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Determinants of migration decisions among medical personnel in Poland: between economics, work organization and professional prestige

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Abstract

Introduction. Migration of medical personnel is a global phenomenon intensified by workforce shortages and posing major challenges for health policy. Analysing this issue is essential for developing effective, evidence-based retention strategies to mitigate escalating workforce shortages and ensure the stability of the national healthcare system.

Aim. This study aimed to identify factors influencing migration decisions among Polish healthcare workers.

Materials and methods. A cross-sectional online survey was conducted between February and May 2025 among 112 medical professionals. Statistical analysis employed the χ^2 test and the Fisher-Freeman-Halton test ($\alpha = 0.05$).

Results. Low remuneration (61.6%), difficult working conditions and limited professional development were the main push factors. Higher salaries, better working conditions, and improved quality of life were the main pull factors. Poorer evaluations of working conditions were significantly associated with migration intentions ($p = 0.0174$). Younger age (under 34 years; $p = 0.0137$) and shorter professional experience (≤5 years; $p = 0.0078$) increased the likelihood of considering emigration. Unexpectedly, overtime work was associated with a lower willingness to emigrate ($p < 0.0001$), while higher perceived professional prestige had a protective effect ($p = 0.0381$).

Conclusions. Migration decisions among Polish healthcare workers are driven primarily by economic and organizational factors. Effective retention requires integrated strategies combining wage improvements with better working conditions and initiatives enhancing the prestige of medical professions.

Keywords: migration, healthcare system, medical personnel, motivating factors, brain drain.

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INTRODUCTION

The professional migration of medical personnel constitutes one of the key challenges for contemporary healthcare systems, manifesting as a global phenomenon with multidimensional consequences. According to estimates by the World Health Organization (WHO) and the Organisation for Economic Co-operation and Development (OECD), the mobility of healthcare workers has systematically increased over recent decades, primarily from lower-income countries to highly developed nations [1]. WHO projections indicate that by 2030 the global shortage of healthcare workers could reach as many as 15 million, further intensifying international competition for human resources and exacerbating challenges in source countries [2].

From a European perspective, this phenomenon became particularly noticeable after the European Union's enlargement in 2004, when Poland emerged as a significant country of medical personnel emigration. The scale of this process is illustrated by the number of certificates issued for the recognition of professional qualifications: between 2004 and 2024, nearly 30,000 such certificates were issued for physicians, nurses, and midwives [3-5], highlighting the potential for a brain drain in the Polish healthcare system. Although a decline in applications for qualifications recognition for the purpose of working abroad has been observed since 2016, the emigration of medical personnel remains a significant challenge for Poland's healthcare system. Structural workforce issues persist, including staff shortages, aging human resources, and employment rates below the European Union average. Understanding these migration dynamics is therefore crucial, as the Polish healthcare system currently faces considerable systemic challenges. The employment rate of medical professionals in Poland remains significantly lower than the EU average, while the average age of practicing healthcare workers is relatively high compared with other member states [6]. Consequently,

identifying the key determinants of migration intentions is essential for developing effective retention strategies that can reduce workforce shortages and support the long-term sustainability of the system.

The ongoing professional mobility is further confirmed by data from the European Commission, according to which, from Poland's EU accession until 2024, tens of thousands of individuals with Polish diplomas obtained recognition of their professional qualifications in EU countries, the EEA and Switzerland. This includes 14,077 physicians, 10,579 nurses, 5,829 physiotherapists, 2,690 dentists, 1,373 pharmacists, 949 midwives and 621 paramedics [7]. It should be noted, however, that these statistics also include individuals of other nationalities who completed medical studies in Poland and, after returning to their home countries, were required to obtain confirmation of the right to practice from local professional chambers. This applies, for example, to medical students from Norway or Sweden who graduated from Polish universities and are recorded in EU databases as professionals migrating from Poland.

Migration decisions among medical personnel are typically analyzed using the push–pull model. Key push factors include low wages, difficult working conditions, excessive workload, and limited career opportunities, while pull factors involve higher salaries, better infrastructure, job stability, and clearer career paths. Increasingly, non-economic factors such as quality of life, professional prestige, and work–life balance also play an important role [8-10].

Although previous research highlights the importance of economic and organizational determinants such as salary, workload, and access to professional development [11], relatively few empirical studies examine the combined influence of economic, organizational, and psychosocial factors in the post-COVID-19 context. Data on potential protective factors – such as professional prestige or work-time organization – remain particularly limited. For this study, the term "migration" is defined broadly to encompass various forms of international professional mobility, including both temporary and permanent emigration. Furthermore, our analysis specifically focuses on assessing the respondents' short- and long-term migration intentions and their readiness to relocate, rather than solely examining actual migratory outflows. Therefore, the aim of this study was to identify the determinants of migration decisions among medical personnel in Poland, with special emphasis on working conditions, overtime and the subjective perception of professional prestige.

METHODS AND MATERIALS

The study had an observational design and was conducted using a diagnostic survey method. The study group comprised 112 healthcare workers (n = 112), recruited through purposive and convenience sampling based on respondent accessibility. Due to the exploratory nature of the study and the challenges of reaching a highly specific professional group via online platforms, no formal a priori sample size calculation was performed. Instead, the sample selection was strictly guided by the inclusion criteria. While the target population was defined purposively based on these criteria, the actual recruitment procedure-conducted through professional forums and social media networks,was largely random and convenience-driven (snowball sampling). The inclusion criteria were possession of a medical education and completion of the entire questionnaire. Incomplete responses and individuals without medical education were excluded. Given the anonymous, online nature of the survey distribution, it was not feasible to physically verify the respondents' professional credentials or diplomas. To mitigate this limitation, an explicit self-declaration of holding a specific medical qualification was established as a mandatory screening question at the beginning of the survey. Furthermore, responses demonstrating logical inconsistencies regarding professional background or work experience were systematically excluded during the data cleaning process to ensure the reliability of the sample.

The research instrument was a self-designed 37-item questionnaire consisting of five sections: sociodemographic data, education and specialization, professional experience in Poland, migration motivations and plans, and additional relevant factors. The formulation of the questionnaire items was grounded in a comprehensive review of the current literature on health workforce migration. Before data collection, the initial draft of the questionnaire was consulted with academic experts in public health and health policy to ensure its content validity, clarity, and relevance to the specific context of the Polish healthcare system. Furthermore, a pilot study was conducted with a group of five respondents to evaluate the questionnaire before the study began. The questionnaire included closed-ended single-choice and multiple-choice questions, as well as 5-point Likert-scale items (1 = lowest significance, 5 = highest significance).

A quantitative approach was applied using the CAWI (Computer-Assisted Web Interviewing) technique. Data were collected between 1 February and 31 May 2025. Participants were recruited through purposive and snowball sampling, with the survey distributed via social media platforms and professional online forums for healthcare workers.

Participation was voluntary and anonymous. All respondents were informed about the study objectives and data usage. The research protocol was approved by the Research Ethics Committee of Jagiellonian University Collegium Medicum (approval no. 118.0043.1.461.2024).

Statistical analysis was performed using IBM SPSS Statistics version 29. Associations between non-metric variables were assessed using the chi-square (χ^2) test with Yates' continuity correction and the Fisher–Freeman–Halton exact test. Statistical significance was set at $\alpha = 0.05$. No formal power analysis was conducted due to the exploratory nature of the study.

RESULTS

A total of 112 individuals (n = 112) participated in the study. The sample was gender-balanced, with a slight predominance of men (47.3%) over women (46.4%). The age structure was dominated by younger respondents, particularly those aged 25-34 years (33.0%) and under 25 years (25.9%).

Nurses constituted the largest professional group (30.4%), followed by physicians (21.4%), physiotherapists (16.1%), and paramedics (13.4%). While specific medical specializations were not specified in the survey, an analysis based on educational attainment revealed a highly qualified sample. More than half of the participants held a master's degree (55.4%), and 24.1% held a bachelor's degree, which directly impacts their career development opportunities and salary expectations. Most respondents were employed in Poland at the

time of the study (92.9%). Regarding the employment setting, the majority worked primarily in hospitals (58.0%), which in Poland predominantly represent the public healthcare sector. A smaller percentage worked in independent private practices (9.8%) or primary care (3.6%). Due to this uneven distribution, a robust statistical comparison of migration intentions strictly between the public and private sectors was not available. Finally, the sample was predominantly urban, with 64.6% of respondents living in Kraków (Table 1).

Scale of the phenomenon and migration plans

The analysis of migration potential showed that 44.6% of respondents had previously considered labor migration or already had work experience abroad, including 10.7% who had already emigrated. Over one-third of respondents (33.9%) indicated that they were considering leaving in the future.

Regarding preparations for migration, 30.4% of participants had already checked the formal requirements for working in another country, and 29.5% were developing their language skills with the aim of labor migration. Among foreign languages spoken at a conversational level, English was clearly dominant (88.4%), followed by German (21.4%). Interestingly, respondents who spoke Spanish were significantly more likely to consider a specific destination country ($p = 0.0024$), which may indicate growing interest in destinations such as Spain.

Determinants of migration decisions (push and pull factors)

As the main barriers and problems in the Polish healthcare system (push factors), respondents primarily indicated low salaries (61.6%) and high levels of occupational stress (60.7%). Other significant issues included lack of support for professional development (47.3%) and the necessity of working overtime (46.4%).

Among the motivating factors for emigration (pull factors), assessed on a 1-5 scale, the highest mean values were reported for higher salaries in the destination country (Me = 4.17), better working conditions (Me = 4.08), and an improved quality of life (Me = 4.06). Measures considered most likely to retain personnel in the country included primarily increased salaries (indicated by 76.8% of respondents) and improved working conditions (66.1%) (Table 2).

Statistical analysis of migration determinants

The statistical analysis identified significant correlations between respondent characteristics and their propensity for migration (Table 3):

- Age and professional experience: Propensity to emigrate was strongly associated with age. Younger individuals (under 34 years) were significantly more likely to report willingness to leave or to have considered emigration ($p = 0.0137$). A similar relationship was observed for professional experience: respondents with less than 5 years in the profession were more likely to consider migration ($p = 0.0078$).

TABLE 1. Characteristics of the study sample.

Demographic /professional feature	Category	Number of participants (n=112)	Percentage (%)
Gender	Female	52	46.4
	Male	53	47.3
	Prefer not to say	7	6.3
Age	Under 25 years	29	25.9
	25-34 years	37	33.0
	35-44 years	14	12.5
	45-54 years	16	14.3
	55 years and older	16	14.3
Marital status	Single	43	38.4
	Married	37	33.0
	In a partnership	19	17.0
	Divorced	12	10.7
	Widowed	1	0.9
Having children	Yes	75	67.0
	No	37	33.0
Education level	Bachelor's degree	27	24.1
	Master's degree	62	55.4
	PhD	16	14.3
	Medical secondary education	6	5.4
	Other	1	0.9
Occupation	Nurse	34	30.4
	Physician	24	21.4
	Physiotherapist	18	16.1
	Paramedic	15	13.4
	Midwife	10	8.9
	Pharmacist	7	6.3
	Medical analyst	4	3.6
Years of professional experience	Less than 1 year	15	13.4
	1-5 years	43	38.4
	6-10 years	21	18.8
	11-20 years	15	13.4
	More than 20 years	18	16.1

TABLE 2. Main Work-Related Reasons for Considering Emigration (Scale 1-5, higher values indicate greater importance).

Argument	Median (Me)	Standard Deviation (SD)	Importance Rating (Scale 1-5)
Higher salaries	4.17	0.88	Very important
Better working conditions	4.08	1.01	Very important
Improved quality of life	4.06	0.96	Very important
Opportunities for professional development	3.99	0.97	Rather important
Dissatisfaction with working conditions in Poland	3.50	1.10	Rather important
Economic instability	3.37	1.22	Neutral/Rather important
Family-related pressure	3.16	1.37	Neutral/Rather important

TABLE 3. Relationship between willingness to emigrate and key factors ($p < 0.05$).

Independent Variable	Risk group characteristic (Prone to emigration)	p value	Direction of association
Age	Under 34 years	0.0137	Negative
Professional experience	Less than 5 years	0.0078	Negative
Assessment of working conditions	Average or low rating	0.0174	Negative
Team relationships	Negative/ambiguous rating	0.0443	Negative
Spanish language proficiency	Communicative level	0.0024	Positive
Perceived professional prestige	Rated "definitely high"	0.0381	Protective*

*Protective factor – a variable reducing the likelihood of emigration.

- Assessment of working conditions and workplace relationships: A significant association was found between subjective evaluation of working conditions and migration plans. Respondents who rated working conditions in Poland as average or below were significantly more likely to express interest in emigration ($p = 0.0174$). Negative or ambiguous evaluations of relationships with colleagues also correlated with more frequent consideration of leaving ($p = 0.0443$).
- Professional prestige: Respondents who perceived their profession as highly prestigious were less likely to consider emigration ($p = 0.0381$), suggesting that a sense of professional prestige may act as a retention factor.
- Overtime paradox: The analysis revealed an unexpected relationship regarding workload. Respondents reporting overtime work were significantly less likely to consider labor migration ($p < 0.0001$).
- Occupational groups: When analyzing migration intentions across different medical professions, distinct patterns emerged. The highest propensity for migration was observed among nurses and physiotherapists, although the occupational differences were at the threshold of statistical significance ($p = 0.0549$).

No statistically significant associations were found between self-assessed salary levels ($p = 0.1883$) or perceived adequacy of pay relative to job requirements ($p = 0.7301$) and willingness to emigrate. This suggests that migration decisions result from a broader spectrum of factors, rather than a simple financial evaluation.

Barriers and readiness for migration

Despite the relatively high proportion of respondents considering emigration, the level of actual preparation for migration remains moderate. Many participants (67.9%) had not yet specified a destination country, suggesting that for a substantial portion of the sample, migration readiness is potential rather than actual. A smaller group had taken concrete steps: 30.4% of respondents had familiarized themselves with formal requirements (legal standards) in another country, and 29.5% reported learning a foreign language in preparation for labor migration. Among language competencies, English was clearly dominant (88.4%), while knowledge of German (21.4%) or Spanish (10.7%) was much less common.

The decision to emigrate is perceived by medical personnel as a significant psychological burden. A total of 78.6% of respondents rated it as "difficult" (42.0%) or "very difficult" (36.6%). Importantly, these concerns do not appear to stem from a lack of confidence in professional competence, as 62.5% of respondents believed they would be able to perform successfully in a foreign healthcare system. This indicates that the main barriers lie outside the professional sphere.

When assessing potential challenges associated with working abroad (1-5 scale), respondents identified formal issues related to recognition of professional qualifications as the most significant barrier (mean = 3.76). This was followed by separation from family (mean = 3.59) and language barriers (mean = 3.37). Adaptation difficulties (mean = 3.23) and cultural differences (mean = 3.06) were considered less significant.

The family factor plays an ambivalent role in the decision-making process. On the one hand, separation from family is a major deterrent – 57.1% of respondents indicated this as an important factor preventing emigration. On the other hand, the results suggest that family can also serve as a long-term motivator for migration. Although physical separation is perceived as a barrier, some respondents view emigration as an opportunity to provide a better start for their children. Specifically, 16% of respondents believed that emigration would have a positive impact on the educational or health outcomes of their children, a proportion higher than those expressing concern about negative consequences for their offspring (10%). This suggests that for some medical personnel, migration is considered a calculated investment in the human capital of the next generation, potentially offsetting the emotional costs of separation.

Key factors preventing workforce outflow

Analysis of factors that could encourage medical personnel to abandon emigration plans or return from abroad clearly indicates the dominance of economic and organizational motivations over purely social factors (Figure 1).

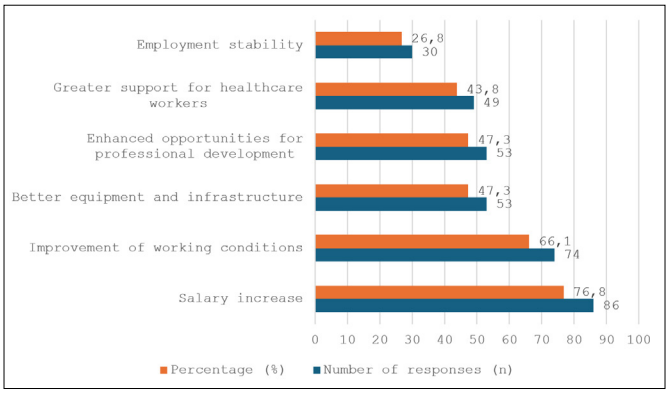

FIGURE 1. Key changes in the healthcare system that could encourage retention or return (multiple responses allowed).

The strongest incentive to stay in the country was the need for higher salaries. This factor was indicated by as many as 76.8% of respondents, confirming the critical role of wage disparities in migration decisions. The second most important area was the improvement of working conditions (66.1%), broadly understood as reducing workload, better organization and decreased bureaucracy.

Factors related to the quality of the professional environment also play a significant role. Nearly half of respondents (47.3%) tied the decision to remain in the country to improvements in the equipment and infrastructure of healthcare facilities, and an equal proportion (47.3%) expected better opportunities for professional development. A substantial share of respondents (43.8%) highlighted the need for greater support for healthcare workers, which may be linked to the high levels of occupational stress observed in the study.

Interestingly, the least frequently indicated factor was employment stability (26.8%). This may suggest that, in the current context of workforce shortages, Polish healthcare professionals are less concerned about job availability and more about job quality and financial compensation. The data confirm that the decision to stay in the country or return from emigration largely depends on the quality of the domestic healthcare system – both in material terms (salaries, infrastructure) and non-material aspects (professional development opportunities, organizational climate, sense of job security). Appropriate systemic and institutional measures in these areas may therefore constitute a key component of strategies aimed at reducing medical workforce emigration from Poland.

DISCUSSION

The results of the present study confirm that the migration of medical personnel from Poland is a multidimensional phenomenon, in which the classical push–pull model remains highly applicable. The data, indicating the dominant role of salary levels and challenging working conditions in migration decisions correspond with global trends described by the WHO [12]. Significant wage disparities between Central and Eastern European countries and Western Europe, which in medical professions can reach several hundred percent, continue to act as a strong pull factor, making migration economically attractive [13].

At the same time, the propensity to migrate is not static and can be modified in response to systemic changes. It should be noted that the substantial increase in medical personnel salaries in Poland in recent years has resulted in a marked decline in applications for certificates confirming qualifications for work abroad in other European countries [3,4]. The downward trend in the number of such certificates issued by regional medical and nursing chambers confirms that financial investment in salary increases has significantly contributed to retaining personnel within the Polish healthcare system.

An analysis of migration decisions by professional group indicates that the willingness to consider working abroad is unevenly distributed among medical professions. In the present study, this tendency was most frequently declared by nurses and physiotherapists, with interprofessional differences at the threshold of statistical significance. This suggests the presence of profession-specific factors that amplify migration pressure in these groups, beyond the influence of universal economic incentives.

According to nurses, the systemic context is particularly relevant, as they are one of the key professional groups affected by recent legislative measures aimed at increasing salaries in healthcare. OECD data [14] confirm that nurse salaries in Poland have increased in real terms in recent years, and their ratio to the national average wage is among the highest in the European Union, indicating a partial reduction of the wage gap compared to other European countries.

The upward trend in salaries is reflected in the "Report on the State of Nursing and Midwifery in Poland" [15], which shows that vast majority of nurses and midwives reported no intention to migrate. These findings suggest a temporary reduction in migration intentions, potentially associated with recent improvements in compensation. However, qualitative data and professional organizations indicate clear limitations of policies relying solely on financial incentives. As emphasized by the National Trade Union of Nurses and Midwives in Poland , the key challenge is not simply securing further salary increases but addressing the dysfunctional wage system. The current pay grid has created significant wage disparities, particularly between personnel with a master's degree and specialization versus nurses classified in Group 6 (bachelor's or secondary education). This problem is exacerbated by the practice of some employers not recognizing actual qualifications to reduce costs, resulting in lower pay grades and salaries [16].

Consequently, instead of achieving stable workforce retention, increasing professional frustration and internal team conflicts are observed, weakening identification with the profession and workplace. This confirms that without systemic regulation of competency recognition and transparent remuneration mechanisms, increased financial investment alone will be insufficient to reduce migration – both international and internal attrition. These conclusions align with the findings of Misau, Al-Sadat, and Gerei [17], who report a significantly higher proportion of personnel considering migration in countries with underfunded and unstable healthcare systems, and with current WHO and EU recommendations emphasizing comprehensive retention strategies beyond purely financial instruments [13,18,19].

Setting these findings within a broader international context, it is evident that workforce retention strategies must be tailored to specific national healthcare systems. For intance, Romania – a country that similarly faced massive brain drain after joining the EU – successfully implemented a package of interventions, including substantial financial incentives, regulatory reforms and expanded educational opportunities, which significantly reduced the emigration of physicians [18]. Conversely, destination countries such as the United Kingdom, Ireland, and Germany have increasingly relied on international recruitment to fill their own domestic shortages. However, studies from these nations highlight that while foreign-trained professionals effectively mitigate staffing deficits, their integration is often hindered by regulatory barriers, credential recognition issues, and the need for structured assimilation programs [13]. This underscores that while source countries like Poland struggle with retention of workers primarily driven by economic and organizational push factors, destination countries face complex challenges related to the systemic integration and social support of the migrating workforce.

Organizational and environmental factors also play an important role. The study demonstrated significant statistical correlations between the willingness to emigrate and negative evaluations of working conditions and relationships with colleagues. This supports the literature indicating that dissatisfaction with work organization, lack of support, and limited access to training and clearly defined career paths increase the risk of emigration [20-22]. An interesting and non-intuitive finding of the present study concerns working hours. Contrary to expectations of burnout, respondents working overtime were significantly less likely to consider emigration. This can be interpreted in two ways: as a result of achieving satisfactory earnings through overtime (reducing economic motivation to leave) or as a manifestation of strong professional engagement and attachment to the local medical environment. This phenomenon requires further research on larger samples to exclude the hypothesis that the lack of desire to migrate stems from insufficient time to organize migration or a so-called "activity trap". The study suggests that organizational human resource management interventions may meaningfully influence migration decisions, even when the ability to affect salary levels is limited.

Social factors, including the pursuit of employment stability, better quality of life, and reduced risk of professional burnout, are equally important [23]. Literature indicates that migration decisions largely depend on quality of life outside work, including safety, access to social services, and functioning of the education system, which often have comparable significance to salary levels [24,25].

The study sheds new light on non-financial aspects of workforce retention. A significant correlation was observed between perceived professional prestige and the stability of

the decision to remain in the country. This suggests that initiatives to enhance the social prestige of medical professions may represent an effective, cost-efficient HR policy tool, complementary to salary increases.

The shift in geographic preferences is also noteworthy. Although traditional (English-speaking) destinations dominate, the significant correlation between Spanish language proficiency and migration planning may indicate an emerging trend of seeking countries offering not only higher salaries but also a different lifestyle and climate (so-called lifestyle migration) [26].

The demographic profile of potential migrants is concerning. The highest willingness to migrate is declared by the youngest individuals (under 34 years) and those with the shortest professional experience (up to 5 years). This trend aligns with literature showing that migration intentions are negatively correlated with age and professional experience, with older healthcare workers significantly less likely to consider emigration [27,28]. High mobility among the youngest medical professionals reflects a paradigm shift in work expectations: the current generation values work-life balance more highly, expecting not only competitive salaries but also flexibility and high standards of organizational culture. The risk of losing personnel early in their career is an alarming signal for the system. In the long term, it may lead to a breakdown in continuity of care and the phenomenon known as "permanent human capital loss", where investments in education do not yield returns in the home country.

The migration of medical personnel has far-reaching consequences for healthcare system capacity. In the present study, although most respondents had never considered emigration, over one-third indicated the possibility of doing so in the future. These individual declarations find troubling confirmation in macroeconomic data. While Germany and the United Kingdom fill workforce gaps with foreign personnel, Poland has one of the lowest proportions of foreign-born healthcare workers in the countries of OECD (only 0.2% of nurses and approximately 4% of physicians). This means that the departure of a Polish medical professional creates a vacancy not naturally filled by migrant workers from other countries, interrupting the migration cascade effect and directly weakening system capacity [29].

The interpretation of the results should consider methodological limitations. The study employed purposive sampling, which limits generalizability to the entire population of medical personnel in Poland. Additionally, some respondents had already emigrated, so their assessment of factors influencing the decision to migrate may refer to different working conditions than those currently in place. Another limitation is the geographic structure of the sample – dominance of respondents from a large academic center (Kraków) may lead to higher evaluations of medical infrastructure and professional development opportunities compared to smaller facilities. Moreover, the CAWI (online survey) method may have overrepresented younger respondents, digitally proficient and naturally exhibiting higher occupational mobility. Furthermore, the relatively small sample size must be acknowledged as a primary limitation, particularly when analyzing interprofessional differences among multiple medical groups, as it restricts the statistical power and broad generalizability of subgroup comparisons. Finally, due to the anonymous, online distribution of the survey, it was not possible to formally verify the respondents' professional credentials or medical diplomas, relying instead on the necessary self-declarations.

CONCLUSIONS

1. Wage disparity remains the main driver of migration decisions. Despite recent salary increases in the Polish healthcare system, earnings remain lower than in Western Europe and were identified as the primary push factor compelling respondents to leave. The prospect of higher income abroad continues to be the strongest motivator for emigration.
2. The highest migration potential is observed among younger professionals (under 34 years) and those with limited work experience (less than 5 years). This highlights the need for targeted retention measures – such as mentoring, entry-level incentives and clear career pathways for early-career healthcare workers.
3. A strong sense of professional prestige significantly reduces emigration intentions. This indicates that strengthening the public image of medical professions and reinforcing professional identity should be treated as important non-financial retention strategies.
4. Healthcare workers with heavier workloads were less likely to plan emigration. This suggests a reliance on a highly committed core workforce compensating for staffing shortages through overtime, a model that may increase the risk of burnout in the long term.

Within the studied group, negative assessments of the work environment and interpersonal relations were significantly associated with migration intentions. Conversely, a high perception of professional prestige acted as a protective factor. These findings indicate that for the surveyed sample, organizational and relational factors were highly relevant to their migration decisions, alongside established economic drivers. Consequently, among these specific respondents, the quality of internal communication and organizational culture played a notable role in shaping their willingness to remain in the domestic healthcare system.

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