reorganization	➢ EU aging and growing demand for medical workers
➢ Obligation to continuing education and related costs	➢ Positive message and feedback from colleagues abroad
	➢ Foreign languages development
	➢ Opportunity to travel and meet different cultures
	➢ Activities of foreign head-hunters in Poland

The mentioned above research carried out by Krajewski-Siuda shows that the most often chosen country of destination was the UK (28%), followed by Germany (15%) and USA (11%) [3]. The research confirms that institutional change – opening local labour market for the foreigners – was a significant factor towards intensification of migration to UK. Analysis of BAEL data shows that Polish access to the EU greatly influenced the change in "Polish traditional" migration destinations [4].

The newest Polish history has brought high level of concentration in countries of destination. During transformation period the most dominant destination was Germany (38%) and USA and Italy (68% of Polish émigrés). Countries preferred less were: UK, Belgium, France, Netherlands, Austria, Spain, Greece, Sweden, Canada, Ireland and Norway. However, migration to those counties in comparison to Germany and USA was of a small scale. Between 1999 and 2003 it did not exceed 1000 people p.a. [9].

After Polish accession to the EU, the geography of migration fundamentally changed. UK became key destination country, whereas Ireland took place in the lead. Comparing those two periods migration to Germany, USA and Italy slumped from 63% do 35% and migration to UK, Ireland and Sweden soared from 10% to 47% [9].

Although UK, because of the level of economic development is not usually treated as exposed to medical professional migration outflow, nevertheless it is. World Bank's data show that among OECD countries UK has the biggest index of migration of highly educated professionals. Over 1.44 million British graduates (almost 34% of all high school graduates) look for better paid job abroad – mainly in the United States, Canada and Australia [10] Very high migration index is observed among British medical schools graduates as well. According to Robert Winnett even 27.3% of young medical students wish to continue their professional development abroad [11]. Taking into account that cost of education of one young doctor in the UK is estimated at £250 000, the exodus brings a huge loss [12]. In result, hiring of young doctors from less developed countries seems to even more tempting. In Poland the cost of education of one young doctor (up to the level of a specialist) is about 310 000 PLN [13]. Therefore brain drain to the UK seems to be intensified even more.

Great Brittan is the country of the highest index of foreign doctors' employment (mainly from Ireland, France, Germany, Norway and Poland). Over 34% of all doctors and over 15% of nurses working in the UK are immigrants [14].

Although for several years a huge migration to the UK has been observed, it is worth mentioning that the UK was preferred country of destination also before May 2004, and the origin of Polish population in the UK goes back to 1940's.

Just after World War II Great Britain lacked labour force to rebuild country from destruction caused by war. The Polish Resettlement Act issued in 1947 granted Polish soldiers right to settle in the UK. The Act granted this right also to Polish "dipises" – people deported to forced labour to Nazi Germany and liberated from concentration camps. The second period of big upswing in migration to the UK began with the 21st century, when Poland started preparation to access the EU. After EU extension in May 2004 twelve EU countries still stood by their limitation of labour migration. Consequently the majority of Poles seeking work abroad chose Great Britain as their place of destination [15].

The interest in the UK as a country of destination was noticed also among healthcare professionals. General Medical Council data shows that between 2004 and July 2008 there were 2178 Polish doctors newly registered.

Authorities estimate that at present there are about 1245 Polish doctors working in the UK and 993 of them (43%) are professionals of anaesthesiology, internal medicine and general surgery [16].

The remuneration level of Polish healthcare professionals in public medical health care settings is drastically low, not only compared to salaries of doctors working abroad, but also compared to other sectors of economy. Taking that into account it is not surprising that one of the most frequently stated cause of migration is the increase of income and improvement of living conditions.

In Poland, the average salary in healthcare has been always lower than the average salary in national economy. This difference is not typical only for Poland. In western countries healthcare sector salaries are 75-85% of average salary. However, the real problem is the aggravation of this relationship due to lower rate of growth of salaries in healthcare as compared to average salary in the economy. The average monthly salary of a doctor in 2006 was about 1584 PLN after tax, which is 9,9 PLN per hour. According to GUS (Central Statistical Office) the average monthly salary in national economy in 2006 was 1674,54 PLN after tax [17].

Low level of remuneration of Polish healthcare professionals, apart from causing frustration, is also a strong migration factor.

However, it has to be mentioned, that the issue of Polish doctors' salaries is difficult to diagnose, because although in public sector the salary is indeed very low, in private healthcare sector it is quite acceptable. The report "Informacja dla Sejmu RP o sytuacji w ochronie zdrowia"[Information for Polish Parliament on the situation in healthcare] commissioned by Polish Parliament shows that 36% doctors with professional certificates work for more than one employer. On the other hand, working in many places often hinders private life and lowers feeling of safety and satisfaction [1].

The issue of excessive outflow of medical professionals will become more and more severe in the near future not only because of differences in remuneration but also because of growing demand on medical professionals due to demographic changes and the aging process of Western societies. According to OECD the majority of EU member countries struggle with lack of qualified nurses. At the same time, OECD forecasts that till the year 2020 because of aging of this professional group the shortage will have risen by few percentage points [3]. According to OECD, the crisis concerning medical professionals will grow in all countries – highly developed, as well as still developing ones. In the world there are 59.2 million healthcare workers full-time employed. Two thirds of them are medical workers directly involved in medical services provision. The estimates show that globally the world lacks 4.25 million healthcare workers [19].

The lack of medical workers, especially in the EU member countries will be even more severe due to European

directive on healthcare professionals working time. According to the directive 93/104/WE the duty hours have to be included in working time, whilst working time cannot exceed 8 hours daily and 48 weekly. The issue of this regulation imposed the need for creation of many new posts for doctors [20].

The average workforce in Poland compared to EU member states is not excessive. OECD data show that among countries in the world there is large diversity in the index of doctors per 1000 inhabitants. Between 2000 and 2006 the lowest index was in Turkey – in 2006 it was 1.6. The biggest value of the index was noted in Greece – 5.0 in 2005 and in Belgium – 4.0 in 2006. In Poland in 2006 there were 2.2 doctors per 1000 inhabitants [21].

Although the number of doctors per 1000 inhabitants in Poland is one of the lowest in Europe, even more important fact is that this number is constantly decreasing. In 2003 doctors' employment index in Poland was higher than in the UK, USA or Canada.

Also the number of nurses and midwives in Poland is one of the lowest in the European Union. According to GUS in Poland there are 5.1 nurses per 1000 inhabitants, whereas in the UK it is 11.9 and in Norway 31.6 [21]. According to forecasts nurses and midwives shortage in healthcare system in 2010 will reach up 61000 [19].

Excessive medical workers' outflow from Poland can possibly have negative impact on healthcare system also because of deteriorating demographic structure in this workgroup. According to Jerzy Fredriger – The Chair of Krakow Doctors Chamber, Poland starts struggling with generation gap among medical workers [19]. Among 126337 doctors over 23000 have reached retirement age, and there are approximately 18000 doctors between the age of 55 and 64. There are only 12000 doctors below the age of 35 [22].

However it has to be mentioned that data provided by GUS and by Doctors Chambers have yet to be confirmed due to lack of consistency of research method.

Due to demographic changes in Europe and growing demand and expectations of societies more and more EU countries begin to grapple with a lack of healthcare workers. In response, EU member countries open their labour markets in the healthcare sector for the workers from developing countries who are lured by higher salaries and better working conditions than those in their home countries.

Polish healthcare professionals intensify migration and start working in other EU member countries – especially in the UK. Although there are a number of reasons of migration, one of the key is the discontent of public health sector salaries. However, the issue if better access to specialization and opportunities of professional development has to be emphasized as well.

In Poland medical labour force outflow may cause instability of the whole system, more often seen as a lack of labour in some facilities. Although few years before the lack of workers hindered public health sector, nowadays it starts to touch private sector as well [19].

From the economic point of view, healthcare professionals' migration means a loss not only of labour force but also loss of financial assets, which were spent on their education.

Active politics of suitable counteractions to healthcare professionals outflow is crucial not only to maintain good condition of healthcare sector but also country as a whole. Good health, as it is concluded in research, is of value not only in individual but also in social dimension.

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